The Use of the Self: A Missing Link

By Michael Protzel

A Presentation Given at a Colloquium Entitled: May We Question 'The Principles' or is the Technique Becoming a Cult?
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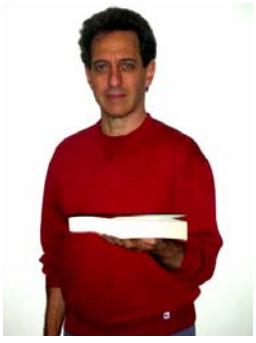
Greetings everyone. I am grateful to have this opportunity to share my perspective with you this evening. I regret not being able to be here in-person. My daughter graduated from high school today. There is no way I could miss this once-in-a-lifetime event.

I am a 25-year devotee of the Alexander Technique. I came to the Technique at age 30 in desperate need, having endured a lifetime of knee, hip and back injuries that were getting progressively worse. Using the teachings of F.M. Alexander, I began to study my use. It has been an amazing learning experience, a transformative journey. I owe so much to the Alexander Technique.

The Alexander Technique recognizes that we are always directing our use — be it consciously or subconsciously. But the Alexander Technique fails to recognize that a decisive aspect of our self-directing is how we direct our gravity-compelled falling. This is a serious omission. 100-200 pounds of falling body mass generates tremendous force. What happens to this force? Why don't we seem to notice it? How does it affect us?

Since early childhood, our self-directed falling has been part of our background consciousness — part of our habitual manner of use. Being out of awareness, it is beyond our ability to influence. This is problematic. *How* we fall matters. When well-directed, the force of our falling powers our exquisitely efficient innate uprighting system, enabling us to sustain uprightness with ease. When the force of our falling is mis-directed, however, it drives us off our delicate balance. This requires us to immediately respond — with *bracing reactions* that stop our self-induced topple, and *righting reactions* that allow us to maintain a relatively level head in spite of the topple, re-shaping us in the process.

The force of our falling is a very real happening. It is not a theory. Before continuing the discussion, I thought it would be helpful if you could have a little *experience* of what I am talking about. Books are being handed out for a quick and easy demonstration. There are likely not enough books to go around. Take turns, or use some similarly-weighted object if you have one. Each book weighs slightly more than three pounds.



INSTRUCTIONS

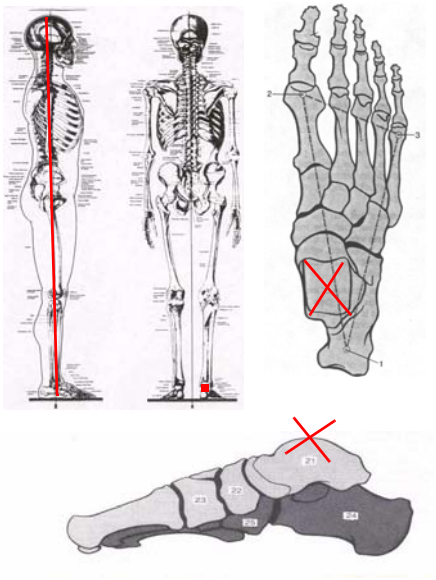
As in the illustration to the right, simply hold one arm out, palm of the hand facing upwards. Place the book in that hand. *You are now experiencing the force of this book's falling as well as the effort required to lift this book (to stop its fall).*

Now, I ask you to use your imagination. We ourselves are many times heavier than this book. Our head alone is more than 3 times the weight of this book. We too are falling...constantly in fact. And most of our waking lives, in all sitting and standing activities, we are lifting ourselves as we upright.

My experience has shown me: (1) Unlike this book, which always falls straight down, we, as human beings, determine the trajectory of our falling. (2) The direction of our falling (the force vector) determines the nature of the effort required to lift ourselves. (3) Because we have habitual ways of falling and habitual ways of lifting, we don't feel either of these happenings, except under unusual circumstances. (4) Because of this kinesthetic disconnect, we lack control over the force of our falling, to the detriment of our use.

The enormous energy generated by our falling is power at our disposal. Utilizing this power requires no effort on our part. Falling is easy. If we would simply let our body weight fall straight down, we would derive substantial benefit.

In standing, our entire weight balances upon the talus, the top foot bone. It is slightly forward of the heel, in the same coronal plane as the knee, hip, shoulder and head/neck joints. To 'go up' optimally, we need the force of our falling to strike our two tali. When it does, much of the force is transmitted to the heels — what I call our 'back support points.' But because we have a little more body weight *in front* of this central coronal plane than behind it, we naturally tip forward. If we were sensitively attuned to our forward tipping, we would not tip very far. The downward force would immediately be captured and transformed upon hitting what I call our 'forward support points' (the 'big' and 'little' balls of the feet). Force coming down onto the balls of the feet spreads the foot bones. This stretches the plantar muscles causing them to resist by tensing. Their work in arching the foot is the first link in a kinetic chain of our deepest musculature that runs the length of the skeleton, lifting us up most effectively, segment by segment. *[See page 6 for illustrations.]*

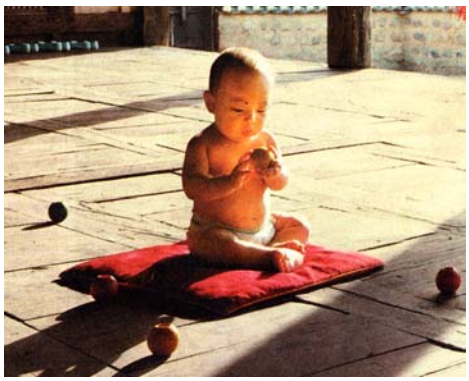


Talus: the tiny perch upon which we balance.

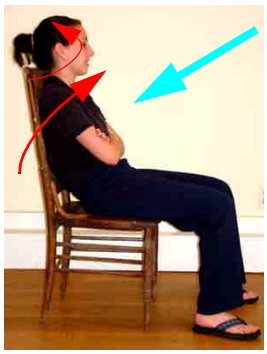
Our falling is so powerful a force, we need only fall and tip forward a tiny bit to generate enough energy to, in effect, bounce ourselves up and back like a rubber ball. Capturing and transforming the force of our falling produces optimal leg extension, creating a strong base of support for the pelvis, torso and head — without our needing *to hold* anything in place. Our base of support is created on the fly, in movement. Optimizing lower-body extension through well-directed falling allows the deep lateral hip rotators to lift the pelvis, the deepest spinal muscles to lift the spine, and the sub-occipitals to lift the head. The whole process works in an instant, lifting us with minimal effort until we are back fully on top of the talus again. (Of course, with an increase in demand as we move, or bend, or lift external objects, larger, more superficial muscles will come more into play.)

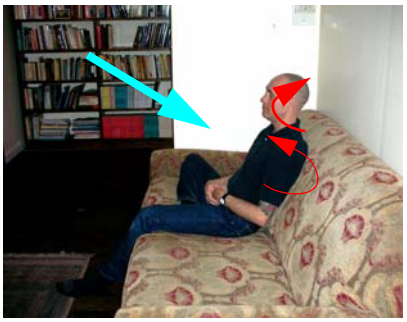
Ideal sitting also involves movement between back and forward support points. The back support points are always the sit bones. The front support points can vary a bit, depending on what type of sitting we are engaged in. In chair or stool sitting, for example, with only the sit bones touching the seat (not the thighs), the forward support points would be the heel and balls of each foot. In full lotus position, the forward support points would be somewhere close to the knees. In sitting, we need far less from the legs than we do in standing. In standing, the legs need to provide a strong base of support for the weight of the pelvis, torso and head. In sitting, the chair or floor under the sit bones provides this solid base. But we still tip forward. By directing this forward-tipping force into our front support points, we get a 'bounce back' effect through the legs, empowering the deepest pelvic and spinal muscles, and the sub-occipitals, to do their respective jobs.

Innate uprighting operates on a *cycle* — similar to the heart beating cycle and breathing cycle. It is a cycle of alternating release and tension. When we release, we fall and tip forward slightly. The force of this falling is near-instantly captured, activating our deepest musculature, which uprights us optimally. When we reach the pinnacle, we release, fall and tip again, starting this perpetual motion cycle anew.



Pretty simple. Simple enough that in the first year of life we all learned how to capture the force of our falling to sit and stand beautifully, with minimal effort. As far as I am concerned, it is the force of well-directed falling that enables 'neck free, head forward and up, back lengthening and widening' — and that powers 'the right thing doing itself.'



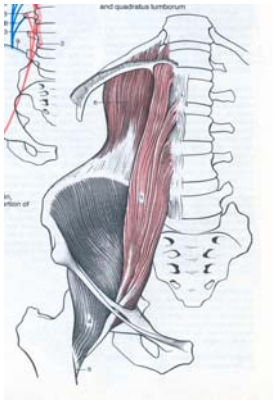


Typical chair and couch sitting. Blue arrows shows line of falling force, red arrows show lines of compensatory adjustments.

Nothing behind sit bones — all of our innate support and power is in front. When we sit back, we are *falling* backwards.

But a funny thing happens to us all on the way to adulthood. We learn to sit back against a chair support. This is as common an activity as exists in modern culture. Throughout our childhood, we do it over and over and over again — in school, at home, everywhere. It is a deeply entrenched habit — and it affects us deeply. *In sitting back against a chair support, we are mis-directing the force of our falling, sending it in the exact opposite direction that it needs to go.* Although we may have the perception that we are moving straight back, horizontally, this is a sensory delusion. As always, we are moving downward — in this case, towards the ground behind us. There is no anatomical support behind the sit bones to receive and transform the force of our backwards falling. All of our structural support — with the extension power it provides — lies in front.

As we sit back, the tremendous force of our falling is working decidedly *against* us. We need to take immediate compensatory action. After all, even as we sit back, we remain fully committed to gaining a very basic 'end' — remaining upright with a level head. To continue to gain this end under the unsettling circumstances of a backwards topple requires considerable effort. Yet, this momentary straining is not the only problem. In sitting back *repeatedly* as children, we are unwittingly creating our habitual manner of use. We never question the act of sitting back. We simply do it — without thought or awareness. And we experience all the sensations associated with it as absolutely normal. This is the epitome of faulty sensory appreciation. We are utterly unaware of how we are conditioning ourselves, conditioning that affects not only how we sit, but also how we stand and move.



Ilio-psoas: with the head of the femur anchored to the seat, ilio-psoas regulates the backward movement of the pelvis/lower torso; it also supplies the power that yanks us off the chair-back and that keeps us vertical when we 'sit up straight.' All of this is wasteful, potentially damaging effort — part of our sitting-back habit.

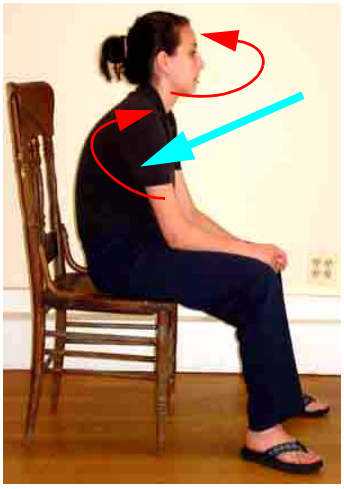
In *The Universal Constant in Living*, his final book, Alexander writes:

> "My technique is based on inhibition, the inhibition of undesirable unwanted responses to stimuli, and hence it is primarily a technique for the development of the control of human reaction." (p. 114, Centerline Press Ed.)

Firstly, we cannot inhibit our falling. We cannot say, 'No, I am not going to fall now.' Our falling is unavoidable. It is a fact of life beyond our control. What is *in our control* is how well or how poorly we direct our falling. Secondly, if "the control of human reaction" is what the Alexander Technique is primarily about, then it is worth recognizing that, when we are uprighting (which we are doing in all sitting and standing activities), we are *always* reacting to the force of our falling.

Uprighting is the act of lifting ourselves. Our moment-by-moment lifting reactions are inextricably linked to the trajectory of our fall. Mis-directed falling demands extra-ordinary lifting reactions. Amazingly, these extraordinary reactions have become so ordinary that we don't notice them. But make no mistake — the mis-directing of our falling wastes our energy, distorts our shape, limits our freedom of movement, diminishes our performance and makes us susceptible to injury. I know from personal experience. Let's briefly look at some of the lifting reactions that go with sitting-back.

Usually, when engaged in the activity of sitting back, we are also doing something else that is grabbing our attention. For example, we may be sitting at a dinner table in conversation. In this context, we tend either to fall all the way back against the chair or we lean the upper torso forwards, supporting it with arms on the table. As we alternate between the two, we fully expect our dinner conversation to continue without interruption. And it does.



The C-Curve — a veritable 'hang-over' from a few too many trips to the back of the chair. Notice backwards tilt of pelvis and lower torso.
[A] the force of our backward falling **+ [B]** our intention to sustain uprightness **= [C] Curve**

But not without significant adjustment. The moment we start falling backwards, we need to tense the neck and flex the spine to keep a level head. This is an automatic, survival-oriented reaction that allows us to maintain a functional presence in the world — which, in this example, includes maintaining a steady visual focus on our conversation partner. The further back we fall, the more we need to tense the neck and flex the spine. Also in habitual sitting, we need to tense the ilio-psoas — both to lower ourselves gradually toward the chair-back rather than letting ourselves slam into it, and also to pull ourselves off it once we've planted ourselves there.

Falling back a little...

...a little more...

...a little more...

...a little more

Sequence of Moving Toward a Chair-Back

Repeated sitting back in a chair is the source of the infamous C-curve. We tend to notice the C-curve most frequently when someone is sitting without a chair-support. Here the forward curve of the upper spine is obvious. When sitting all the way back, the flexion of the spine is somewhat obscured from view. Here, head and neck may appear upright. The spine, however, taken as a whole, is shortened. *Spinal flexion is the natural, inevitable consequence of maintaining uprightness while falling backwards*.

As children, we fall back so frequently that, by an early age, we are stuck in a forward slump whenever we are not supported by a chair-back. Our only ways out of this slump are: (1) to use brute muscular force to yank ourselves up; or (2) to simply sit back again against the chair-support. Doing either of these *reinforces the problem* — the problem of having no awareness of, and hence, no control over, the force of our falling. To regain control, we need to start paying attention again to our falling — as we did as toddlers. *We need to allow ourselves to manifest our well-cultivated habit of falling backwards, **while observing ourselves doing it and noticing the reactions it generates***. Through this process, we learn that we don't end up against the back of the chair by accident. We actually command ourselves to fall back there. Moreover, by commanding it so repetitively, beginning at such a young age, this command to fall

Reinforcing the C-Curve
1) By sitting back. 2) By tensing ilio-psoas to yank the pelvis and lower torso forward and up; and by tensing erector spinae to prop up the upper torso, neck and head; these vigorous efforts cannot be sustained for too long.

back has become our 'default setting.' As long as it remains so, we will not be able to change it. By consciously witnessing ourselves doing this 'wrong' thing, however, we unmask our habit, and can gradually get it out of our system. In the process, we learn to distinguish one falling trajectory from another, and to distinguish the respective uprighting reactions and weight bearing sensations they produce. As we become more sensitive to these distinctions, we become freer to choose the direction of our fall. We learn to fall more accurately. We naturally gravitate towards the innate system that uprights us optimally, and we start to understand how it works.

Conclusion

Alexander posited that faulty conceptions have at their root a faulty sensory appreciation. I posit that the Alexander Technique itself operates under a faulty conception: namely, that we interfere with good use by tensing the neck — thereby upsetting the head/neck/back relationship — and that, to not interfere, we need to inhibit this needless muscular tensing. The faulty sensory appreciation that underlies this mis-conception is the lack of appreciation of the force of our falling — how we self-direct it, and its impact on use. Neck tensing is 'effect' not 'cause.' As I see it, we interfere with good use by mis-directing the force of our falling — something we have been doing habitually, without awareness, since early childhood.

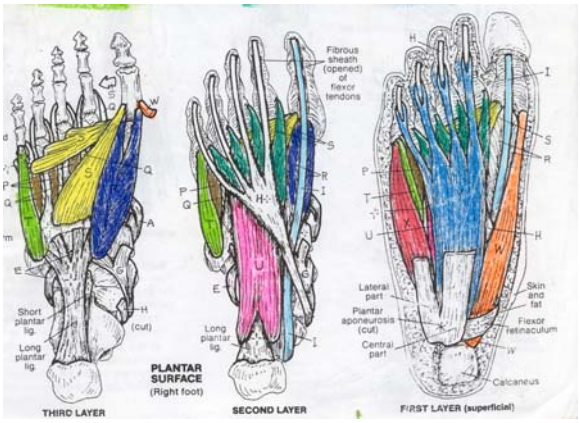
Thank you for your attention. Much thanks to Bob Britton for reading the paper in my absence. All my writings are accessible online at www.kinestheticventures.com. My email is protz@gannlaw.com. Please contact me with any comments or questions. I welcome communication with colleagues.

Post Script

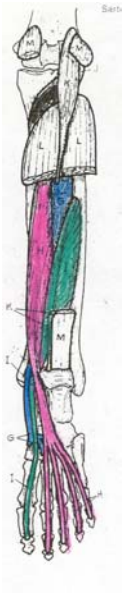
Time does not permit me to address the mis-direction of our falling in standing or walking. I do provide two illustrations of standing. The one of the young models shows all of them in a very common pose — standing with weight mostly on one leg (both a backward and lateral mis-directing of our falling). Notice the stiffened knee on the back leg of each of the models. With body mass falling backwards, and out to that side, leg bracing provides a much needed anchor. Notice the compensatory adjustment — the righting reaction — that starts at the hip joint and moves the torso in the direction opposite the falling. And, due to a lack of sensitivity, the compensation goes too far, requiring yet another compensation. This produces a zig-zag effect. And had we a profile view, we would clearly see the upper thoracic spine tilting backwards. The other illustration shows a typical backward weight commitment. In addition to leg bracing that holds our place on the ground, psoas tension keeps the torso from toppling further backwards, and neck tension keeps the neck relatively straight and the head level.

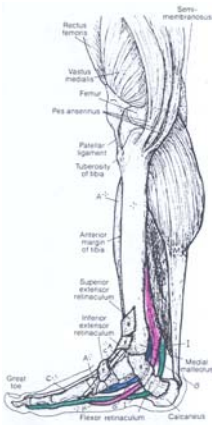
Blue arrows show line of force of falling; red arrows show direction of compensatory adjustments.

Deep Musculature of the Innate Uprighting System

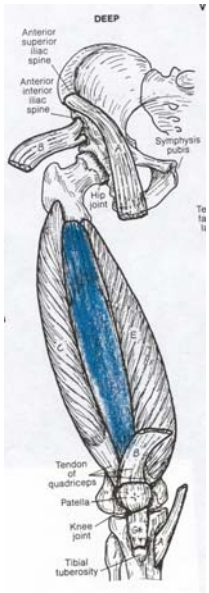


The force of well-directed falling spreads the foot bones, activating powerful plantar muscles that ignite our uprighting response.

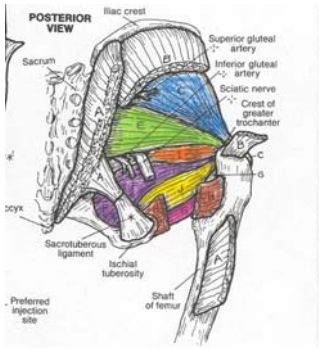




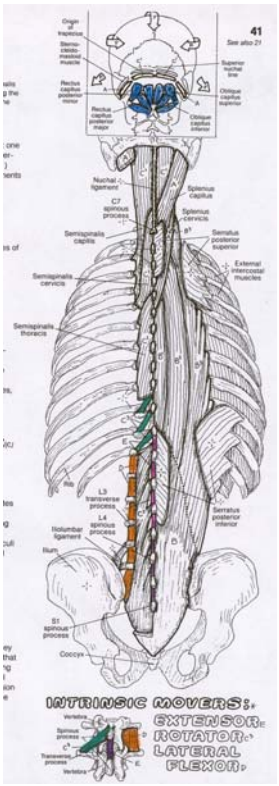
Deep-seated lower leg muscles that pass through the arch of the foot respond to the tensing of the plantar muscles by tensing to lift/extend the lower leg.



Deep thigh muscles tense to lift/extend the thigh in standing; not needed in sitting because we don't lift/extend the thigh.



Due to our natural tendency to tip forward, the pelvis needs to be stabilized so that the deep spinal muscles can lift/extend the spine. The deep lateral hip rotators, both sides working together, serve this function in both sitting and standing.



With the force of our falling well-directed, and with this force captured such that the legs and pelvis are lifted/extended optimally, the deepest of our spinal muscles will have no trouble lifting/extending the spine, and the sub-occipitals the head, lessening the burden on our habitually over-worked erector spinae and neck muscles.