Communicating with Officials and Executives

Ulf Tölle MPH

 TheMotionMaster.com contact@TheMotionMaster.com

The Motion Master®
Ulf Tölle MPH
Piazza Franscini 9
CH- 6760 Faido
Suíça

Tel: +41 (0)44 586 06 81
e-mail: info@themotionmaster.com
Internet: www.themotionmaster.com

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During the past 10 years I have immersed myself in a study of public health, looking at the question of how to improve the health of groups rather than of individuals. This is a challenging question to ask as an Alexander teacher, and I fully understand that some of you may not see Mr Alexander's work as a means to improve the health of groups. However, if you wish to position yourself in the marketplace, sometimes you may need to interact with officials and executives in order to inform them about the considerable services that the Alexander Technique can provide for a group of people whom they are in charge of. The objective of these stakeholders is to improve health within their *collective*. They are in what I might call a *public health mindset*. They are *not* thinking in terms of *individuals.* So in a way, their question simply becomes: "How can my people get the most health for the least cost?"

HOW TO GET THROUGH TO THESE KEY STAKEHOLDERS?

Usually, when we approach people in key positions, we operate within a mindset of individual well-being and responsibility, and may not present our ideas within their frame of reference. It would be a real pity to lower our chances of communicating successfully because we ignore their way of thinking, especially since the Alexander Technique is still one of the best tools for increasing movement health.

It is here that we can find a deep gap between what our community knows and what has been known in the public health community, and especially in health promotion, for a long time. Many government officials and executives are very highly educated and intelligent people, who have studied the improvement of health for collectives, or groups of people. Most of them have heard something about *salutogenesis*. They probably have some idea what the Ottawa Charter[1] is about. They may even have a profound knowledge of the broad scope of related ideas.

Understanding more about their models (i.e. how they see things) does not do any harm and is essential if we want to communicate our idea successfully. This requires knowing how to translate relevant ideas in Alexander's work into concepts that officials are more familiar with. It requires knowing more about the official language, "the jargon". It requires knowing also how to position oneself while using concepts and language which are better known in the world "out there", thus increasing the chances for success in selling Alexander's work to important disseminators.

The idea and concept of *health promotion* is known in our community, though few of us have ever heard of the idea of *salutogenesis*. Even fewer of us seem to know anything about its founder, Aaron Antonovsky.

As Alexander teachers, we work in the evolving field of health promotion: we provide education in this field, increase the health literacy of our clients and, within the context of pursuing a safer and healthier workplace, we take a stand for a behavioural approach to safety. I believe that selling ourselves in this context is a great idea, and providing our high value information in public health terms makes a lot of sense to me. I think that a basic knowledge about the ideas and models which are "out there" in the communities that we wish to approach is imperative. Hence my wish to provide this information to all interested colleagues.

DISTINGUISHING PATHOGENESIS FROM SALUTOGENESIS

Pathogenesis

The medical profession in general has become very good at finding out what is wrong, what illnesses are and where the root of an illness lies in order then to tackle and hopefully eliminate the problem. This approach truly fulfills the meaning of the word *pathogenesis*: we look for the genesis of pathology, where illnesses come from.

The advantages are no less than fabulous. Let us suppose you fall ill with an acute appendicitis. When you get to the hospital, you want to be sure that the people who take care of you really understand what they are doing, that they know how to diagnose your condition correctly, that they know where to look for the problem and how to remove its cause appropriately and as quickly as possible. Understanding the problem is the key issue here. In this context you can think of medical practitioners as problem finders and solvers. Here we have a dichotomous orientation: *ill* versus *not ill*. In fact, within this model, health is defined as the absence of illness.

Salutogenesis

Some forty years ago, a sociologist named Aaron Antonovsky made a far-reaching observation. While working in Israel with different ethnic groups of women, he found that a certain subgroup was able to cope much better than expected with the hormonal changes of their climacteric. This led him to pursue a lifelong quest for determinants that increase the potential for health. He also coined the neologism *salutogenesis*.

Salutogenesis pursues the question of where health comes from and what the driving forces are which increase the potential for health. In this model, perfect health (something that does not exist except as a concept) is regarded as one end of a continuum, with death at the opposite end. This is not a dichotomy. The continuum stretches between these two poles like a continuous line. The personal health of every individual can be allocated to any one point on this line.

What this model is getting at is the answer to the question, "What are the factors that are driving people in the direction of greater health?" Or in the jargon, "What are the generalised resistance resources (GRR)?" Antonovsky defines them as "a property of a person, a collective or a situation which, as evidence or logic has indicated, facilitated successful coping with the inherent stressors of human existence."[2]

There is no doubt in my mind that, in this connection, the Alexander Technique has valuable answers to offer to all important questions such as: "How can we increase the standard of health?" "How does the Alexander Technique contribute to GRR?"

To identify the GRR more specifically, Aaron Antonovsky developed a theoretical construct which has since been verified in many places and seems to hold true in all cultures, for men and women alike, independent of age or upbringing. He called it the s*ense of coherence model* or in short the SOC model. It can be defined as follows.

The sense of coherence is "a generalized orientation toward the world which perceives it, on a continuum, as comprehensible, manageable and meaningful."[3] The SOC measures the extent to which someone has a dynamic sense of confidence

1. that he can respond to the requirements of his environment in a reasonable and structured way (experiences them as comprehensible),
2. that the resources necessary to cope with these requirements are available to him (experiences the situation as manageable), and
3. that these requirements are worthy challenges that deserve investment and engagement (experiences them as meaningful).

In short, a person confronting a health issue moves in the direction of improving health if he or she can access within himself or herself experiences of comprehensibility, manageability and meaningfulness. The greater the degree to which these can be accessed, the more the person moves in this continuum towards better health. Increasing competencies is the key issue here. In this context, one could think of teaching as assisting students to increase their skill sets, thus moving towards improving health. Understanding the problem is a great first step. But then one needs to answer the question: and how can I support my student in this instance to become even more skilled in the "art of living" as Alexander expressed it in 1918.[4]

The Alexander Technique as a way to increase competency?

Consistency within our own model makes for credibility. So, do we teach how to remove deficits or do we actually increase our students' competencies for life? I have met colleagues who are convinced that their students need to know what is wrong in order to prevent the wrong thing from happening. With this article I submit that this approach actually increases a student's competencies but only

with respect to the student's problems, and this would still qualify as "problem orientation".

To me, the idea of prevention as defined in "Evolution of a Technique"[5] – in the understanding I propose in this article – is concerned predominantly with defects, deficits or problems.

I would like to suggest that orientating ourselves towards increasing competencies has its merits. Prevention might just be the term that Alexander chose to use because there were no better words available at the time. The idea of health promotion had not been formulated yet. But with the knowledge and the models formulated today, approaching our teaching in a way that our students become more competent in life generally is within reach.

In "The Golfer Who Cannot Keep his Eyes on the Ball", Alexander writes:

> Let us … see how the [student's] difficulty would be dealt with by a teacher who adhered to the idea of the unity of the organism, and so based his teaching practice on what I call the 'means-whereby' principle – i.e., the principle of a reasoning consideration of the causes of the conditions present, and an indirect instead of a direct procedure on the part of the person endeavouring to gain the desired end. … [This teacher] would conclude that he must find some way of teaching his pupil to stop the misdirection of his use.[6]

In this passage, Alexander leaves the choice of the means to the teacher ("…find some way…"). From this I conceive that there is probably more than just one "right" means, and more than one "right" method. Similarly, we can conjecture that this statement is valid for anyone who studies Alexander's work.

In this article I am pleading for "…finding some way…" to move towards an orientation in teaching which envisions our students developing more competence in whatever they do. Was it not Alexander who coined the term "art of living" in his revision of *Man's Supreme Inheritanc*e in 1946,[7] and refers to it in *The Universal Constant in Living* as evolving satisfactorily, living healthily, happily, and in harmony with one another?[8] Alexander became more competent in reciting once he started to find out what he actually needed to be doing, as opposed to what he hitherto had believed he needed to be doing.

When we sell the Alexander Technique to officials and executives, it is not the need for an Alexander teacher that we want to emphasise, but the increase in competencies of the students, in their professional and personal life. This would indeed make for a great USP (unique selling point) of the Alexander Technique.

John Dewey supported Alexander and his Technique throughout his life. In an article from 1923 Dewey describes the fundamental difference between deficit orientation and competency orientation:

> A cured body or mind is in no sense the same thing as a healthy, vitally growing mind or body, any more than winning a lawsuit is the same thing

> as cooperative social relationships, or payment of reparations the expression and guarantee of harmonious international relationships. Cure is a negative idea; health a positive one. … A truly healthy life would indeed 'prevent' many troubles but it would occur to no one that its value lay in what it prevented. Such a life would be simple and spontaneous joy, vigour and achievement. Being better signifies something radically different to having less of a trouble.[9]

Can we resist the temptation to tell our students what they should not do? How many of you have ever been inspired by receiving a shopping list with all the things you do not want?

Ulf Tölle MPH qualified as an Alexander Teacher with Yehuda Kuperman in 1986 and as a Teacher of the Interactive Teaching Method with Donald L. Weed D.C. in 1997.
For ten years, 1987–1997, he taught the Alexander Technique at the Musikhochschule in Stuttgart and played French horn in the Symphonic Orchestra Zurich.
In 2001 he began studying public health and completed his Master's Degree in 2010.
His website: www.TheMotionMaster.com

Bibliography

[1] www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf Consulted 25 August 2011.
This is also a great place to start any search for related material: www.who.int

[2] *Health Promotion International*, **11** (1), (1996) 11–18.
http://heapro.oxfordjournals.org/content/11/1/11.abstract Consulted 25 August 2011.

[3] *Health Promotion International*, **11** (1), (1996) 11–18.
http://heapro.oxfordjournals.org/content/11/1/11.abstract Consulted 25 August 2011.

[4] Alexander, F. M. (1918). *Man's Supreme Inheritance*. Dutton: New York.
(Part II) (p. 188 of 343 pp.)

[5] Alexander, F. M. (1946). *The Use of the Self*, p. 6. Chaterson: London. "I use the word 'prevention' (and this applies equally to 'cure') not because I consider it adequate or wholly suitable for my purpose, but because I cannot find another to take its place. 'Prevention' in its fullest sense implies the existence of satisfactory conditions which can be prevented from changing for the worse. In this sense prevention is not possible in practice today, since the conditions now present in the civilized human creature are such that it would be difficult to find anyone who is entirely free from manifestations of wrong use and functioning. When, therefore, I use the terms 'prevention' and 'cure', I use them in a relative sense only, including under 'preventive' measures all attempts to prevent faulty use and functioning of the organism generally as a means of preventing defect, disorder and disease, and under 'curative' measures those methods in which the influence of faulty use upon functioning is ignored when dealing with defects, disorder, and disease."

[6] Alexander, F. M. (1946). *The Use of the Self*, p. 41. Chaterson: London.

[7] Alexander, F. M. (1946). *Man's Supreme Inheritance*, p. 133. Chaterson: London.

[8] Alexander, F. M. (2000). *The Universal Constant in Living*, p.165. Mouritz: London.

[9] First published in *New Republic*, **33** (1923), 217–218.
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I am indebted to my Alexander teacher, colleague and friend Peter Ruhrberg for having brought to my attention the article of John Dewey.