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## Educating with the hands: working on the body/self in Alexander Technique

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**Abstract** Traditionally, forms of body work such as Alexander Technique have been excluded from mainstream biomedicine and healthcare, despite attempts by practitioners to have the work accepted within the medical community. Using data from a UK-based study of Alexander Technique which combined participant observation, interviews with 17 teachers and pupils, and analysis of historical texts, this article examines the relationship of the Alexander Technique to the field of healthcare, looking at its embodied practices, and contrasting these with the discourses in which it is framed. Applying Foucault's concept of 'techniques of the self', the article examines Alexander Technique's physical practices as a form of embodied knowledge, and goes on to look at its use of particular ideas about nature and evolution as guiding authorities, its emphasis on holism through its conception of the 'self', and how it has been positioned in relation to biomedical approaches. The article argues that while the embodied practice of Alexander Technique has much to offer to mainstream healthcare, the discourses and knowledge systems in which it is embedded make it unlikely to receive mainstream medical acceptance.

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**Keywords:** Alexander Technique, body work, embodiment, complementary and alternative medicine, Foucault

### Introduction

In August 2008, the *British Medical Journal* (BMJ), published the results of a randomised controlled trial indicating that lessons in the Alexander Technique had long-term benefits for back pain patients, and are more effective than prescriptions for either massage or exercise (Little *et al.* 2008). A total of 579 UK patients with back pain were randomly assigned to three control groups, giving this study the large-scale body of data needed to be taken seriously by the medical community. Given the difficulties that treating back pain offers for biomedicine (Tait and Chinball 1997, Rhodes *et al.* 1999), the study results looked promising for the more widespread adoption of the Alexander Technique. While the Technique is often classified broadly as a complementary therapy and as such has received little scientific and medical attention in terms of its efficacy, its founder F.M. Alexander had always intended his work to be taken up by the medical profession. His final book, *The Universal Constant in Living*, makes particular attempts to relate his work to biomedicine, noting:

Ever since I first started taking pupils, medical men have been sending me their patients because they believed that I had evolved a sound technique. I am deeply indebted to them for their encouragement and support, and especially for the effort they are now making to bring a knowledge of my technique to the notice of those who are responsible for determining the range and nature of the medical curriculum with the aim of its being included in medical training. (Alexander 2000 [1941]:13)

This is not the first time Alexander Technique has appeared in the BMJ; a review of Alexander's second book, *Constructive Conscious Control of the Individual*, was published by the BMJ in May 1924 and concluded that the Technique 'would certainly appear to have something of value to communicate to the medical profession' (in Alexander 2000 [1941]: 13). In 1937, 19 doctors wrote a letter to the BMJ supporting further investigation of the Technique from a medical perspective (Fischer 2008: 1502).

Yet the relationship between Alexander Technique and mainstream healthcare remains an ambivalent one. Using data from an ethnographic study incorporating participant observation, semi-structured interviewing, and textual analysis of documents, this article examines the tensions between biomedicine and the Technique. It argues that while the Alexander Technique may have much to offer as a physical practice, the discursive strategies in which it is framed, specifically its overreliance on its founder and on a particular view of nature and evolution, as well as its view of the self, make it unlikely to receive mainstream medical acceptance. In making a distinction between embodied practice and discourse, Crossley's (1994, 1996) argument that discourse and embodiment are two sides of the same coin is followed, and that one need not choose between the two. Against approaches from sociology of the body which have taken up a 'corporeal realist' approach (Shilling 2004), as a way of combining these two themes, I would argue that in some circumstances, examining discourses and embodiment in contrast rather than attempting to resolve the tensions between them can provide productive insights.

While clearly a form of body work in the sense that it 'takes the body as its immediate site of labour, involving intimate, messy contact with the (frequently supine or naked) body, its orifices or products through touch or close proximity' (Wolkowitz 2002: 497), the Technique goes out of its way to avoid addressing the body as such. By positioning itself as holistic in the sense that it works on the integrated body and mind, it strives to overcome mind-body dualism by addressing the self, as phrases such as 'good use of the self' attest. This distancing from the body has a twofold effect: it both emphasises the conscious nature of the work which lies at its core, and also detaches it from a concern with the negative aspects of the body for which body work is stigmatised, such as its relation to sexuality, waste products, and decline (Twigg 2000).

The Alexander Technique is often categorised as a form of complementary and alternative medicine (CAM), although this relationship is somewhat ambivalent. Coward (1989) includes the Alexander Technique in her study of alternative health because it shares similar ideas, such as an emphasis on one founding figure and on being 'natural'. Sharma (1992: 4), on the other hand, excludes the Alexander Technique from her own study of CAM because it does not purport to cure disease, but only to re-educate people to use their bodies more efficiently. For her, the defining characteristics of complementary or alternative medicine are that it claims to be curative, has some body of knowledge or theory about health and illness, and requires some kind of expert intervention on the part of a practitioner (1992: 4). Here, this study takes the position that although it is not curative or a form of medicine as such, the Technique shares some characteristics with CAM as a health practice operating outside mainstream health and social care, making research in this area relevant to it.

The article begins by describing the Alexander Technique and outlining the aims and scope of the study on which this article was based. It goes on to describe the embodied practice of the Technique, and then contrast this with the discourses in which it is embedded as a 'technique of the self' (Foucault 1985, 1986), through examining the authorities or modes of subjection it uses to justify what it does, how its aims and aspirations of holism ally it more closely with CAM than with biomedicine, and how its notion of the self as the substance to be worked upon both distances the work from the negative connotations of body work and also creates a tension between the Technique and mainstream healthcare practices which concern themselves with the body.

### **What is the Alexander Technique?**

The Alexander Technique is a form of body work which seeks to educate its pupils to use their bodies more efficiently in everyday movement. It is usually taught in one-to-one sessions between a teacher and pupil, which last between half an hour and 45 minutes. These sessions include activities to make pupils aware that they suffer from what the Technique calls 'faulty sensory awareness' and to enable them to differentiate aspects of their movement and thereby develop more precise awareness of their bodily use. Lessons often include activities such as standing and sitting from a chair, and are generally concluded with 'table work' where, in common with body work practices such as massage, pupils lie on the table and their bodies are passively manipulated by the teacher.

The Technique was developed in the late 19<sup>th</sup> century by Frederick Matthias Alexander, a Tasmanian actor and elocutionist who began to lose his voice while reciting, and developed his own method for overcoming this difficulty (Alexander 1985 [1932]). He moved to London in 1904 to promote his work and later set up a teacher training programme in the neighbourhood of Holland Park. He died in 1955 and his work is continued by thousands of Alexander Technique teachers worldwide (STAT 2009).

Even as it has sought medical recognition in order to legitimise itself, the Alexander Technique has held biomedicine at arm's length since its inception. Alexander's story of founding the Technique describes how he lost his voice during recitations. His physician prescribed rest, which initially made the problem recede, but as soon as he returned to elocution he began to have difficulties again. At this point he recounts making the decision to pursue his own means for correcting the problem. He did this through regular self-observation in the mirror while he was reciting, which led him to the discovery that he was throwing his head back as he spoke, thereby restricting his vocal chords. While this use 'felt natural' to him, such a feeling was ultimately untrustworthy and led him into error (Alexander 1985 [1932]: 21). The key process of the Alexander Technique is the inhibition of the initial desire to react to a particular stimulus, in order to consider and apply conscious control to the response. Alexander notes that when he had cured his tendency to revert to wrong use in reciting, it also improved throat and vocal trouble and respiratory difficulties he had suffered since birth (Alexander 1985 [1932]: 36). While Staring (1996, 1997) has cast doubt on the authenticity of Alexander's tale of individual triumph in the face of medical bafflement about his condition, it remains prevalent, serving the function of establishing Alexander's authority as someone with unique knowledge of the body/self not found in biomedical practice.

## Study design

The data analysed here emerge from a larger study of a range of somatic education techniques. The research methods included participant observation, analysis of the texts written by the founders of these techniques, and 28 semi-structured interviews undertaken with professional practitioners and pupils. The majority of interviews (17) were conducted with Alexander Technique teachers and pupils. The study aimed to examine how the discourses put forward by the founders of these techniques were adapted by contemporary practitioners and whether and how these discourses related to their embodied practices.

The texts analysed in this study included Alexander's four books, *Man's Supreme Inheritance* (1910); *Constructive Conscious Control of the Individual* (1923); *The Use of the Self* (1932); *The Universal Constant in Living* (1941). They were analysed using a Foucauldian approach, examining key discourses of these techniques as 'techniques of the self' (Foucault 1985, 1986). Foucault notes that techniques of the self are 'intentional and voluntary actions, by which men not only set themselves rules of conduct, but also seek to transform themselves, to change themselves in their singular being, and to make their life into an *oeuvre* that carries certain aesthetic values and meets certain stylistic criteria' (1985: 10–11). While the Alexander Technique clearly meets this definition, biomedicine is not here contrasted as a 'technique of the self' as such, since much medical practice lacks these transformative ethical/aesthetic dimensions.

I undertook participant observation in Alexander Technique lessons on a regular basis for a period of approximately 18 months. During this time, I had 30 lessons with one Alexander teacher who played the role of "key informant" in this study. These lessons were tape recorded and reconstructed in fieldnotes. Alexander Technique participants were recruited for interviews primarily through snowball sampling strategies, as well as advertisements in training centres and an e-mail sent to the Society of Teachers of the Alexander Technique (STAT) list. Ten male and seven female participants were interviewed; nine were teachers and eight were pupils. Their ages ranged from 20 to 70 with most in their thirties and forties. The range of experience was broad, from a pupil who had three months of lessons to a teacher who had practised for over 30 years. On average, pupils tended to have had two to three years' experience with the Technique while teachers' experience averaged around ten years. Participants were predominantly white European, including English, Scottish, Finnish, Danish, Swiss, and Dutch, although three were of Indian, Japanese, or Chinese ancestry. Interview data were entered into NVivo and analysed using a qualitative thematic approach, using themes drawn from the interview questions, participant observation and the analysis of texts.

Participants were based in a major urban centre, where the number of Alexander Technique practitioners means that opportunities for interacting with other practitioners as well as competition for pupils are much greater. Teachers were largely recruited via e-mail and therefore access was limited to those who regularly used this medium. Participant observation was undertaken with full overt disclosure of the purposes of the research. A letter explaining the research was provided and the author's Alexander teacher agreed to participate and to allow to the recording and transcribing of lessons for later publication. He read and verified the account of the lessons. Interview participants were told the purpose of the research and advised that they could refuse to answer any questions and withdraw from the research or terminate the interview at any time without consequence to themselves. Pseudonyms are used throughout the text and identifying details have been obscured.

### Knowledge in the hands

As a form of body work, the Alexander Technique is what Merleau-Ponty referred to as 'knowledge in the hands' (1962: 144). For Merleau-Ponty, all habit is a kind of embodied knowledge, neither controlled by conscious reflection nor merely a matter of blind physiological response to a stimulus. However, Shusterman (2004) observes that Merleau-Ponty's notion of habit is a limited one because he accounts only for unconscious bodily awareness, in an effort to defend tacit knowledge and because he believed that conscious awareness could also inhibit both our perceptions of such knowledge and the efficiency with which it functioned. Shusterman suggests a revised understanding of the consciousness of habit which includes four levels of awareness: first, that of the unconscious awareness which occurs in sleep; second, conscious perception without explicit awareness, such as the ability to navigate a doorframe without being aware of its dimensions; third, conscious awareness with explicit perception, where, for example, one is aware of being short of breath; and finally self-conscious awareness with explicit perception, where one is aware of what the Alexander Technique would call the 'means-whereby' one undertakes an action, so, for example, not only of being short of breath but of the way in which one is breathing (Shusterman 2004: 158).

He goes on to argue that methods such as the Alexander Technique bring awareness to the latter two levels. He argues that the level of unreflected habit championed by Merleau-Ponty is insufficient because we can acquire bad habits as easily as good ones, and habitual behaviours cannot correct these since they are precisely what are wrong. Somatic techniques such as the Alexander Technique, effect this improvement by bringing unconscious habit to conscious critical reflection so that it can be worked on (2004: 165).<sup>1</sup>

Using Shusterman's revision of Merleau-Ponty's phenomenology, we can begin to understand how the Alexander Technique works as an embodied practice. The Technique is transmitted through the hands of the Alexander teacher, whose manual adjustments of the pupil convey the sense of the work and how the body/self is to be aligned. Conscious control is an important part of this: the pupil is asked to inhibit, or to 'not react' to a particular stimulus. In *The Use of the Self*, Alexander described the process fundamental to his work: first, initial responses to a stimulus must be inhibited; second, the directions for 'primary control' of the head-neck-back relationship should be projected until sufficiently well absorbed to respond to the stimulus; third, while still projecting these directions for new use, a fresh decision should be made about whether or not to respond to the stimulus; and finally some kind of response to it should be undertaken (Alexander 1985 [1932]: 33–4). One of the most common stimuli provided in lessons is a chair, and pupils are asked to practise standing and sitting without collapsing the proper alignment of the head-neck-back relationship, sometimes referred to as the 'central core'. When asked to stand up from a chair, most people shorten their necks and look up, throwing their backs into poor alignment. With the Alexander Technique, the head and neck are directed to go 'forward and up', and they lead the action of the body.

In one lesson, my Alexander teacher began to show me how he went about working on a pupil. He placed my arms in a rounded position in front of me and then stood in between them so my hands were on his chest and back. 'From that place you can direct yourself up. Keep dropping your shoulders but keep thinking about sending your head forward and up. You're not interested in how to direct my body, you're interested in how to stay back, so you can see more of the reaction clearly'. He then said his temptation was to 'end-gain', as a teacher, by collapsing his head-neck-back relationship, but indicated that he had to focus on

his own relationship and on ‘non-doing’ rather than focusing on my use. Good use of one’s self while teaching is therefore at least as important as the activities undertaken.

Among teachers of the Alexander Technique, proximity to Alexander and/or the teachers he trained is considered a mark of distinction. A teacher who trained with someone who was taught directly by Alexander has higher status than someone who is more removed from him. This is not simply because the former are likely to have more years of experience, but also because the work is seen as most authentic at its source. This is not only the idolisation of the founder which occurs in many forms of complementary and alternative health (Coward 1989: 36). It is also that the work is transmitted physically, and it is only through physical work on the body that it can be understood. If Alexander’s hands are believed to have held unique skills, then access to others who have been worked on by him – that is, to whom the work has been transmitted through his hands – is a way of accessing higher quality work. This, however, ignores the ways in which the Technique has developed since Alexander’s time, and the possibility that very experienced teachers may have skills as good or even better than those of Alexander himself. For instance, sedimented years of experience with a variety of teachers might lead to a wider range of skills and abilities in transmitting the Technique to others.

The day I spent at a teacher training school was a clear indicator of the extent to which experience matters. Alexander teachers train for three hours per day, every weekday for 30 weeks a year over three years. Largely, this training is conducted through hands-on experience, although it will also include discussion and reading from Alexander’s books or other relevant texts. On the morning when I visited, a circle of chairs was arranged in the living room of a private home, and the students, about 10 in total, were gradually rising and sitting from them, focusing on inhibiting their initial reactions, and projecting directions for good use of the self. They continued this for over an hour, while the two teachers circulated and worked on each student in turn for between 5 and 15 minutes. Toward the end of this session, two more experienced students approached with their teacher’s encouragement and asked if they could work on me. They guided me in sitting and standing from the chair, but I found their hands uncertain and their touch hesitant. This made it difficult for me to follow the directions they were attempting to convey. Both they and I came away frustrated by the experience. Both trainees were relatively advanced within the training programme, which indicates the degree of skill required to embody and teach the Alexander Technique. This experience contrasted strongly with one later in the day, where one of the teachers running the training course did some work on me as part of a lesson to his pupils. He had over 40 years of experience, and I was struck by the certainty conveyed through his hands, which immediately enabled me to use my legs in a new way while sitting down into the chair. While his touch was not excessive, he was able to transmit the work to me using relatively few adjustments of my head and neck and clear, straightforward verbal directions. His experience of teaching and his ability to embody the work were a result of his years of practice at teaching and transmitting the work through refining his own use of himself.

### **Nature and evolution in the Alexander Technique**

The embodied practices of the Alexander Technique are only one aspect of the work. There is also the question of what Alexander teachers believe the Technique does, and what they take as authoritative about it. Foucault’s analytic framework for ‘techniques of the self’ can usefully shed light on the discourses at work within the Alexander Technique. Foucault identifies four characteristics common to all techniques of the self (1985: 26–7): they contain

forms of ethical work or techniques to be practised, an ethical substance or way in which the subject relates to him or herself, modes of subjection or authorities who are appealed to for validation, and a telos, or objectives and aspirations behind these practices. Looking at the Alexander Technique through this lens, it becomes possible to see why the Technique is incompatible with biomedicine in a way that is not apparent from its practices.

The physical practices of the Technique form the ethical work it does, because work on the body is also seen as work on the self. The self is the 'ethical substance' upon which it works; through the attainment of conscious control and consideration of the 'means-whereby' an activity is achieved, rather than 'end-gaining' by undertaking the activity using old, habitual patterns of use. The telos behind the Alexander Technique is body/self awareness. The increased awareness gained by the application of conscious control is one which was to lead humanity to regain what Alexander saw as a natural evolutionary inheritance. Nature and evolution form the modes of subjection in the Alexander Technique, as interpreted by Alexander himself. It is within these modes of subjection that the most striking incompatibilities with biomedicine are to be found.

Alexander believed humanity was physically degenerating, a belief he drew from the discourses of physical culture and eugenics prevalent in the early part of the 20<sup>th</sup> century (Searle 1976). His first two books set out his argument along these lines. In earlier times, he believed, human instinct had been sufficient to keep up with the demands of the environment, but as civilisation advanced, conscious control of the self had not kept pace. He wrote:

In order to meet satisfactorily the new demands of civilisation, *it was essential that man should acquire a new way of directing and controlling the mechanisms of the psycho-physical organism as a whole*, mechanisms which in the savage state had been kept up, of necessity, to a high standard of co-ordination by their use in securing the creature's daily food and in meeting the great 'physical' demands of this mode of life. (1987 [1923]: 5, italics in original)

In his earlier work, he made explicit links between his Technique and the eugenics movement (Alexander 1910), particularly in terms of the care and training of children in order to promote 'the science of race culture'. There is not space to explore this in detail here, but it is important to note that eugenics was a highly prevalent cultural discourse at that time and therefore his use of it is not unusual. He believed in an evolutionary scale on which some humans (namely children and 'savage' or non-Western peoples) were less developed and closer to animals and the state of nature (see also Jahoda 1999). The next stage of human evolution, he believed, required the application of constant conscious control to everyday movement and the use of the self, in order for humanity to stave off degeneration, and meet its full potential. While this was in no way a return to a state of nature, it was nonetheless, he argued, about regaining something which had been lost:

*Re-education is not a process of adding something, but of restoring something.* It was to meet the need of restoring actual conditions of use and functioning which had been previously experienced and afterwards lost that my technique for the re-education of the use of the self was evolved (Alexander 2000 [1941]: 144–5, italics in original).

Such views about nature and evolution are not confined to Alexander's written texts. They also appear in some, although not all, of the discussions of Alexander teachers. In interviews, participants were asked whether they saw the Technique as 'natural', and what that might mean. Many participants took the view that the Technique was restoring a natural state,

where ‘natural’ referred to a state prior to civilisation.<sup>2</sup> Several made comments which seemed straight out of Alexander’s books:

The technique is a kind of re-education, so the implication there is that we have this in us, we have this co-ordination in us. And of course you see it in kids, in very young children, that they have amazing posture and balance and with every movement the head leads and the body follows and all the things you learn in the Alexander Technique. It’s quite frustrating to see that the little toddler has all that and more, and can squat for ages, or sit comfortably in any position with the spine really straight and the head sitting lightly on top of the spine and so on. So I think it’s in us all to have that, it’s like we have to peel away the layers of more problematic stuff that we’ve put on top of that for whatever reasons (Michael).

Two teachers more problematically echoed Alexander’s views on race and culture as well; as one put it, ‘there’s always examples of people or cultures that have good use, but they’re very few and far between, mainly people who live really away from Western life, more tribal sort of life, maybe Southern America, maybe some African tribes, maybe, I don’t know, remote Chinese, Japanese ones’. These discourses are not the rule among Alexander teachers, but they do persist as an echo of Alexander’s own views of some cultures as less ‘civilised’ than others.

Nature and evolution thus function as modes of subjection, or authorities, to which the Technique appeals to justify its practices. Alexander himself is presented as having unique insight into these practices; Coward (1989) notes of alternative therapies more generally that there is often ‘a push to establish the therapy as deriving from a founding master, usually in the previous century. These founding figures then acquire ... the status of one who understands and interprets natural truths’ (Coward 1989: 36). The critical role played by Alexander as a founding figure further justifies the importance teachers place on lineage in teacher training.

Being unwilling to let go of the authority of Alexander and his discourses of nature and evolution, where proper order will be restored through the application of conscious control to the self, inhibits the Technique’s more mainstream adoption. Further, while the Technique may be ‘natural’ in the sense that it does not involve chemical or surgical intervention on the body, it is nonetheless a culturally situated technique which draws heavily on the historical discourses of its time for its self-justification.

### **Complementary or alternative? Healthcare and the Alexander Technique**

The allegiance to ‘nature’ rather than scientific research is one which aligns the Alexander Technique with CAM rather than with biomedicine (Coward 1989). It is also a key aspect of the telos behind the Alexander Technique, which aspires, through teaching conscious control of the self, to reclaim humanity’s place within an evolutionary framework which Alexander believed had been lost. Where biomedicine treats the body as a series of parts and aspires to cure illness by identifying physiological problems and correcting them (Foucault 1973), the Alexander Technique aims at a holistic body/self awareness and use, which in turn is thought to have individual and social benefits. While this is a point of tension, it is not necessarily a contradiction; as Sharma points out, the reasons people use complementary and alternative health practices are not always because of a wholesale purchase of the philosophies behind them. Rather, ‘most patients are simply using complementary medicine as a way of dealing

with an intractable condition which orthodox medicine cannot cure to their satisfaction' (1992: 87).

In interviews, participants were asked about the relationship between the Alexander Technique, biomedicine and healthcare. In the responses, there was a clear division between patients and practitioners, particularly those teachers who had been involved with the Technique for some time. Pupils tended to be attracted to its 'alternative' status, and to see it as squarely outside mainstream healthcare because it addresses the whole person. Of the eight pupils interviewed, none seemed to hold biomedical practice in high esteem. Many had suffered an injury or illness which the medical profession had failed to adequately diagnose or treat. In some cases, this was what had led them to the Alexander Technique, as with one pupil and two teachers who suffered chronic pain while playing the violin which had drawn them to the work. As one pupil described, in relation to her disillusionment with biomedicine:

We've gotten too clever for ourselves haven't we? We love mapping out things and deciphering things and this is caused by this, and what we're doing is that we're separating everything, and we rejoice greatly in mapping out those things and diagnosing things, but sometimes I think the diagnosis becomes the aim rather than the cure. So we'll rejoice in saying, 'yes it's this that's wrong!' Great, now what? 'Eat some pills', you know, wonderful (Ingrid).

On the other hand, teachers tended to stress the potential positive relationship between the Technique and healthcare, and to emphasise its complementary nature. Saks notes that 'those practitioners most willing to adopt the term 'complementary' rather than 'alternative' medicine are those most likely to have political/ideological reasons for co-operating with medicine' (1994: 90), and greater co-operation with medicine would certainly serve the Alexander Technique well in terms of increasing its profile and attracting more pupils. As discussed previously, the desire for biomedical approval goes back to Alexander's own work, yet so does the ambivalence towards medicine, as exhibited in Alexander's description of his reasons for founding the Technique. When asked about the relationship with biomedicine, one senior teacher remarked:

I think it goes very well in terms of education. And I think it is going to be seen [as] health education. And I think the doctors and consultants who actually know about the Technique tend to approve of it. I think there's a problem with the NHS because the Technique is open-ended and relatively, in terms of education, it wouldn't be expensive, but in terms of treatment, it would be regarded as expensive ... until there actually is the health service offering to patients the concept of health education, as part of the NHS, then it shouldn't be [covered under the NHS] because otherwise it tends to get regarded as treatment (Anthony).

The possibility of the Technique as health education was remarked upon by other teachers as well; several shared the position that while it would in theory be highly compatible with biomedicine, the contemporary focus of biomedical practice on treatment rather than prevention made this untenable. Other teachers stressed ways in which science was making discoveries in line with the Alexander Technique, for example in relation to the nervous system and neuromuscular patterning. One interviewee had been a practising medical specialist for several years, and talked about the difficulty of combining his previous medical career with his new work as an Alexander teacher:

It's a very political issue. I'm very comfortable giving Alexander lessons as an Alexander teacher in an Alexander centre. But if I do it as a treatment for the patients in hospitals, probably I'd find it a little bit difficult to give lessons because my attitude is going to change and it's like I have to give, you know. I mean the people's relationship is going to be quite different. Especially if I say I'm a [specialist] and giving the Alexander lessons ... I don't want to bother to persuade medics to use this technique, they've too much work, so I don't bother. I'm quite comfortable being an Alexander teacher Hiroshi).

Not surprisingly, when asked about the relationship to complementary and alternative medicine (CAM), patients and teachers tended to fall along the same lines. Patients were willing to see the work as alternative, while teachers were often more hesitant about the relationship to CAM. However, whether or not it fits within the category of complementary and alternative medicine, it certainly shares some characteristics with the work of practitioners in other forms of body work in this area: namely the importance of a founding figure as a key interpreter of 'nature', and a commitment to mind-body holism. In these, its telos is closer to that of CAM than to mainstream healthcare. While this is not necessarily an incommensurable tension given the pragmatic way many patients use CAM treatments, it may create further barriers to integration of the Technique with biomedicine.

### **The self as ethical substance**

Another tension between biomedicine and the Alexander Technique is in what Foucault would call the 'ethical substance' upon which they work: while biomedicine works on the body, abstracted from the person, the Alexander Technique works on the self. The self to which Foucault refers in his concept of 'techniques of the self' often involves bodily or physical disciplines and not simply intellectual pursuits. The self addressed in the Alexander Technique is an integrated body/self, and the relationship between body and mind in the Technique is a complicated one.<sup>3</sup> While the Technique often frames itself as holistic and Alexander explicitly uses the word self in order to overcome mind/body dualism, the emphasis on conscious control is one which risks undermining this by reinscribing dualism as the conscious mind's control over the unruly, uneducated body. While both mind and body are involved in the Alexander Technique, mind would seem to have priority. However, as argued elsewhere (Tarr 2008: 496), proper alignment of the head-neck-back relationship is referred to as 'good use of the self,' making some part of the physical self (rather than a mental abstraction) the locus of selfhood. In this sense, the Technique is 'holistic'.

Yet there is a dual function in the use of the word self to describe the ethical substance being worked upon in the Alexander Technique. It also enables a distancing from any unpleasant connotations around the body and body work. Oerton and Phoenix (2001) have noted that the discourses of therapeutic massage practitioners and those of professional sex workers are parallel in the sense that for both, talk about the body is sublimated. For massage practitioners in particular, massage is desexualised by the way they speak of 'their work on and with bodies as having little to do with corporeality. Their narratives largely present touch as abstract and esoteric...' (Oerton and Phoenix 2001: 399). In these discourses, 'bodies are denuded of the body' (Oerton and Phoenix 2001: 400). By avoiding mention of the body itself, Alexander and his followers not only avoid mind/body dualism but also the negative associations of the body with sexuality. Encounters of Alexander Teachers and students are thereby framed in a way which is clearly professional, if somewhat abstracted from the actual embodied practices, which do unequivocally involve bodies. Teacher trainees

are also not taught about the body in their training, as they get little in the way of anatomy or physiology grounding. Rather, as described above, their training is experiential and they read the texts of Alexander as background. It is Alexander's discourses, then, that they tend to reproduce in framing their work.

This tendency to avoid talking about bodies is apparent from the author's fieldnotes in both observations and the comments of the Alexander teacher. Body parts are referred to, but references to the body as a whole are less common. Moreover, they tend to take an abstracted rather than personal form: 'the' body rather than 'my/your' body. While mentions of bodies are more common in interviews and in lessons than they are in Alexander's writings, this abstraction is still prevalent. It serves a depersonalising function in what is ultimately quite intimate and personal work. As in other forms of body work (Oerton and Phoenix 2001, Twigg 2004: 393) there are restrictions on which areas of the body are touched: head, neck, back and arms are touched often, while legs are less commonly touched, and areas around the genitals are strictly off limits. This regulation and self-policing ensures that the work never crosses over into areas deemed inappropriate.

Like most body work outside mainstream health and social care, the Alexander Technique can afford to be selective about which parts of the body it addresses and why. Processes of waste and decay are rarely touched on in this work, and the relationships developed between pupil and teacher are not ones of dependence, but of education. This relationship is easier to sustain as egalitarian precisely because, as Wolkowitz points out, like most alternative practitioners Alexander teachers generally deal with whole, healthy, and continent bodies (2002: 505). In this their work differs from routine nursing or carework, with the consequence that Alexander teachers can perhaps more easily leave discourses on the body behind and subsume them in those of the self. As such, the self as ethical substance forms another point of discord between biomedical practices and the Alexander Technique.

## Conclusion

In his analysis of techniques of the self, Foucault seeks to understand how individuals come to regulate themselves in line with particular norms, shaping themselves as ethical subjects. While biomedicine is also a way of regulating individuals in keeping with ethical norms, it has traditionally put less emphasis on ethical *self*-formation than on the power of the physician and the scientific apparatus – although the range of related self-health practices such as dietary advice and exercise regimes which have supported it certainly do become components of ethical self-fashioning. The key incompatibilities between the Alexander Technique and biomedicine are therefore embedded in their discursive frameworks, both in terms of the Technique's discourses about nature and evolution and tendency to treat Alexander as an authority figure and interpreter of these, and its emphasis on the self as a substance to be worked on which is not understood in physiological or anatomical terms. The purpose of this article has not been to critique either biomedicine or Alexander Technique as such, but rather to suggest reasons why straightforward incorporation of the Technique may have proven problematic.

Yet many of the discourses of the Alexander Technique are not necessary, practically speaking, for the Technique to be effective. Its embodied practices, whether or not they are read as a form of ethical work, seem to be beneficial. While Alexander teachers recommend courses of up to 30 lessons, the BMJ study suggested that six lessons, when followed by a prescription for exercise, were approximately 72 per cent as effective as 24 lessons and also retained their effectiveness after one year (Little *et al.* 2008). Greater involvement with

biomedicine might in fact help Alexander teachers refine the claims they make for their work. Further, embodied practice can itself form a critique of Alexander's discourses about evolution and nature, since the Alexander Technique is clearly a social practice embedded in a particular set of historical and cultural knowledge claims.

While the Alexander Technique is a promising form of body work with potentially significant benefits for mainstream healthcare as a form of supplementary health education, the discursive knowledge systems in which it is embedded make it resistant to easy incorporation by biomedicine. If Alexander teachers want their work to be more widely recognised and appreciated, they would need to reframe it in terms which put less emphasis on Alexander as an authority figure and greater emphasis on physiological structures and processes, particularly during training. However, this may also serve to undermine the embodied knowledge which Alexander teachers possess, by shifting the focus of their learning toward biomedical and scientific knowledge frameworks and away from the less articulable forms of 'knowledge in the hands' which they practise. Whether Alexander teachers are willing and able to let go of Alexander and his evolutionary framework, and whether biomedicine and healthcare would then be more open to its practices, remains an open question.

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## Notes

- 1 Shusterman (2008), elsewhere critically considers Foucault's work in light of his own project of somaesthetics, although his attempt to refigure Foucault is not relevant to the purpose of the present study, which does not seek to make Foucault's work compatible with Alexander Technique's aims and objectives but only to examine how the Technique functions using Foucault's analytic framework of ethical self-fashioning.
- 2 The sense of the natural as precivilised, exemplified in the equation between children, non-Western peoples, and animals, is well explored in a number of texts including Wiber (1998) and Jahoda (1999).
- 3 Unfortunately there is not space here to further explore the similarities and differences between Foucault's and Alexander's use of the term self.

## References

- Alexander, F.M. (1910) *Man's Supreme Inheritance*. London: Methuen.  
Alexander, F.M. (1985 [1932]) *The Use of the Self: Its Conscious Direction in Relation to Diagnosis, Functioning and the Control of Reaction*. London: Victor Gollancz Ltd.

- Alexander, F.M. (1987 [1923]) *Constructive Conscious Control of the Individual*. London: Chaterson.
- Alexander, F.M. (2000 [1941]) *The Universal Constant in Living*. London: Mouritz.
- Coward, R. (1989) *The Whole Truth: The Myth of Alternative Health*. London: Faber and Faber.
- Crossley, N. (1994) *The Politics of Subjectivity: Between Foucault and Merleau-Ponty*. Aldershot: Avebury.
- Crossley, N. (1996) Body-subject/body-power: agency, inscription and control in Foucault and Merleau-Ponty, *Body and Society*, 2, 2, 99–116.
- Fischer, J.M. (2008) Letters: BMA members requested study of Alexander Technique in 1937, *British Medical Journal*, 337, a1502. Available at [http://www.bmj.com/cgi/content/extract/337/sep10\\_1/a1502](http://www.bmj.com/cgi/content/extract/337/sep10_1/a1502).
- Foucault, M. (1973) *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Tavistock Publications.
- Foucault, M. (1985) *The Use of Pleasure: The History of Sexuality Volume 2*. New York: Vintage Books.
- Foucault, M. (1986) *The Care of the Self: The History of Sexuality Volume 3*. New York: Vintage Books.
- Jahoda, G. (1999) *Images of Savages: Ancient Roots of Modern Prejudice in Western Culture*. London and New York: Routledge.
- Little, P., Lewith, G., Webley, F., Evans, M., Beattie, A., Middleton, K., Barnett, J., Ballard, K., Oxford, F., Smith, P., Yardley, L., Hollinghurst, S. and Sharp, D. (2008) Randomised control trial of Alexander Technique lessons, exercise, and massage (ATEAM) for chronic and recurrent back pain, *British Medical Journal*, 337: a884. Available at [http://bmj.com/cgi/content/full/337/aug19\\_2/a884](http://bmj.com/cgi/content/full/337/aug19_2/a884). last accessed 14 January 2010.
- Merleau-Ponty, M. (1962) *Phenomenology of Perception*. London: Routledge and Kegan Paul.
- Oerton, S. and Phoenix, J. (2001) Sex/Bodywork: discourses and practices, *Sexualities*, 4, 4, 387–412.
- Rhodes, L.A., McPhillips-Tangum, C.A., Markham, C. and Klenk, R. (1999) The power of the visible: the meaning of diagnostic tests in chronic back pain, *Social Science and Medicine*, 48, 9, 1189–203.
- Saks, M. (1994) The alternatives to medicine. In Gabe, J., Kelleher, D. and Williams, G. (eds) *Challenging Medicine*. London/ New York: Routledge.
- Searle, G.R. (1976) *Eugenics and Politics in Britain 1900–1914*. Leyden, The Netherlands: Noordhoff International Publishing.
- Staring, J. (1996) *The First 43 Years of the Life of F. Matthias Alexander: Volume 1*. Nijmegen, The Netherlands: Jeroen Staring.
- Staring, J. (1997) *The First 43 Years of the Life of F. Matthias Alexander: Volume 2*. Nijmegen, The Netherlands: Jeroen Staring.
- Sharma, U. (1992) *Complementary Medicine Today: Practitioners and Patients*. London and New York: Routledge.
- Shilling, C. (2004) *The Body in Culture, Technology and Society*. London: Sage Publications.
- Shusterman, R. (2004) The silent, limping body of philosophy. In Carman, T. and Hansen, M.B.N. (eds.) *The Cambridge Companion to Merleau-Ponty*. Cambridge: Cambridge University Press.
- Shusterman, R. (2008) *Body Consciousness: A Philosophy of Mindfulness and Somaesthetics*. Cambridge: Cambridge University Press.
- Society of Teachers of the Alexander Technique (STAT) (2007) The Definitive Guide to the Alexander Technique provided by STAT - the Society of Teachers of the Alexander Technique. Available at <http://www.stat.org.uk/pages/stat.htm>, last accessed 18 August 2009.
- Tait, R.C. and Chinball, J.T. (1997) Physician judgements of chronic pain patients, *Social Science and Medicine*, 45, 8, 1199–205.
- Tarr, J. (2008) Habit and conscious control: ethnography and embodiment in the Alexander Technique, *Ethnography*, 9, 4, 477–97.

- Twigg, J. (2000) Carework as a form of bodywork, *Ageing and Society*, 20, 4, 389–411.
- Twigg, J. (2004) The spatial ordering of care: public and private in bathing support at home, *Sociology of Health and Illness*, 21, 4, 381–400.
- Wiber, M. (1998) *Erect Men/Undulating Women: The Visual Imagery of Gender, 'Race' and Progress in Reconstructive Illustrations of Human Evolution*. Waterloo, ON: Wilfrid Laurier University Press.
- Wolkowitz, C. (2002) The social relations of body work, *Work, Employment and Society*, 16, 3, 497–510.