A MANDALA OF MINDFULNESS

How could an understanding of FM Alexander's "primary control" assist a mindfulness based approach to health management for people living with chronic pain, stress or depression?

INTRODUCTION

This research project has developed from my own personal story and I include myself in it as a participant observer. It has elements rather like a tapestry at this stage of its development, a process of weaving of threads to build a larger picture of a whole scene or story. I am sharing in this paper a scene of work in progress and seeking feedback to enhance the further development of this project.

I am using the image of a mandala to help illustrate the interweaving themes: when I advertised my project seeking interested participants I called the notice "A mandala of mindfulness". Mandala comes from the sanskrit word to mean "a circle" and is found in Hindu and Buddhist art. It has become prominent in modern psychology through the work of CG Jung as a symbol of the integration of the self.

As a form a mandala has a central focus. In this research that is mindfulness.
The outer edges and body of the circle are formed by facets of that centre - distinctive qualities which together with others combine to make an effective whole. FM Alexander's teaching stands on its own merits as a complete system. It can, however, usefully be applied to different activities. Alexander discovered it while wishing to solve a speech difficulty as an actor/reciter. One of his most famous pupils, **Aldous Huxley,** commented in a letter to another pupil in 1942:

"That this art discovered by F.M. can be combined with other arts of physical, mental and spiritual education seems to me obvious; and if it doesn't seem so to dear old F.M., that is because he manifests the defects as well as the merits of a completely one-pointed mind" (Bloch, 2004: 159).

A mandala has the possibility of movement within it - images and sections of the design can change and move around. It is this aspect which drew me to it in regard to this project. I wanted to engage the interest of potential pupils, and I also knew that what I was inviting them to was still forming, as indeed was I a student just beginning to teach the Alexander Technique.

Aspects of this mandala include:

1) Alexander's discovery regarding the value of conscious control being employed to influence how the brain and nervous system organise movement.
In this paper I will be looking in particular at his understanding of "primary control" and closely connected to that Alexander's understanding of "faulty sensory appreciation".

2) Mindfulness as a strategy to help live with chronic poor health.
This has developed over the last 30 years in the world of medicine and clinical psychology.

It grew from the work of John Kabat-Zinn, an American who in 1979 began to integrate aspects of his Buddhist training and meditation practices into helping patients in a Massachusetts hospital. In the 1990s that work was studied by clinical psychologists in Britain and developed into Mindfulness Based Cognitive Therapy (MBCT).

3) My own story which combines both these elements and includes my own practice of mindfulness within the Buddhist tradition of teaching.

I learnt Buddhist meditation when I was working as a social worker.
Although at that time (mid 1980s) it was considered rather strange to be a Buddhist I knew that the meditation practices that helped me could be useful to others irrespective of their interest in spiritual or religious matters. Indeed, some doctors used to send their patients along to the Buddhist centre to learn meditation for relieving stress. I knew there was the potential to make aspects of these practices relevant in health care. At the time I didn't know how to make that bridge and didn't know that Dr Kabat-Zinn was already developing a programme to do so over in the USA. As my own story continued I became ill and with chronic poor health was later diagnosed with M.E. (Myalgic encephalomyelitis).

So **I became my own subject of experiment** - enquiring & exploring how I could manage and make the most of a difficult and frustrating health condition and using my Buddhist training in mindfulness practice to help me. At the time medical understanding of M.E. was very limited and service provision in its infancy, if it existed at all, so I was literally thrown back on my own resources.

My experience of the Alexander Technique had been patchy and spread over several years. I was slowly developing confidence in it as a method to help the kind of chronic poor health I lived with. At this point (2005) I heard of **"Breathworks".** This was a company founded by a woman in my own Buddhist order called **Vidyamala.** It was a direct response to her own experience of severe back injury and several surgical operations. Now a wheelchair user she was finding ways to use her experience to reach out to others in pain. Vidyamala adapted the meditation practices she knew to **develop a programme of classes and home practice that was accessible and relatively straightforward to apply.** Vidyamala visited Jon Kabat-Zinn, while developing her own non-medical model of self-help in a community of fellow practitioners.

I was very interested in Breathworks, recognising the value of what was being offered. At this time I was having Alexander Technique lessons. I realised that if I was going to find out if it could help with M.E. at a deep level, I would need to commit to a training course to be a teacher. My own patterns of habit and thought plus many years of M.E. left me sure that I would need that depth of practice. I dreamed one day of being able to teach both Breathworks and Alexander Technique and help others find a more straightforward and less windy path to help them with their difficulties.

The training course has been a fascinating journey and unexpected in various ways. I came with some assumptions which I have rather reluctantly needed to put down. One of these was that it would be easy to practice Alexander's discoveries alongside mindfulness based health programmes, or indeed Buddhist teaching.

I found that this was not so and that if I wanted to be both an Alexander Teacher and teach as a Breathworks trainer then I would need to be clear in my own mind about the differences and difficulties and teach appropriately. It was out of this concern for clarity in my own practice and a wish to teach others as effectively as possible that this research project began.

There are three ways we can learn about primary control.
First there is **"listening"** and observing it in others. Second, there is a **direct experience** of experimenting and exploring ourselves - what does it mean in our own experience? Third, there is learning about it through **teaching** others to explore and refine their own primary control through Alexander lessons or teaching in other contexts.

In the first category of "**listening**" I include reading books and reflecting on the teaching and facts within them. We may hear a talk, or simply the enthusing of a friend or acquaintance about how they have changed through Alexander learning. Maybe a health professional suggests we have Alexander lessons. It is also through these ways that we may first learn about mindfulness based health resources.

Although books can be a wonderful resource and I will be drawing on some of them shortly, one thing that both Alexander Technique and mindfulness training have in common is that they are very difficult to learn simply through books. **To gain new experience of primary control we need direct experience, helped by the skilled hands of a qualified Alexander Technique teacher.**

To learn **mindfulness** based health strategies it helps a great deal to learn in a **group context.**
This creates a basis for individual practice at home. They are both capable of infinite degrees of refinement and exploration and in the long term can complement each other very well. Frank Pierce Jones, an American Alexander Teacher, researcher and writer wrote regarding the philosopher and educationalist **John Dewey:**

> *"The reason **Dewey** continued to study the technique long after it had "made him over" physically was that the lessons kept enlarging and sharpening his experiences.*
> *'As one goes on' he wrote in (the preface to) The Use of the Self **'new areas are opened, new possibilities are seen and then realized; one finds himself continually growing, and realizes there is an endless process of growth initiated.' "*** (Jones, 1997: 99-100)

Alexander Technique has a great deal to offer those familiar with mindfulness based health care and I will demonstrate this by means of the three distinct ways of learning about primary control. I will be using some of the literature available, sharing my personal learning as I progressed through the training course and some findings from the pupils I have taught.

ALEXANDER TECHNIQUE

What is primary control?

The first known reference to Alexander using the term is, according to his biographer Michael Bloch, in a talk from **1925** called "**An unrecognised principle in human behaviour".**
We have an unedited transcript of Alexander speaking to the Child Study Society. It seems that Alexander began to use the word in response to research by Professor Rudolf Magnus of Utrecht, to describe something governing human movement which he had discovered many years earlier when seeking to solve his own voice problems. He is describing a lesson and in the process says:

> *".....I can describe to you **the central control.** When we divide the human organisms into different entities and use the organism in that way, we are handing the control of the organism over to subordinate controls. Regarding the central control: in the technique I am using, it will interest you to know that during the last fifteen years, **Magnus** has worked to explain the scientific significance - as has been brought to our notice recently by **Sir Charles Sherrington** in connection with that very control which I have been using for twenty-five years. **The direction of the head and neck being of primary importance**, he found, as I found, that if we get the right direction from this **primary control**, the control of the rest of the organism is a simple matter."* (Alexander, 1995: 148)

Walter Carrington later spoke of the primary control when training teachers:

> *"The relationship between the head and the body is very complex and not at all easy to define. Alexander was perfectly right in not attempting to define it but in saying that the primary control is a certain relationship of the head the neck and the body. A "certain relationship" is really the best you can say about it in words. Its isn't a simple thing"* (Carrington,1994a:85-86).

He goes on to say later in his talk:

> *"None of us really fully understand the head/neck relationship, the primary control. Masses and masses of work involving masses and masses of real research is needed to better understand this area. I'm absolutely convinced in my own mind that Alexander was justified in referring to what he was dealing with as a primary control because **its most certainly primary in that it is central to the functioning of the whole organism as far as we can tell.** And its most certainly **a control in the sense that its something that we have it in our power to affect and alter and do something about.** We can exercise control over it just as we can exercise control over the throttle or steering wheel of a car. It must be a focal point of our study and thought about use. Inhibition and direction, sensory appreciation, means whereby and endgaining - all these things are terribly important and relevant - but **the main focus of our concern and interest is on that head/neck relationship"***
> *(Carrington, 1994a: 88-9)*

Carrington was speaking in 1975, and much scientific research will have been done since then. It is still a difficult area to discuss and as a non-scientist I am not going to try and go into details here. In Alexander's day he drew support from the work of Magnus, George Coghill (1872-1941) and Sir Charles Sherrington (1857-1952). Bloch describes Magnus as a protege of Sir Charles Sherrington, the great English physiologist. Bloch (2004) summarises Magnus's conclusion: **posture is influenced by the position of the head - where the head leads the body follows and that the efficiency of this depends on 'the right interpretation of all sensory impresssions'.**
(Bloch, 2004: 132)

Faulty sensory appreciation

Walter Carrington in his essay on Magnus and Alexander dated c 1950 writes in commenting on a section of Magnus's writing:

> *"He demonstrated the existence of a 'central apparatus' that controls and integrates the posture of the individual and his relationship to the environment.* ***He showed that upon the efficient working of this apparatus largely depends the right interpretation of all sensory impressions reaching the cortex;*** *and he also showed that changes in the position of the head play an important part in the behaviour of the organism, by reason of the effects of these changes upon the "central apparatus."* (Carrington, 1994b: 49)

Most of Magnus's work was done on animals. Carrington comments that Magnus was always careful to point out in his lectures his observed facts about human physiology in connection with his other findings. I am drawing out this particular quotation because an aspect of Alexander's teaching which has important bearing on both primary control and mindfulness based health care is what Alexander called "faulty sensory appreciation."

Alexander's concept of faulty sensory appreciation developed from his experience of **observing his own behaviour in mirrors** as he tried to solve the problem of hoarseness that he had developed as a professional speaker. He writes much later of his experiences in his book "The Use of the Self". In chapter two he writes.

> ***"I discovered that my sensory appreciation (feeling) of the use of my mechanisms was so un trustworthy that it led me to react by means of a use of myself which felt right but was, in fact, too often wrong for my purpose...*** *I draw attention to this point, because over the long period of years in which I have been engaged in teaching pupils to improve and control the manner of their use of themselves, I have found that untrustworthiness of sensory appreciation is present in varying degrees in all of them, exerting, as in my own case, a harmful influence upon their use and functioning, and consequently upon their manner of reacting to stimuli. The whole experience, indeed, convinces me that the prevalence of sensory untrustworthiness is of the utmost significance in relation to the problem of the control of human reaction."*
> (Alexander, 1985: 49).

We will see later on in this paper that **observation of sensation plays a part in mindfulness based health programmes.** This has a function which is very different from that addressed in Alexander work. It is, though, **a key area where there could be misunderstanding between teachers of the two approaches and certainly room for confusion for the individual navigating their way though their own health challenges.**

Alexander continues in "The Use of the Self":

> *'Another point of importance in relation to the control of human reaction is that **it was through my discovery of the primary control that I was able to bring about the improvement in the sensory appreciation** of the use of my mechanisms which was associated with the improvement in functioning throughout my organism.* (Alexander, 1985: 49).

Lulie Westfeldt was one of the pupils on Alexander's first training course in 1931 and an experienced teacher in her own right. She comments in her memoirs of 1964 that the first thing to be noted with the head neck back relationship (as she calls the primary control) is **that it is brought into more effective function by thought rather than by the person doing anything with their muscles.**

> *"At some point during the evolution of his technique he made the momentous change from 'doing' to 'thinking'".* (Westfeldt, 1998: 134)

Referring to Alexander's book "Man's supreme inheritance" she continues:

> *"He then goes on to say that **the pupil's order must be merely a framing and holding of a desire in his mind and not the physical performance of an act** and that if the pupil does this last he will inevitably fail."* (Westfeldt, 1998: 134-135)

Lulie Westfeldt explains this failure by drawing on notes written by Dr Ian Stevenson on Alexander's work. Dr Stevenson writes:

> *"The reason for this is that muscular activities being governed by proprioceptive stimuli, will be incorrect if these stimuli are incorrect, or incorrectly interpreted as they are in most people. The majority of persons when they try to move their heads forward and up, either move them forward and down or upward and back, but not forward and up. **They simply do not have that much conscious control of their head and neck muscles.** Most people know when they strike a wrong note on the piano, because they have sensory training to deal with auditory stimuli. **They do not have sensory training to deal with their own muscular stimuli".***
> (Westfeldt, 1998**:** 135)

So why is this important, and in particular, what is its significance for those with chronic health issues? My own story can give an example. Last autumn I wrote an article about my Alexander Journey with particular reference to living with M.E. I quote from my story:

> *"One of the chief symptoms I experienced was a weakness in the neck area; it was as if all the strength had gone out of my neck and back. My head was so heavy. I needed chairs that included a neck rest otherwise I fatigued very easily. I would prop my head up in ways I can now see probably exacerbated the problem."*

It was my experience that

> ***"When there is weakness where the head and spine meet there is weakness everywhere.....****The Alexander Technique teaches us to be aware of our whole body and mind and how they work together. I have developed a greater subtlety of flexibility through my practice of the Alexander Technique as my body-mind is gradually learning to work together more effectively.* ***I am able to choose more beneficial habits, literally lengthening in stature, widening in the torso and improving my breathing in the process".*** *(Collins, 2010: My Alexander Journey)*

I didn't know that the things I did to try and help my strength were in fact undermining it. I had developed strategies that were dependent on faulty sensory awareness and rather than helping myself I was undermining my health further. I have observed other people do this when working with poor health even when they are familiar with mindfulness strategies.

So **how did an understanding of primary control help with this?** I continued in that story to outline the "directions" that are taught as part of re-educating our sensory appreciation. I wrote:

> *"The classic Alexander directions involve allowing the neck to free in order to send the head forward and up; letting the back and torso lengthen and widen, and releasing the knees forward over the toes and away from each other. If one is able to inhibit unhelpful tightening, retracting of the head and shortening of the body one then develops flexibility and freedom throughout the whole muscular skeletal system."* (Collins, 2010: My Alexander Journey)

It is this process of stopping, inhibiting, and directing that enables us to re-educate our sensory awareness and develop an improved functioning in our own primary control.

MINDFULNESS BASED HEALTH PROGRAMMES

Mindfulness based skills for living well are a rich and varied system. In this paper I am not able to give a full account of their principles. Two out of the three pupils I refer to in this project have completed a training course of eight weekly sessions in mindfulness based cognitive therapy. The other pupil has not done any mindfulness training. All three pupils were new to the Alexander Technique.

I have learnt more about the mindfulness health field while researching this project.
Prior to beginning it I had attended two residential training weeks for the Breathworks programme myself (in 2007) but did not have direct experience of either of the two other main branches of teaching: mindfulness based cognitive therapy (MBCT) and mindfulness based stress reduction (MBSR). As a Breathworks trainee I heard of a conference held this Easter (2011) at Bangor University where they have a "Centre for mindfulness research and practice".

The centre was ten years old this year, and they held a weekend conference called "Mindfulness now: building on the last decade." I decided to go as a good way to hear some of the key researchers and teachers in the field presenting their research and sharing discussion and ideas.

The people who work in the sphere of mindfulness based health care are engaged in much research of their own. Breathworks has been developing research evidence for the efficacy of its work as have the other organisations such as the Oxford centre for mindfulness headed by the Professor of Clinical Psychology at **Oxford University,** Mark Williams; **Exeter University** team headed by Professor Willem Kuyken and Rebecca Crane, a clinical research fellow with the team at **Bangor University.**

Likewise the **Alexander technique is building a research base of its own demonstrating its effectiveness. Research includes that published in:**

- **2002 on Parkinson's disease and AT (Clinical Rehabilitation, 2002:16:705-718);**
- **2008 on the ATEAM trial on back pain and AT (STAT news, 2008 6: 26: 1)**
- **May 2011 newly published research re AT and postural tone, (STAT news 2011: 7: 5: 11).**
- **There is also the research published by Frank Pierce Jones in the book "Freedom to Change" first published in 1976 as "Body awareness in Action". (Jones, 1997: 106-137)**

I do not know of any specific research looking at the area I have chosen for this project. As far as I know I am in pioneer territory. This is one of the reasons this project is a beginning. I hope that with feedback I receive from you that I can build on that beginning in future work.

I have come to the field of mindfulness through my Buddhist training, experience of ill health and the Breathworks teacher training programme. I would like now to introduce some of the **key concepts behind the Breathworks** approach to teaching before sharing with you some of my learning from teaching pupils. Although Breathworks is unique in its field and offers some particular approaches which are not included in other methods, **Vidyamala does explain very clearly why a mindfulness approach to health care includes paying attention to sensation,** using it as a learning tool and a medium for personal change. As this is a key factor that has emerged in my teaching experience, I am choosing to highlight this as the main area for learning in this project. In the future, as I develop my research further, I would like to include other elements.

I wrote to Vidyamala last summer when I first devised the project, sharing my idea and checking out that she would be happy for me to follow it through. She was very happy about it and I hope to interview her at some point in the future. Vidyamala was at Bangor giving a keynote talk and a large workshop about the developments in Breathworks.

In her book Vidyamala refers to the International Association for the Study of Pain (IASP) and their definition of pain which most health professionals use when assessing pain. They describe it as: *'an unpleasant sensory and emotional experience associated with actual or potential tissue* damage, *or which is described in terms of such damage'.* They also say *'pain is always subjective'.*
(Burch, 2008: 34)

Vidyamala draws on this to emphasise that pain is an *experience* and therefore our experience of pain is influenced by emotion, belief and personal attitudes. There is acute pain, chronic pain (persistent or long term for over three months), and neuropathic pain - occurring in the nervous system rather than based on tissue damage which can lead to very strange sensations. (Burch, 2008: 34-36) Scientists are studying what happens in the brain during pain, using modern scanning and imaging techniques. There is a growing understanding that many factors influence the way someone experiences pain, and this is leading to a growing interest in methods such as mindfulness training to address the multi-faceted experience of pain. (Burch, 2008: 37-39)

What is mindfulness, and how is it understood in this context? Vidyamala draws on Kabat-Zinn's definition used in his stress clinic. He calls it *"a particular way of paying attention: on purpose; in the present moment, and non-judgementally."* Vidyamala goes on to summarise **three key points:**

- it is intentional: including a sense of purpose enabling us to make choices and act with awareness
- it is experiential: focussed on accurate and direct perception in the present moment
- it is non-judgemental. It doesn't make harsh value judgments although we do need what Vidyamala calls "*intelligent discernment of our experience".* (Burch, 2008: 55-6)

Mindfulness has roots in ancient India and in Buddhist meditation practices, although it is also found in the Stoic tradition of Greece and other western traditions too. (Burch, 2008:56) Buddhism has developed particular reflective practices based on what are called the **"Four foundations of mindfulness"**. These are awareness of the body; awareness of feeling as in sensation; awareness of mind; and awareness of the objects of mind. So the practice of awareness of sensation goes back a long way. It is an ancient technique to help us separate out our experience from our interpretation of that experience and everything that we then hook onto that - which can be debilitating whether in the realm of health or otherwise. So when Vidyamala tells the story of **"the two arrows"** that the Buddha taught, it is coming out of this broad context.

"When an ordinary person experiences a painful bodily feeling they worry, agonise and feel distraught. Then they feel two types of pain, one physical and one mental. It's as if this person was pierced by an arrow, and then immediately afterwards by a second arrow, and they experience the pain of the two arrows... Having been touched by that painful feeling, they resist and resent it. They harbour aversion to it, and this underlying tendency of resistance and resentment towards that painful feeling comes to obsess the mind" .... Touched by that painful feeling, the ordinary person delights in compulsive distraction, often through seeking pleasure. Why is that? Because compulsive distraction is the only way they know to escape from painful feeling. This underlying tendency of craving for distraction comes to obsess the mind....Being overwhelmed and dominated by pain through resistance and compulsive distraction, the ordinary person is joined with suffering and stress...". (Burch, 2008: 41-43)

So first of all comes pain - basic unpleasant sensation. This is what the Buddha termed the first arrow, and Vidyamala calls **primary suffering.** Next there is often a response of aversion or resistance in some form. Then in an attempt to escape from that original suffering it is common for people to become stuck in a troubled state until one is fully linked to suffering and stress to the extent that it is dominating one's mind and life. This is what the Buddha called the second arrow and Vidyamala calls **secondary suffering.** (Burch, 2008: 46)

I am summarising here what is often a complex and multi-layered experience, developing over a period of time, maybe years. There are two main patterns of response to this, which Vidyamala describes as **blocking** and **drowning**. Primary suffering leads to resistance. Resistance then leads to the second arrow which can manifest as blocking - which is obvious resistance and avoidance - or drowning which is more of the nature of feeling overwhelmed, sometimes leading to obsession. Vidyamala comments:

> **"Most of us living with chronic health problems flip-flop between blocking and drowning.** You might go through a large cycle with big extremes over a long period; or you may experience the two poles within shorter cycles that happen several times a day, even within moments". (Burch, 2008: 45)

The story of the arrow concludes:

> "*When a wise person experiences a painful bodily feeling, they don't worry, agonise and feel distraught, and they feel physical pain but not mental pain. It's as if this person was pierced by an arrow, but a second arrow didn't follow this, so they only experience the pain of a single arrow... the wise person is not joined with suffering and stress. This is the difference between the wise person and the ordinary person".* (Burch, 2008:47)

So the starting point of the journey towards only experiencing one arrow, is paying attention to our experience as it really is without trying to block it out or feeling overwhelmed. To help this process The Breathworks team have developed a **Five Step model of mindfulness** which is explored experientially through activities during the eight week course. The five steps are:

1) The starting point: awareness
2) Move towards the unpleasant
3) Seeking the pleasant
4) Broadening awareness to become a bigger container and cultivating equanimity
5) Choice: learning to respond rather than react. (Burch, 2008: 68-81)

With regard to sensation, bringing these qualities of deepening mindfulness to bear gives us a new way of relating to pain. Vidyamala writes: *"Paying attention to a painful sensation...allows you to investigate it, to explore its texture and to see it for what it is, rather than what you imagine it to be. You can make surprise discoveries such as finding that the sensations you identify as 'my pain' are continually changing - there may even be pleasant sensations or feelings alongside them.*

You may also notice that as well as the painful sensations, you experience physical tension, distressing and angry thoughts about your pain, or escapist fantasies and restlessness and you may feel irritable, frustrated or upset. If you can catch this resistance before it overwhelms you, you have the chance to relax into a broader awareness. The key is to allow the feelings to arise and pass away, moment by moment, with an attitude of receptivity and openness." (Burch, 2008: 48)

So here we meet our habits and a choice to change our habitual way of responding. Alexander Technique also brings us to the moment of choice where we can allow habitual responses to change. **A specific instance of how these two methods of training can be either complementary or confusing is in the two practices of semi-supine in Alexander training and the body scan taught by mindfulness based health programmes.** I will say more about this in relation to my supervised pupils.

TEACHING OTHERS EXPERIENCE OF PRIMARY CONTROL

The final main colour threading its way through the mandala is the third area of learning about primary control. This is teaching others to discover and develop their own primary control. I chose to plan my research project around the opportunity we have at college to give supervised lessons as preparation for teaching. So in December 2010 I advertised my project on an email newsletter distributed by the Brighton Buddhist Centre. I placed a notice at the centre as well. I had ten email responses and later on one response to the noticeboard.

The email circular also reached people who no longer attend the centre but who have chosen to stay in touch. This was the situation with my first pupil Amy. (All names used are fictitious and not the pupils' real names). I wrote an information sheet, which I sent to those who responded, giving them the practical details. This enabled them to consider the feasibility of participating. I also sent them a copy of "My Alexander story" that I had written the previous month. This gave them some further information on the Technique set in the context of my own life. Some people particularly appreciated reading that. My third pupil Jo, who is a writer, commented that she had found it interesting and it drew her to volunteer to come for lessons. I chose to seek a research group in this way because I thought it could be effective and time efficient. We had snowy weather and Christmas later in the month, so I decided to place the idea as a possibility in people's minds and then follow up with phone contact and meeting up once we were into the new year.

It was when writing the information sheet that the image of a mandala first occurred to me in the context of the project. I found it stirred my imagination. I hoped it would light up other people's imagination too and give them the interest and courage to respond. Only one person responded positively to my question "Can you come in January?" So early in the new year I met with **Amy** at a coffee bar and talked over her questions and concerns. Amy decided to come for lessons. Although the initial commitment I asked for was 4 lessons, Amy has now had eight and is interested to have more until I graduate. **Jo** also responded to that advert. Jo wrote in her email that she had mental health problems rather than physical pain and didn't know if she would be suitable. The initial idea grew from seeking pupils with physical symptoms and/or pain, to include those with mental distress, partly because she responded to the advert with interest and was able to come to college.

Jo was also willing to write diary notes of her lessons. This demonstrates one of the aspects of doing a project based on supervised pupils - it has to be compatible with the practical situation of teaching in a college context. Jo was my most recent pupil, and only able to come three times because I was ill. She is interested in carrying on lessons.

My other pupil **Beth,** who came second, did not have this background. She contacted Carolyn Nicholls the head of training, to ask if there was a possibility of lessons with a student. I include her in this project as an example of someone simply learning the technique and having a relatively straightforward and effective response to learning experientially about primary control. So far Beth has had 7 lessons and wishes to continue as possible.

Amy has M.E and is slowly recovering after first becoming ill 5 or 6 years ago. She also has a scoliosis. She is particularly sensitive in her body and still fatigues quite easily. This meant that the teaching had to proceed more slowly than I originally planned, and with perhaps more recapping of teaching, although as Amy is my first on-going pupil it is difficult to be sure of this.

Beth was a student studying for final exams who had developed a tightness in her chest. She said her ribs felt as though they were constricting her lungs. Beth also had aching shoulders and upper back and discomfort around the shoulder blades. "I also have constant tightness of the shoulders to the extent that massage is excruciating." (Email from Beth to Carolyn Nicholls Head of Training, 2011: 25 Jan). Her symptoms became exacerbated on sleeping or sitting for too long. Although she had been referred to an osteopath she wrote "I'm fairly certain that it is an ongoing problem caused by my posture and circumstances". (email to CN, 2011: 25 Jan) When Beth came for lessons it became clear that she had hyper lax ligaments and a scoliosis.

Jo's difficulties came from long term depression and post traumatic stress disorder. She was also concerned to improve her posture which she thought to be poor. In terms of this research idea Amy is the only one who clearly fits the original plan. She has also had enough lessons to be able to assess initial outcomes. I did enquire whether she would be happy to write a diary of her lessons, but that was something that she did not feel able to take on. I kept notes of the lessons with all three pupils and I quote some extracts from them.

At the end of the first lesson I gave each of the pupils a handout giving instructions on doing semi-supine practice. For pupils who were familiar with the mindfulness body scan meditation I also wrote a separate sheet outlining some differences between the body scan and semi-supine. I based this on my own experience of practising both techniques and included pointers that I thought they might find useful. (available on www.mindful-living-skills.com)

Jon Kabat-Zinn first introduced the body scan in his hospital stress programme. He found that people tended to tune out their experience of their bodies and wrote: *"One very powerful technique we use to re-establish contact with the body is known as body scanning. Because of the thoroughness and minute focus on the body...**it is an effective technique for developing both concentration and flexibility of attention simultaneously** . It involves lying on your back and moving your mind through the different regions of your body"* (Kabat-Zinn, 1990: 76-77)

Vidyamala writes:

> *"When you do the body scan you take your awareness to the different parts of the body in turn and as you rest the awareness in each place, simply notice what's happening, feeling the part of the body deeply, from within.* ***Sometimes people think that the instruction to be aware of the body means taking a bird's-eye view from the outside but this isn't what's intended.*** *If the instruction is to be aware of the big toe, for example, then the practice is to take the awareness right down inside the big toe and to be aware of whatever sensations present themselves. If you can't feel anything, it means being aware of the absence of sensations. This awareness is non-judgemental so whether the sensations are intense or absent isn't important, the important thing is simply to be aware. If you notice tension and pain, or discover an area that's numb, instead of thinking 'I'm going to change that', just notice it with a gentle, kindly awareness. With consistent practice you'll develop increasingly subtle awareness of your body."*
> (Burch, 2008: 179-180)

Amy had been doing the body scan since her MBCT course about two years ago. She learnt Alexander technique semi-supine with me, although she knew the posture beforehand.
I noted in lesson 2 that Amy was very aware of sensation. Interestingly she also said at the end of the lesson with reference to the Alexander principles ***"This helps to save energy".*** We had been learning inhibition and direction. As the weeks progressed Amy did practice semi-supine at home. Then we had a break of three weeks and when she returned for lesson 5 I noted:

> *"Amy had been doing body scan meditations in the break but not AT directions in semi-supine. It was very useful feedback for me to hear that. My observation of her was that she had become very tuned into her sensation - her experience - as she continued to be during the lesson. She showed a lot of awareness of that, however that awareness was not creating flexibility and freedom in muscles and joints"*. I went on to note *" I said that a difference with Alexander Technique from the body scan was that with AT we are giving messages to our nervous system. Even if nothing seems to change at first we are gradually building up a pathway and that over time our nervous system will learn to respond."* I made a note for myself: *"I observed that Amy is very receptive to learning although I suspect she may be finding it difficult to find a way to practise both her mindfulness meditation and her Semi-supine. She did say that she had time to do both. I do know from my own experience that it can be at times confusing, or simply energy gets dissipated in different directions, perhaps not as effective as it could be."* Amy appreciated learning the basic anatomy which helps to understand the Alexander directions.

By lesson 7 which was in May I note:

> *"Amy has been doing Semi-supine at times, although not consistently all the time. I did note though that her body was more integrated, more of a whole and much less tightly held than when she first started lessons. As usual her observation of sensations was good - coming perhaps from her body scans. She is, though, much less aware of what she does with her neck."*

After another two week break, in lesson 8 I note:

> *"Began with re-capping re 'non-doing' (which had been last week's theme). Amy has been very drawn to 'non-doing' - it fits in with other approaches that she uses. She said she has been reflecting on it a lot and using it in her semi-supine a lot. I did wonder if it might be turning into 'flop' - the opposite of trying to do too much - but she is still remembering directions and making use of them, although she can't tell what effect they have at the time. She is overall though noticing much less tension in her body, especially the shoulder area...Later in the lesson Amy said that she didn't do the body scan anymore. She just does semi-supine and sitting meditation. I said that body scan was valuable but different to Alexander Technique. She said 'yes its very different'. She thought semi-supine was "more specific" though she seemed not entirely clear about the thinking behind body scan. It seems to be something she does when not strong, or not strong enough for sitting meditation."*

I also noted that I taught her the concept of primary control that day ("at last" I commented). My final note from my records about Amy refers to her response to learning about the concept of primary control - something she has been learning experientially in earlier weeks.

> *"Amy was interested to learn a new concept in AT and was well enough and strong enough to do so. At one point when she asked a question it became clear that she may be thinking of it as a place, a particular place (eg the Atlanto-occipital joint which I had taught her about before), or a position.* ***I explained that it was not a place, but a relationship, a connection between the head, neck and back which then organised how the rest of the body moved.*** *I also emphasised that it connects right through to the feet and placed my hands on her feet to help that link. In chair work we took this further, thinking up while going down, and letting the head lead and the body follow. She is keen to reflect on primary control and experiment"* .

That was our last lesson, and the story is left hanging in the air for another time. In an email that Amy sent me this past week she wrote: *"I've really enjoyed coming, it's certainly increased my self-awareness and its something I may well come back to at some point. I've appreciated all the time and effort you've put in, I now have those few choice phrases ingrained so you've done a good job!"* (email 2011: 3 June) Well, we'll see - I look forward to learning more how she is developing her own mandala of mindfulness. There is the possibility of her coming for further lessons before I graduate.

Jo came for three lessons in May. Her background of depression and trauma created extra challenges which I was learning how best to respond to as I worked with her. I will share some of her own reflections which she sent me. After the second lesson she wrote:

> *"practised sitting and standing and Taragita showed me on skeleton and in anatomy book the place where the spine meets the skull - much higher than I imagined and the nodding joint which is where AT pays a lot of attention. I was also interested to learn that all the muscles are connected ... I found the session a strange mix because I was extremely tired so it took effort to listen to directions and remember to carry them out. At the same time is was very relaxing and easeful…*

> ***I think my body enjoyed it but my mind struggled to understand it because it's such subtle work… My body enjoys the ease of movement, the spaciousness and lack of contraction. These ways of sitting, lying and being are quite revolutionary to me as I'm used to contracting my body, crossing my legs etc."***

Then after some home practice of semi-supine a couple of days later Jo wrote:

> *'Taragita asked me to think about how AT is different from body scan. AT is more focussed - there is a goal - to release and lengthen. I also find the physical effect more profound though it is still very subtle. I lay down for a few minutes just in semi-supine. The main thing I was aware of was releasing into my sacrum, this manifested as a pleasant, heavy feeling in that area. Then I began the directions. It was interesting to do them with a better idea of where the spine meets the head. In wishing for the neck to release I experienced a few seconds of the feeling of freedom I enjoyed in the first session - ease in my body, which did not mean it was pain free.*
>
> *Allowing the shoulders to widen away from the spine I was aware of an ease in my breathing. Wishing for the knees to go away from each other brought a feeling of release in the hip-joints which is a place I feel particular tension."*

Four days later Jo writes:

> *"Since the last session I have been practising not crossing my legs when I remember to. What I've noticed is that it's a very strong habit and that I quickly want to return to it. However, when I manage to sit with legs uncrossed and maintaining a wish for my back to lengthen I feel more present and energetic and less tired."* The next day Jo had her last lesson.

Writing after the lesson Jo says: *"Felt largely free from the usual undermining critical voices - possibly because it was the last session. It is a very focussed space and I felt the benefit of keeping the connection to the work going through my home practice. Outside the sessions I've been practising when sitting in a chair, sending the crown of my head up and over the horizon. I've found that this has enabled me to sit more upright in the chair and to feel more present with what is going on - less prone to escapist thinking.....One thing I noticed at the end of the session when we did some walking around is how afraid I am of taking up space - how much more comfortable I feel sinking into the corner of a chair than standing tall. I feel like AT will be beneficial for me to pursue in the future and am glad to have done these sessions*."

I am grateful to Jo for sharing her thoughts in a diary with me. It is useful feedback, these are just a selection of the most relevant aspects for this project. They also demonstrate how although AT does not directly address emotional issues they do, of course, arise for pupils in the context of a lesson.

Beth did not write a diary. She had not come as part of the project and was fully occupied with her final exams at university. I did find it very beneficial teaching someone who knew nothing about mindfulness training and who had never seen the semi-supine posture done before at a yoga class or Buddhist centre.

Her pathway of learning the Alexander Technique seemed in some ways more straightforward although she had her own challenging situation. Beth was very good at doing the home practice most of the time she came for lessons, with just some lapses. In particular she built it into her method of dealing with the stress of assignment deadlines and preparing for exams.

Although when she started she had persistent pain and discomfort which gave her strong motivation to learn, at her seventh lesson she felt to me like a person who was pain free, and when the teacher who had supervised my first five lessons with her asked her if she had any pain she said "no". In fact she had begun to forget that she had had pain.

At the end of the second lesson **Beth *"spoke about how she was realising that what felt right wasn't always helpful"* - that led us to talk about faulty sensory appreciation.** Beth had quite a strong disconnection between different parts of her - as if the different limbs and upper and lower part of the back were all separate and somehow she was holding everything together by holding her ribs tight. This changed a lot as the lessons progressed.

After lesson 4 I noted:

> *"I want to record what Beth said after we had done in and out of chair twice. The first time she said "Oh, that wasn't very good" as she bumped down a bit. The second time I was able to notice* ***a much stronger connectedness through her spine and up to her head - an energy flow. It must be the primary control working.*** *When she sat down it was very different, more flowing. She said "that was better". I observed that it was different and asked her what she noticed as different. She said 'I was more present'."* This presence translated into an improved primary control".

CONCLUSION

The mandala which I am drawing in this paper is now complete. I summarise my findings in three sections.

1) Primary control

I have found that learning about primary control certainly does have a beneficial effect on the pupils I have taught. They each in their own way began to bring the initial understanding they have of primary control into their lives.

For those who are familiar with mindfulness health strategies, learning Alexander Technique has given them a new way of practising awareness that will enhance their health and emotional well-being.

This approach works directly with integrating the mind and nervous system to work effectively so the body can operate with maximum ease and flexibility. An experience of primary control working efficiently in one's own body is the key to this development and the means of taking it further.

2) Faulty sensory appreciation

I found that pupils who had practised the body scan were very aware of sensation in a way that did create some confusion at first in their learning Alexander Technique. The positive side of this was that they were used to bringing attention to their mental processes and noting their body as they developed understanding of the primary control. They were able to respond to what I was teaching and were motivated.

3) Mind-body unity

Alexander Technique is concerned with how we can choose to move and consciously control our human organism. Mindfulness also gives us tools to help us live in the present moment - a skill vital for the Alexander Technique. The mindfulness approach includes the heart and emotions in its teaching strategies and can therefore complement well the depth and precision which we learn in Alexander work.

My experience is that the two are complementary. Many people will choose to use one of the two approaches. For those of us who would like to employ both, side by side, I hope this project begins to clarify how best we can do that.

I will finish with a quotation from **Raymond Dart**, the anatomist, who had great respect for the Alexander Technique, from his article **"the attainment of poise."** He writes:

> ***"The consciousness cannot play its proper part in movement unless we have an interest in our movements. Our bodies reflect our minds, just as vehicles portray their owners.....****Some of the most curious human practises down the ages have arisen from the attitude of neglecting or despising the body, as though it were beneath contempt, or of hating and even maltreating it, as though it were foreign to its indwelling spirit. We all suffer to a greater or lesser extent from this primitive social tradition."* (Dart, 1996: 123)

Although those words were written in 1947 and attitudes have changed since then, I think there is still truth in them. **Both mindfulness based health care and Alexander Technique address the debilitating habit of trying to separate mind and body.**

I know that practising mindfulness has helped me become more able to respond to the Alexander technique, even though for me - like my pupils - it can also cause confusion.

Thank you to my teachers and pupils, and I welcome feedback to help me to take this project further in the future.

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