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As an example of an AT student's (not teacher) response to one of the science presenters, Booth (my husband) wrote a brief review regarding the stimulating presentation and work of Dr. Doidge. Booth originally came to the Alexander Technique (Michael and Lena Frederick) with a history of back pain. He is also a former banker, science and PE teacher at Ojai's Oak Grove School and, though not an engineer, CEO of a specialized international civil engineering company:

Dr. Norman Doidge, Neuroplasticity & the Alexander Technique

Norman Doidge, M.D., Canadian psychiatrist, psychoanalyst and pioneering neuroplasticity popularizer, keynote-presented on 30 July 2018 at the inspiring 11th International Alexander Technique ("AT" henceforward) Congress at Loyola University, Lake Shore Campus, in Chicago, IL, USA. Dr. Doidge, a student of the AT, commended its potential to engender neuroplastic change and/or healing, which, quoting Dr. Doidge, "...requires the active involvement of the whole person to change/heal". Leveraging off his latest book The Brain's Way of Healing (which had been preceded by his bestselling The Brain that Changes Itself), he compassionately showcased several riveting case histories of recovery from serious movement and neurological disorders such as Parkinson's Disease and severe chronic pain.

Dr. Doidge, in his latest book, defines neuroplastic change (or "neuroplasticity") as "...the property of the brain that enables it to change its own structure and functioning in response to activity and mental experience." In a decade old National Post (Canada) article, he defined it as "...the property of the brain that allows it to change its structure and function *in response to what it senses, what it does and even what it thinks and imagines.*" (my italics).

The context of the AT is movement education. Primary operative concepts of AT practice are "use", "habit" and "inhibition". Dr. Doidge presented neuroplasticity at the Congress as dynamically, in an evolutionary/biological sense, fundamental to human learning (education). Humans adapt to the world by learning effective survival/social skills that can be, often automatically, applied/re-activated as required. In short, through experience of the world, habitual "learned" physical neural patterns (of movement, thinking, feeling, etc), typically ultimately unconscious, are formed, evolutionarily designed to economize energy/improve performance. Paradoxically and concomitantly, the more these patterns (or neural "tracks" as Dr. Doidge presented) are invoked/used (e.g., to improve performance) - the more resistance to neuroplastic change they present.

From an evolutionary perspective then, resistance represents a biological, adaptive balancing act: it conservatively (ie., "conserving" habit) safeguards the "learned" and simultaneously dampens "learning". AT practitioners are skilled in recognizing poor, habitual body movement ("use"): from subtle gracelessness and "automatic" postural fixation to functional but maladaptive activity-purposed movement that may have developed into discomfort, pain, and even injury. An important element of the AT is to engender positive change by encouraging "inhibition", ie., short-circuiting maladaptive "learned" patterns through the application of conscious intention (from Dr. Doidge's latest book: "...intention...a subtle concept...is to focus the mind...to change the brain. *What counts is the mental effort to change.*" (Again, my italics). It's within this conscious, intentional awareness space, supported by the AT teacher, that neuroplastic change may well be

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activated, and why Dr. Doidge's controversial, compassionate work theoretically complements AT practice (and vice-versa).

Importantly, and as Alexander teachers know, Dr. Doidge's case histories clearly indicate that neuroplastic change requires a kind of systematic psychophysical work, which can be exhausting, ie., wishful thinking falls far short. Overcoming neuroplastic resistance requires consistent positive intention to change, irrespective of the habituated sensation of the moment. Such change is rarely "comfortable", ie., the "unknown", as it were, can be unsettling. To successfully engage with the Alexander Technique therefore is a serious, whole person enterprise in which trust in the teacher (and one's self!), patience, persistence and respect for the natural pace of change are required. The Alexander Technique benefits may be, as with Dr. Doidge's cases, wonderful and life-changing, ie., as with successful psychotherapy, surely worth the price – but, similarly, very likely not without dedicated commitment to change.

*T. Booth Harris
For Alexander Technique USA LLC Newsletter
Ventura, CA (Oct. 2018)*