

When conscious control is NOT an option.. & the “right thing” does NOT do itself..

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by Gitte Dollerup Fjordbo ©

Dedicated to the loving memory and work of Raymond Evans

Good afternoon, ladies and gentlemen, colleagues, friends!

2 years ago Bob, Irmel and Jamie invited me to come here today to give a 'special lecture' with the broad theme of “the scientific realities that underlie the Alexander Technique” and I was invited to “speak about what [...] *I* think is important and helpful from a practical point of view that would enhance the teaching of the Technique.” - So, for the past 2 years I've been considering what to share with you, what were the most useful things I could share!?! - At a later date Bob suggested that I could also offer a workshop with space to go more into detail, dialogue, do some practical work and *that* felt like a great idea! That means that for those of you interested we have more space and opportunity to interact on Thursday and I'm looking forward to work with those of you who feel called to come. So, today will be more of a presentation of the theoretical, 'scientific' if you will, framework for how I work and also *why* I have evolved this way of working.

I believe in and work from the Transpersonal perspective; that is.. a perspective that addresses the spiritual and behavioural needs and aspirations of human beings. It concentrates on the importance of finding a meaning in life and of being creative and fulfilled in living, relating and making choices. To me, in order to build bridges and expand our consciousness, we need to say.. 'and-and-and...' rather than the usual 'either-or'.. We need to see both where we are and where we come from, in order to be able to perceive where we are going and how. - I am a firm believer in the 'Celebration of Differences', which indeed applies to how we relate to each other as individual personalities. There is a word and concept that I've loved and consciously aspired to for probably the past 10 years: The Idea of **Unanimity!** - The idea and experience that behind our apparent differences, we *can* experience a 'Unity and Oneness of Soul'! So, Unanimity rather than uniformity! - I invite us all here in this Alexander-community to focus on making the Soul of our group being one of Unanimity, and at the same time that we celebrate our differences and let creativity have space to play between us. - I invite you to listen to what I have to say today from a Spirit of Unanimity and a celebration of differences.. - It is my wish and hope that my contribution is something that Empowers others as it has done myself! I feel the potential of the Alexander technique is one of Empowerment. I believe that the only true use of Power is to 'Empower' .. others and ourselves!

There is quite a lot that I'd like to share with you, so please fasten your seat-belts! It's my intention to take you on a trip where I'll give you a birds-eye-view of what my thoughts, experiences and discoveries are on the subject of the title of this lecture.

My focus when asking the really big questions.. is always '*Human Potential*' rather than the Alexander Technique or early reflexes or whatever other 'method' I may be looking at, per se. - To set the stage for my own ambition for life I want to open with a Chinese symbol that I find very useful both for reflection and as a practical guide in my life. It is the Chinese symbol for **Crisis** or

Challenge which consists of two parts : one symbolising *danger* and the other symbolising *possibility / potential*.

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I can relate to this pair of opposites from many perspectives : To name but two perspectives: 1) there is the perspective of *philosophy*; where it is the *Personality* that is seeing the threat to the status quo, confronting the *Soul* that is seeing the possibility of an expansion of consciousness; and 2) there is the perspective of the *brain* – where *danger* is the *older parts* that are responsible for survival and self-preservation and they are confronting the *potential* of the *newer parts* with their promise of a higher level of integration.

Today we will be looking mostly at the *danger*-aspect, since I believe that is where the reasons and explanations lie to - “when conscious control is NOT an option – and the Right thing does NOT do itself.. !” - In my workshop on Thursday I plan for us to hopefully look more at the *potential*-aspect!

To jump right in.. : My own way into the Technique was from the field of Rehabilitation, *professionally* as an audiologist (speech, language, hearing-therapy and dyslexia) and *personally* after a severe car-accident with many injuries. - My two main motivations - the professional and the personal rehabilitation.. - for starting my work with the Technique made up the reality in which I was to learn and understand this work. I am sure that my background in rehabilitation was a very important agent in my *sharpened awareness*, when one day on my training-course with the Carringtons I overheard a conversation between 2 visiting teachers. What caught my attention was hearing them talk about “un-teachable pupils”. - This to me was a most strange concept in this work. How could someone who came of their own free will, spent their own time and money on something of their own choice.. be basically “un-teachable”? - I could not believe it! - As I listened more to this conversation I learned that the term “un-teachable” was applied to “those pupils where you can't get anything through to them. They just do not respond; or if you manage a response, they have gotten themselves back to square-one before they have reached the front-door..” -- I was puzzled. a) *Who* were these pupils? - b) *why* were they un-teachable? - c) *were* they indeed un-teachable!? - d) *how* might they be helped after all? – The concept of “the unteachable pupil” was indeed a concept I didn't understand and also a concept that was to be the fulcrum of much of my later work.. You'll see why before this lecture has finished!

About the same time as the “un-teachable pupil”-concept was brought to me, I participated in a seminar with the late Ray Evans & Peter Blythe. Ray was a blessed Alexander-teacher and besides that he was a Neuro-developmental Therapist in what's called 'neuro-physiological-psychology'. Together Ray and Peter introduced the Alexander-community to the early reflexes. Peter introduced the method of 'neuro-physiological-psychology' and Ray especially focussed on the impact of neuro-developmental delay on work with the Alexander technique. - This seminar provided me with a very important piece to my puzzles. Both my personal and my professional rehabilitation-puzzle were missing this piece. It made so much sense that the early neuro-motor development would be an important part of our physical foundation. In fact it made so much sense that I chose to train as a Neuro-developmental Therapist and to study the importance of the early reflexes for the Technique when I wrote my Alexander-thesis for the University of Copenhagen.

My Quest was to look at and try to understand more about early neuro- & neuro-motor-development and esp. neuro-developmental delay, early reflexes, balance, and all the other components of early development. I had studied audiolopedics and I had also been granted acceptance to have the Alexander Technique as a second and separate subject. I wrote my Alexander-thesis and gave it the title: "On the Development of Habit..- from the viewpoint of the Alexander Technique and early neuromotor patterns of development". In the process of doing that, I formulated a guiding statement or question to myself: "When conscious choice does NOT seem to be an option.. what could then be the reason?" (pps slide) I got deeply and compassionately involved in trying to understand "the less fortunate", the "un-teachable pupils".

Over the years I've learned that there can be many reasons why someone may *appear* to be "un-teachable". - Since what we are looking at is *early life* many of these reasons or causes influence each other and evolve together. We could delve a lot more into that, but I'd rather leave that for another time and focus on the development of the early reflexes and early development here.

When imbalances arise early in life there is a huge capacity in each one of us for compensation. We all hold a lot of redundant capacity. However, all compensation takes energy and attention, although it often happens at a sub-conscious level. The problem with the early compensations is that since we develop around them we have no idea that things could be any different, so we don't even know how much extra energy we are using. - Since the early development is fundamental to all of later life, it influences all areas of human development and thus human behaviour. Early development impacts both physical, emotional, cognitive and spiritual functioning and behaviour.

After the seminar with Ray and Peter I began to understand what it was that was happening in my own Alexander-work! I found that ***trouble arose*** for me as I became more and more skilled at 'leaving myself alone' or stopping the old habitual muscular tension-patterns. I had noticed that when I worked with fellow students, for instance to take them into standing from sitting, I was beginning to rotate their head slightly as I was doing it. At first it caused me embarrassment because I was obviously *doing* something I didn't intend to do! Intending to *stop* the *doing* I focussed even more on the inhibition-phase in myself.. only to discover that I *did* it even more! With my new knowledge about the early reflexes at hand I was able to *analyse* my activity. I now realised that the reason why I rotated my game-partner's head.. unwillingly!.. was, that because of a persisting Asymmetrical Tonic Neck Reflex in my system, my 'jaw-arm' would extend slightly and my 'occipital-arm' would flex likewise, when I moved my partner's head-neck-body.. because in doing that I would also turn my own head slightly to the front of him or her. The Asymmetrical Tonic Neck Reflex, or 'ATNR' amongst friends, is elicited when the head is rotated to the side. It is *asymmetrical* so one side (jaw-side) will extend and the other (occipital-side) will flex! *Tonic* means that it will hold the same distribution of muscle-tone for as long as the head-neck is rotated away from the midline-position. - It is possible that my head-trauma from my accident had brought back this early reflex-influence and it's also possible that it was always there from my early life: I did not crawl, I had the cord around my neck at birth and my nervous system was compromised already in the first trimester in the womb, when my mother had a shot of testosterone in order to abort me. I certainly had a persisting ATNR that became more and more visibly active as my inhibitory Alexander-skills grew. The more I was able to leave myself alone, the more the reflex-influence would show itself. The only way I could stop myself from rotating my partner's head in the sit-to-stand game was to tighten or activate some of my old compensatory patterns! Or.. alternatively, learn to adjust the tension in my 2 body-halves by rotating my own head *just the right amount* in the opposite direction. Neither way would do much for my wish for more freedom of movement! - The third option was to go through a reflex-inhibition-programme, which was what I chose to do. - I

hope to show you in this lecture and the workshop on Thursday, that there are ways to work with the influences of early developmental imbalances within the framework of the Alexander Technique. Ways to bridge what I was unable to bridge back at the time where and when I started. Some people might still need specific work with the early reflexes, but many *can* be helped and supported by a pair of compassionate and understanding Alexander-hands.

My initial testing for the reflex-inhibition brought me a precious and important experience. My neuro-developmental-therapist, Pat Faulkner, had tested me for all the reflexes and we had reached the stage of testing *functions*. She had asked me to crawl on all fours across her floor, which I had done. When I turned around I found Pat looking very thoughtful. She asked me: “have you been practising this, Gitte?” - and I had to reply: “have I!? I've been creeping and crawling & doing Dart-work every day for the past 3 years!” - Pat said: “yes, I thought so, because you shouldn't be able to crawl like that!” - This showed me that it *IS* possible to learn to master functions that come later in development, even when the foundation is not in place. To *some extent* it *is possible to build the chimney from above*, figuratively speaking. However, my experience with taking my fellow students into and out of the chair, had shown me that practising the crawling had only made me better at crawling. It had not *repaired* the underlying reflex-problem! - More reason to start the reflex-inhibition-programme! - Let me just emphasize here that I'm not discouraging Dart-work! I think it is wonderful and very helpful in *so* many ways! I'm only saying that it also has its limitations!

The reflex testing showed that primitive reflexes were still involuntarily active in my system. The strongest turned out to be the Moro reflex, the asymmetrical tonic neck reflex (ATNR), the symmetrical tonic reflex (STNR) and the tonic labyrinthine reflex (TLR). The reflex-inhibition programme brought about profound changes in my use of myself. Apart from my own perception of a change for the better in long-standing conditions such as a moderate left-right confusion, increased sensitivity to light, a higher degree of contraction of the right side of my body with a subsequent twist to the left, a marked difference in the control and use of my legs, etc., it was very exiting for me to have a more objective comment to these changes, too. After having started the reflex-inhibition programme, university commitments made it necessary to have a break in the very intensive work-process I had been in for more than three years as an Alexander teacher-trainee. With a daily movement-programme to inhibit persisting early reflexes and minimal Alexander-work (in terms of lessons), after three months, I had a lesson with an experienced Alexander teacher who had known me well from before I started the reflex-inhibition programme, but who did not know that I had followed the programme. We were both fascinated with the positive change from 3 months previously. - The teacher's comments were; “your back has changed so much - the muscle tone is much better - and especially your legs are so much freer!” I felt that the big change in the use of my legs resulted from the movement-programme and the fact that the Tonic Neck Reflexes had improved, meaning that they were reducing their un-reflected, un-controllable influence on me a lot.

This experience, that the reflex-inhibition programme seemed to have made a difference in my Alexander-work, suggested that *adult* postural reflexes must somehow differ from *early* reflexes and my wish to know more about the early reflexes grew. I wanted to explore and understand better how the early reflexes can possibly influence a person's habitual *use* of him or herself and so his or her *functioning*. I had become more aware of the importance of more knowledge about the early reflexes in work with the Alexander Technique. A lot of **questions** presented themselves to me:

- Could it be that a person's habitual patterns of misuse are related to persisting early reflexes?
- Could persisting early reflexes be an organic and therefore fundamental element in what Alexander

termed unreliable sensory appreciation, and also an element that Alexander for some reason did not take fully into account?

- Could an imbalance in early reflexes be a reason why some people are 'difficult to work with'; because what is achieved in the Alexander lesson does not last very long or in other words, can reflex activity overrule the benefit of the Alexander lesson?

- Could the actual relationship between early and postural reflexes be the determinant for "how" to best work with a pupil, suspecting that some movements might directly release involuntary motor patterns?

So, enough background.. - let's look at *what* the early reflexes are, *how* they develop, and *why*?

Now, the concept of 'reflexes' is a bit of a 'can of worms' and I don't want us to get lost in that. For our purpose here today I'm going to tell you how I understand and use the word. I intend to consciously and purposefully simplify things for the purpose of this presentation. The details are not important today. Today we don't want to get lost in detail, because I want to show you a bigger picture! - For those of you who are interested in more detail, I humbly refer you to my book!

Neurological reflexes are involuntary motor responses that are elicited by appropriate peripheral stimuli. Underlying our volitional movements is a continuum of specific automatic patterns of movements that are outside of consciousness. These movement-patterns are the so called primitive or early reflexes, the righting reactions and the equilibrium responses. They all develop in response to the interaction between our internal state of being and gravity, other people and space.

The early reflex-patterns create the pathways which later on allow our mind and emotions to express themselves in voluntary movement. These reflexes establish the basic gross patterns of function which utilize and underlie all movements. This is a development towards continuously more and more complex patterns of movement and skills.

These early, primitive, baby.. reflexes.. all names for the same reflex-reactions! - are elicited during our time in the womb and are supposed to be active in an overt way in the body until about 12 to 18 months of post-natal life. That means that for the foetus, baby and infant 'normal development' is to go through a sequence of these reflex-reactions. - Let me emphasise that the early reflexes are different from the postural reflexes. The postural reflexes build on the early ones, once these are inhibited by the neo-cortex and integrated into the child's movement-patterns. The inhibition occurring here is not the same as the Alexander-inhibition. It is an automatic inhibitory process that takes place from the neo-cortex to the reptilian brain and it happens as and when the reflex is 'allowed to do its job'. The 'job' of an early reflex is about 2 things: 1) to ensure survival and 2) to train the collaboration between the muscles and the nervous-system. - So, the 'life' of an early reflex could be described this way: It comes in.. is released by the earliest part of the brain, the reptilian brain.. - It does its 'job'.. ensures survival during that particular phase of the child's development – and it trains the neuro-motor-apparatus in skills appropriate for that same phase of development. - When it has done its 'job', it is inhibited by the neo-cortex.. meaning that the reflex is *still* present in the nervous-system, but it is no longer visible on the outside. It is controlled *within* the brain. This could be seen as 'ideal development'!

However, many things can disturb the ideal development and cause some or even all of one or more of the early reflexes to become '*persisting* early reflexes'. If a reflex cannot do or complete its job, it will persist in being elicited in the body of the child and later adult beyond the time of its appearance in normal development. A characteristic of the early reflexes is that they are 'un-

reflected'. That means that they cannot be controlled by our conscious will.

Now, what does it matter if one or two of these early reflexes have a slightly aberrant development? Who's perfect?!

It is true that most human beings grow up in spite of their conditions; generally human beings are extremely resilient and adaptive. 'Normality' is a very expansive concept. However, aberrant development requires energy in the way that it will somehow have to be compensated for.

It is generally agreed that the developmental picture in the foetal period and the first year of life consists of a number of reflexes or movement patterns which need to be developed in a certain sequence. What starts in normal development as reflex and involuntary movement patterns is gradually integrated into more functional postural and voluntary motor responses.

In the field of Neuro-physiological psychology we talk about *Neuro-developmental delay* when a *cluster*, a group of early reflexes are present *beyond* their normal developmental age.

A *reflex-inhibition-programme* consists of specific physical, stereotyped movements that replicate the movements of the baby and infant and they are practised for approximately 5 to 10 minutes every day over a period of 9 to 12 months. These specific movement-patterns made in the first months of life contain within them a natural inhibitor to the reflexes. If the child has never made these movements in the correct sequence, the early/ primitive reflexes may have remained active as a result.

I want to show you some examples of what may happen when development is less than ideal and we are consequently left with developmental imbalances that we need to compensate for or you could say, imbalances we need to find ways to manage to live with. Development has a natural progression that pushes us both from within ourselves and from outside. In many of us that *push* makes us or from another perspective it lets us skip some of the stages of ideal development.. either fully or in parts. This happens because we are *not* ready to go through or learn them yet and the push forward is too strong. An example could be the infant that skips the stage of crawling.

The brain can be divided in different ways according to different models and for our purpose the model of the Triune Brain is useful : the 3 parts are 1) the oldest part, the reptilian brain (the 'action brain'), 2) the old mammalian brain (the 'feeling brain') and 3) the new mammalian brain or the cerebral cortex (the 'thinking brain'). - The primitive reflexes are released or activated from the reptilian brain at certain stages of early development and in a particular sequence. They come in at a certain age and stage of development.

The examples of the early reflexes that I want us to look at today are the 2 reflexes that create the foundation for our equipment for handling high-stress situations in life. This equipment is established already in the first trimester in the womb, which I believe, shows us how important it is! The first of the primitive reflexes to emerge is the Fear Paralysis Reflex (FPR) and it is activated from the reptilian brain between the 7th to 9th week in utero. As the name shows, its reaction is a '*paralysis*', a *withdrawal-* and *freezing*-reaction. This is the foundation for the later 'freeze-reaction' which is also a *dissociation*-reaction. - The second of the early reflexes to emerge is the Moro-reflex. It appears between 9 and 12 weeks in utero when it is released from the reptilian brain. It is fully present at birth and it's supposed to be elicitable *as the Moro* until around the 2nd to 4th month after birth when it is inhibited and replaced, or you could say it's *transformed* into the adult Strauss

or Startle reflex. The Moro is the foundation for our *fight-or-flight reflex* for the rest of our lives. - So, with these 2 reflexes we have the foundation for all later fight-flight-and /or freeze-reactions!

If elicited after birth, the Moro Reflex is accompanied by a sudden, massive intake of breath, in order that the infant can 'scream the house down' if necessary, to summon attention and assistance. It is the baby's only defence against danger, and the reaction can be elicited by a vast number of **stimuli**; e.g. - sudden and/or unexpected loud noise, - alteration of light, - violent handling, - rapid movement within its visual field, - a sudden change in the relationship between the head and the torso (e.g. a drop of the head backward), - a sudden movement of the supporting surface, - tapping of the abdomen, - sudden passive extension of the legs, - or blowing on the face. To a large extent the stimuli that will elicit the Moro reflex are identical with eliciting stimuli for the FPR. Consequently, if the FPR and the Moro are there at the same time one reflex will emphasize the other and a stronger reaction must result.

I'm sure you can imagine how these reflexes might be *un-intentionally* activated during an Alexander-lesson: .. "sudden change in the relationship between the head and the torso" - a "sudden movement of the supporting surface" - sudden "passive extension of the legs". My work in the trauma-field has taught me that it is *very* individual what people experience as *sudden*!

The physical reactions to the Moro-reflex are:

- 1) instantaneous arousal
- 2) rapid inhalation, momentary 'freeze' or 'startle' followed by expiration – often accompanied by a cry
- 3) activation of the 'fight or flight' reaction, which automatically alerts the sympathetic nervous-system and results in:
 - release of adrenaline and cortisol (stress hormones) into the system
 - increase in the rate of breathing particularly in the apices of the lungs (hyper-ventilation)
 - increase in heart-rate
 - rise in blood pressure
 - reddening of the skin
- 4) possible outbursts such as anger or /and tears..

Have you ever had a pupil with any or all of these reactions to your work?

By 2 - 4 months of neonate life the Moro-response should become replaced by the 'startle' or Strauss reflex, which is characterized by: a raising of the shoulders, a sudden intake of air, a rapid 'blink' and finally the baby is 'checking' to seek out the source of danger. The Strauss reflex is a more conscious and reflected response. The Moro response in comparison does not filter out the source, but reacts to stimulus as a life threatening event. Its presence is vital to the neonate to summon assistance, and to rapidly open the airways if threatened by suffocation, but if it persists beyond the normal age, its affects can be profound.

If the Moro reflex persists beyond 4 to 6 months of neonate life, it will result in a degree of *hyper-sensitivity* and *over-reactivity*, depending upon its strength. The reflex may persist in many different shapes and forms. - If it is only present in a very vague form during those first few months of life, its implications may be rather different. The reflex may be weak in its entirety, or, the second part of the reflex may be underdeveloped or even absent, so that although there may be a massive intake of breath, the ensuing abduction of the arms and the releasing of the breath *cannot* take place. This would result in respiratory arrest in expiration so that breathing appears to 'freeze', and the baby's

cry for help is never uttered. The baby becomes captured in a 'freeze' state, which could be a combination of a possible remnant (of the) Fear Paralysis Reflex and a too weakly developed Moro.

Can you imagine what doing a Whispered Ah with a person in this kind of state could cause?

So, if the Fear paralysis reflex persists beyond the time where it should normally have been inhibited, it will be lowering the threshold of **fear** in the individual. The reflex can then be activated by minor stimuli, although they may present no actual threat to the individual.

The neonate will have to learn to differentiate between a threat and 'harmless' stimuli. In cases where the Moro persists two similar reactions will be present at the same time; the 'shock' reflex (the Moro) and the 'surprise' reflex (the startle). The brain will have difficulties in discriminating between sudden harmless stimuli and true threats. The lack of discrimination may lead to extreme anxiety states and panic disorders.

The Moro Reflex is thus a startle reflex and has two phases. When the baby is lying in a supine or in a semi-sitting posture and one of the stimuli that elicits the Moro response occurs, the infant will first fully open its whole body and extend its arms, open its hands and cry. During the second phase of the Moro, the infant will flex its head, flex and draw in its arms across the body as though embracing, and close its hands (i.e. make a fist). The legs may extend during both phases, unless they are already extended, in which case, they may flex. The extension and flexion of the arms and legs enable the baby to use the whole body as a breathing mechanism in voice-production!

The Moro response is also a vital step in practices for human relations. It creates the foundations for embrace. Already Moro's term from 1918 for this reaction indicated this connection. Moro named it the "Umklammerungs-reflex" (embracing-reflex). This reflex-reaction first allows the infant to symmetrically widen through its chest and upper limbs and then to recover with an embrace. In order to fully embrace someone, we need to first open wide ourselves. The Moro response establishes the base for all opening and closing movements of the upper torso and upper limbs. The resolution of the Moro helps to balance muscle tone on the front and the back of the body.

In terms of Alexander-work, it's easy to imagine how work with 'widening of the upper part of the arms and torso' is going to challenge and be challenged by a persisting Moro-reflex!

The adult, startle or Strauss reflex is predominantly a rapid flexion response, whereas the Moro is an initially extensor and more slowly evolving pattern. As the Moro declines with age, the Startle becomes more prominent; this sequence has given rise to the conception that the one reflex replaces the other. However, the two reflexes are not mutually exclusive. They can occur together, and are not always easy to differentiate.

The baby's Parasympathetic Nervous-System, the part of the Autonomic Nervous-System that is in charge of 'digestion and rest', is not evolved yet. It does *not* start to develop until about 1 year of post-natal life and finish by 7-8 years of age. - So the baby needs the surroundings to act as its PNS and to calm it down when the Moro has been activated. - More knowledge about the ANS is also very useful in approaching this work.. another subject for another time!

It would be interesting to look at the Startle/ Strauss-reflex that Frank Pierce Jones worked with and see in the population with a prominent Startle and a body-posture characterised by it, how many also have a strong Moro and possibly also FPR! - I would suspect a high percentage if not all!

Now, let's look at the **2nd part of my title for this lecture**: “when the Right thing does NOT do itself”: With this previous information in mind, can we justify *assuming* that we can just use our mental capacity to *stop* the old compensatory patterns (what FM called the “wrong thing”) and expect there to be a well-developed innate support-system underneath to pick us up when we fall from our compensations.. or they fall from us..?!?! Can we assume that the “right thing” will do itself given the opportunity?? - Sadly, for those of us who for whatever reason developed imbalances in the course of our development and /or due to some event in our past that has left us traumatised.. and because of which we have had to develop compensatory measures to be able to move forward on our path.. sadly for us, the innate support-system is not going to be there to just fall back on when we stop the compensation! We may well find that there is Nothing there.. but collapse, lack of support, no UP.. there may even be *un-controllable* movements underneath when we let go! In the case of a persisting ATNR we may find, as I did in those sit-to-stand-games, that letting go of compensatory tension reveals un-controllable asymmetrical flexion and extension in our limbs when we turn our head. The thing is that these *movements* were there before we let go / stopped some tension, but were hidden by the excess muscle-tension.

In the field of trauma and trauma-therapy it is said that *trauma* happens when an individual nervous-system *perceives, interprets, experiences* events (inner or outer) to be *too fast, too much or too early* (early in terms of maturity of the NS and its capacity). When a certain and individually determined level of stress is experienced by a NS it will go into *survival-mode*. Survival-mode has three progressive options for action: Fight, Flight or Freeze! - What we define as *Trauma* is established in the NS *if* the natural survival-reaction is stopped; for instance if we are for some reason prevented from fighting or fleeing.. or if we realise with our neo-cortex that it was *not* life-threatening after all.. for example, the car only *nearly* hit us, so we tell ourselves that there is no need for the trembling or the heart-palpitations.. and we *rationalise* that we can “pull ourselves together and stop it!”. The neo-cortex becomes our opponent or enemy, when it over-rules and disrupts survival-reactions. - Events from the Survival-part of the brain (both reptilian and old mammalian brains together) have their own cycles and do not like to be interrupted but rather prefer to be left to finish a process. The adrenaline and cortisol of the fight /flight-reactions need to be used in the NS or it may even become neuro-toxic!

To me it has a lot of significance that the two very first of the early reflexes to emerge; the Fear Paralysis Reflex (FPR) and the Moro reflex – ARE *the* foundation of our equipment for handling high-stress situations for the rest of our lives! - Early imbalances resulting in a degree of persisting Moro or FPR or both.. will mean that it is very easy for our fight, flight and freeze-reactions to be activated. We become very susceptible to impulses that *may* be life-threatening and as far as the survival-brain is concerned.. *Better safe than sorry!!* - is the preferred motto and mode of functioning! So, we are put on constant high alert which of course also influences the level of our muscle-tension as well as energy and attention expenditure throughout the body.

Let's go back to the “**unteachable pupil**” with this information in mind. Assuming that the pupil in front of us is someone who's compensatory mechanisms and tensions are founded in some early imbalance already begun in the first trimester of uterine life. This will involve both the FPR and the Moro reflex. If this person encounters an Alexander teacher's hands for the first time and is asked.. to let go of some of the compensatory tension.. he or she is brought up against, asked to face.. a life-threatening experience that calls for fight, flight and/or freeze! and the teacher's hands, and words perhaps too, are saying “let go of the tension!” - That poor NS will be encountering a panic-reaction and chances are that NOTHING will happen in terms of letting go! Or.. in cases of less severe initial imbalance and consequently less reaction now.. the pupil may be able to let go of something but only in order to create a tension somewhere else to hold him or herself from falling into the panic.

In this case we have managed to create a more subtle compensation which may appear to be less disturbing but may also be much more difficult to let go of. I don't believe that the Alexander Technique *needs* to be about creating new and more subtle compensations in these situations. - FM talked about *Constructive Conscious Control* which to me implies that we can have *De-structive Conscious Control* and I see the process just described as a de-structive one. Indeed, as was the experience of the initial visiting teachers in my training; the *freedom* achieved from letting go of the tension of the compensatory mechanism does not last very long for one thing! - But having been activated it is bound to also activate the emotional aspects of the fight, flight and freeze-reaction.. as a part of the total pattern of the initial survival-mechanism. Consequently even a brief and shallow encounter of this kind of “letting go of compensatory tension”.. can put the person in touch with feelings of possible overwhelm, fears of many kinds, panic perhaps, experiences of it being a life and death-situation.. - all set in motion by letting go into NOTHING, by assuming that the *right* thing will appear if only we stop doing the *wrong* thing!

I am aware that Alexander did *not* just talk about *letting go*, *Inhibition* or *stopping*. He made a point of also *telling the body where to go* with his *Directions*. His **primary directions** were (some version of); to “let the neck be free, in such a way that the head can go forward and up, and the back can lengthen and widen, and the knees go forward and away..”.. - To someone with a compromised NS due to the development of early imbalances, to be asked to go through these directions *after* being asked to *stop* the old habitual tension that has been holding them together and keeping them upright.. is indeed a *life-threatening situation*! Their NS (the survival-part of the brain) will have no choice but to go into survival-mode.. some degree of fight, flight and /or freeze. - So, I'm arguing that *just* to expose the person with the compromised NS in question to Alexander *inhibition and direction*.. can be enough in fact to **re-traumatise** him or her! (S)he will go into the *protective*-mode of the older parts of the brain and thus not be able to allow anything new to enter. Another thing that happens in the brain in survival-mode, is that a number of cortical circuits are shut down to save energy for survival. If it is a matter of Life or Death, the most important thing is to *survive now*.. then we can *think* about what happened *later*! This of course is another reason why the pupil with an early compromised NS finds *learning* difficult. Important circuits in the part of the brain required for mental learning (the neo-cortex) are not functioning because they have not been re-opened after the perceived life-threatening event! A huge challenge! To be expected to learn after being first put into survival-mode. - I believe that the “unteachable pupil” may have been approached with stimuli that were.. *too much, too soon and too early* and has gone into over-load and survival-mode!

In cases of less severe compensatory mechanisms based on early imbalances it may be possible for the pupil to *stop* a compensatory pattern *without* the activation of the emotional aspect getting out of control so to speak. The pupil may learn to *control* the old habitual pattern at a more subtle level without it leading to a place of real Freedom. It may be leading to what I experience as and call.. *Chronic or Dissociative Inhibition*! To explain myself here I need to look at what Compensatory mechanisms are. I have described them as survival mechanisms which they all are, or at least *were* at the time of their creation in our life. They are never *just* physical, however. In Alexander's words; we're dealing with a psycho-physical unity.. and I would even go so far as to say a “spiritual-psycho-physical unity”! So, we cannot have a compensatory mechanism that only works on the physical level without influencing the rest of our Wholeness. Because of this these compensatory or survival mechanisms are **shape-shifters**. This means that even if we manage to stop the physical aspect of a survival reaction, the other levels or dimensions of us will make sure that we survive in another way! *Rather safe than sorry!!* remember!?! - Another word and perspective from another professional tradition for our *compensatory* or *survival* mechanisms could be the concept of **addiction**. We are addicted to surviving, we're addicted to pulling our head back, to clenching our

teeth, to too much muscular activity, etc.. - In my experience.. since our survival mechanisms or addictions are shape-shifters, then whatever the *addiction*: be it.. muscle tension, intensity, chocolate, smoking, alcohol, drugs, sex... AT-lessons, inner work, meditation.. - The addiction will change shape and move to another area of our life and behaviour, until we can manage to *transform* it at the level where it started. In fact this is a continuous process that can go deeper and deeper to more and more subtle trace elements of the original imbalance. - That is *why* we have to address the underlying issues of our compensatory mechanisms or addictions.. and create a *transformation* – not just what we could call *simple change* by stopping the old habitual reaction... !! *Stopping* the habitual reaction with the change that follows is of course a starting-point. A very important starting-point! As FM taught us 'everything starts with stopping'. So that is where we all start! - However, if or when we continue to stop our old habitual patterns, new material is going to come up to be dealt with. And if we don't *deal* with it.. but merely stop it.. - the habit-pattern becomes a shape-shifter.. and shows up somewhere else in our life.

My teacher and mentor in the Alexander-work as well as the reflex-work, the late Ray Evans, always used to remind me how important it is to “always *integrate* the release back into the Primary Control-mechanism!” - I understood that to mean “into the expanding Wholeness of the pupil or ourselves!” - Ray continued to warn me: “don't just let the release go off into thin air!” - I believe that when *in the Alexander Technique we stop the old habit*, stop the impulse from the old habit, let go of the the excess tension, the compensatory mechanism or at least a part of it.. what *really matters* is.. *what we do with the impulse once we have stopped it!* - In traditional Alexander-style we will apply first Inhibition and then Direction and then the 2 together of course!; but *what if* the initial inhibition, the *stopping*.. is as far as our NS is capable of going before we are thrown into *survival-mode*?! *What if*.. having managed to stop an old habitual muscle-tension there is NO way for us to move on to the Direction-phase because we're in over-whelm and important brain-circuits have shut down, so there's no room for more mental work?! Maybe we can experience a kind of relief from just the stopping.. something feels easier in our body and the teacher applauds the effect of our efforts! Having no previous experience with this and perhaps having been told that this is “a new experience”.. we may put all our efforts and attention into continuing the path of Stopping! But that's as far as we can manage! - What will be the result of this? Well, here's one Scenario : If we only stop it.. & do nothing else with it because we *cannot*.. it *is* bound to come up again.. & again & if we can manage to keep *that* particular habit at bay.. it'll become a shape-shifter! It will change into another new habit.. that we can then stop if we are aware enough. - Stopping impulses that are activating old habits.. can lead us to a place of *Chronic or Dissociative Inhibition*. We focus all attention on *stopping* whatever is uppermost in our awareness and the old habit then shape-shifts into a new habit needing to be stopped, etc.. and Spontaneity and Freedom sadly go with it! We're not really able to get to the Direction-phase that will take us into *new territory*!

In my experience, from myself and people I work with, this state of chronic, dissociative inhibition is being controlled from a place of.. yes, exactly.. a place of dissociation. A way of controlling ourselves via remote-control. We are not home; but we are in a state of freeze or dissociation. This leads us back to the early stress-reflexes, the FPR and the Moro! The Fear Paralysis reaction is one of freeze and dissociation.. remember!?! - In trauma-work we talk about the importance of 'getting movement back into the frozen NS', getting the stuck muscles to release and move. When movement starts coming back into a frozen, stuck, dissociated NS and muscle-system, *impulses* to move out of the stuckness start to surface. It is vitally important to allow the impulse to show us the way! If and when we use the Technique to inhibit the impulse, because we interpret it as 'something that we do not want!'... we keep ourselves stuck in the freeze-reaction. Even when we manage to inhibit an old habitual tension, we will NOT get to freedom when we also stop the impulse that comes out from under the old tension. What we will achieve is a state of chronic, dissociative

inhibition. - This is why I advocate what I call a *Space of Essential Presence in Touch™* between the Inhibition and the Direction. - A Space where anything is allowed to surface and be held and accepted. - In this Space I observe the habitual reaction and any impulse that may surface if and when I can stop my habit-pattern. I explore the physical, emotional and mental aspects that may surface out of the habit or out of stopping it. I have a wish to see what happens if I *can* stop the old habit, using my conscious will – and then I observe what might come up as a result of either the wish to stop *or* my allowing it to be there if I *cannot* stop it with the use of my conscious will. – A movement, an emotion, a thought or a smell or an image or.. ? – might be released when I allow and /or inhibit. – This allowing *creates a space* where I have *no agenda*. I'm suspending my evaluation and I'm focusing on staying in the moment.. – and this makes it possible for my ANS to re-balance itself. Subsequently, I may experience either a sympathetic reaction (some kind of *activity*) or a para-sympathetic reaction (some vegetative reaction – perhaps a desire to “collapse”). – If I can allow this process and even make space for the “collapse”.. eventually my physical, emotional and mental bodies will move in the direction of more balance and harmony - and that is usually experienced as “up” in my whole system. – Then.. I can support the UP with my Alexander-directions.

As a teacher or therapist I find that this way of working with what I call a *Space of Essential Presence in Touch™* is a way to work with the influence of persisting early reflexes. A way that does not create chronic, dissociative inhibition. It *may* release an old sensation or emotion of panic, but it's an *old* one, a body-memory.. and not something caused by stimuli coming from me, that are throwing the person into overwhelm. Instead we can *hold* it together. I can make my NS and whole being available as a container for that old body-memory. By thus becoming a bigger container, the person, pupil, client, student.. will be enabled to better hold and contain what they could *not* contain in their early life. This opens up to a possibility that instead of going into a state of chronic, dissociative inhibition, the person *may* be helped and supported in finding a gentle way back *into* the body from the dissociated place they may have lived in for a long time as a compensatory mechanism! - After being held by the *Essential Presence in Touch™* their system may be able to open up to gentle suggestions from me for where it might be useful to go.. I'm talking about..: “allowing the neck to be free, so that the head can go forward and up..” - accepting and respecting that the path may be 'back and down' in order to be able to get there.. - and then I experience that 'conscious control *becomes* an option'.. and the 'un-teachable pupil' *becomes* very teachable indeed!

Thank you for listening!