

# The Use of the Self

Its Conscious Direction In Relation to Diagnosis, Functioning and  
the Control of Reaction

With an Introduction by Professor John Dewey

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Dedicated to all those who by their interest and participation in my  
work have helped me to gain the experience set down in this book

An Abridgement of F.M Alexander's book by Daniel McGowan

## PREFACE TO THE NEW EDITION

The need for a new printing of this book affords me an opportunity to clear up certain difficulties mentioned in letters from readers, which arise in trying to teach themselves to apply my technique. What troubles them most is: - "How to do it?" Some correspondents have rated me severely, because they cannot teach themselves from what is written in the books. Yet they must know that despite all that is written in books on many subjects, such as driving a car, golf, ski-ing, geography, arithmetic etc., one needs the help of a teacher.

They are unsuccessful in learning to apply my technique because they are working with a new principle that brings them new, unknown experiences. Using my procedures involves a manner of use which is unfamiliar and "feels wrong". It is courting failure to continue to depend on the "feeling" which has been the familiar guide in the old habitual "doing" which "felt right", but was obviously wrong since it led into error. Readers have overlooked this point.

Study of letters I have received tells me that people who experience difficulty with my technique are those who have written after a quick reading rather than a close, careful study of the subject. I read an article recently suggesting that people should practise reading quickly and this is a common failing today. Speed dominates understanding and is the royal road to physical and mental derangement. This is an example of the habit of too-quick reaction to stimuli in general. It causes most of the misunderstanding, misconceptions and misdirection of effort shown by most people today.

Again, people who have written are almost wholly occupied with learning to "do it right". Refer to the first chapter of this book to find out what I did NOT do in teaching myself. I found I must not concern myself with "doing", as I understood it, but with preventing myself from doing, that is from giving consent to gain an end by means of habitual "doing" which resulted in repeating wrong use that I wished to change. The farther I progressed in the search to free myself from the slavery of habitual reaction in "doing", the more I was forced to see that my only chance to escape was, as a primary step, to refuse to give consent to my ordinary "doing" in carrying out any procedure.

Another omission by writers is that of the primary control of use. This is particularly significant because it was the early recognition of the need for preventing the wrong thing that lead me to discover this primary control and I emphasised this discovery as the all-important one in my efforts to teach myself. The discovery of the primary control opened up a road by which I could make a safe passage from "idealistic theory to actual practice", as long as I relied on conscious instead of automatic sensory guidance. We cannot rely for guidance on "feeling" and the will-to-do motivated by instincts, so many of which have outgrown their usefulness. They bring untrustworthy experiences which "feel right."

I must emphasise that readers cannot follow me unless they recognise:-

1. that knowledge concerned with sensory experience cannot be conveyed by the written or spoken word, so that it means to the recipient what it means to the person trying to convey it.
2. that they will need to depend on new "means" for gaining "ends", and these "means" will feel wrong at first because they are unfamiliar.
3. that change calls for the acceptance, yes, the welcoming of the unknown in sensory experience and this unknown cannot be associated with habitual sensory experiences which have felt right.
4. that to try and "get it right" by direct "doing" is to try and reproduce what is known, and cannot lead to the "right", the as yet unknown.

To anyone willing to accept these points, I say, "Go ahead and teach yourself, but remember time is of the essence of the contract". It took me years to reach a point that can be reached in a few weeks with the aid of any experienced teacher.

The real solution of the problem lies in the wide acceptance of the principle of prevention, instead of "cure" and the realisation that at long last the most valuable knowledge we possess is that of the use and functioning of the self and of the means by which the individual may progressively raise the standard of his health and general well-being. To those who advocate individual right and endeavour I suggest, that as a training for the realisation of these commendable ideals, no more fundamental experience is available than that which comes to the person who, with or without a teacher, will patiently devote his time to applying the technique in daily living. The desire that mankind will come into the heritage of full individual freedom within and without the self still remains an "idealistic" theory. Its translation into practice will call for individual freedom IN thought and action through the development of conscious guidance and control of the self. Then and then only will the individual be liberated from the domination of instinctive habit and the slavery of the associated automatic manner of reaction.

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September 1945

## PREFACE

Since the publication of my last book, I have been much encouraged to receive written recognition of the value and scope of my technique, from members of both medical and educational professions. I have just received from Mr. J.E.R McDonagh, a copy of the 3<sup>rd</sup> volume of his book, "The Nature of Disease" (Heinemann), chapter 1 being devoted to a review of my work, as follows: -

"In the epilogue of the second part of The Nature of Disease the author announced his intention to correlate with medicine Alexander's work on the conscious control of the individual. It had become apparent to McDonagh, after watching Alexander at work, that the wrong use of the body plays an important part in disease. This is partly because Alexander's view is possibly even more fundamental than the author's view, that there is only one disease, partly because the written word can neither convey the whole idea nor satisfactorily describe the technique and partly because, to link any subject with medicine, it is necessary to commit the basic error of practising differentiation, instead of correlation".

Other medical men are giving me their support, and I believe that in Chapter 5, I have indicated how medical diagnosis may be more complete by the inclusion in medical training of the principles and procedures I advocate.

It has been suggested to me that the first chapter of this book may lead some readers to the conclusion that my technique is limited to dealing with serious difficulties such as those I describe. This is not the case, because healthy people have come for lessons and have derived great benefit from learning how to direct and control the use of themselves in their daily activities.

Readers of my former books are aware of my special interest in the training of children and what I have just written applies particularly to their training. In our little school the children learn to put into practice the technique for an improved use of themselves in all their "doings" in reading and writing etc.

I am pleased to say that the first course for training teachers was inaugurated in March this year and I wish to thank Mr Rugg-Gunn, F.R.C.S for his article "A New Profession", which he wrote for "Women's Employment" (June, 1931). He points out the advantages for young people taking up this work as a profession and also referred to the work in the little school.

The results of the experiences I have outlined in Chapter 1 seem to me to imply that in the process of acquiring a conscious direction of the use of the human organism, a hitherto "undiscovered country" is opened up, where the scope for the development of human potentialities is practically unlimited, and anyone who chooses to take the time and trouble to carry out the procedure necessary for acquiring a conscious direction and use can put this to the test.

I suggest that even the meagre amount of knowledge of the use of the self contained in these pages may be sufficient to enable workers in all fields of investigation, whether in biology, astronomy, physics, philosophy, psychology, or any other to realise that in their researches they have missed a field of experience, which if explored, would add new material to the premises from which to make their several deductions. After all, the self is the instrument through which all these workers must express themselves. If, therefore, knowledge of how to direct consciously the use of the psycho-physical mechanisms of the self were made the common starting point of their researches, this would unify and amplify the results of their labours, more than anything has ever done.

I thank John Dewey for the introduction he wrote to this book and for his invaluable support. He has kindly allowed me to quote from his book, "Experience and Nature". I also thank Dr Peter MacDonald for his valuable criticisms and suggestions for the manuscripts, Ethel Webb and Irene Tasker for preparing the subject matter for publication and for their untiring help, without which the publication would have been delayed. I thank Mary Olcott and Edith Lawson for their careful revision of the proofs, Evelyn Glover for her help with the final preparation of the type script and thank students, George Trevelyan and Gurney MacInnes for making the

Index. I thank Sir Arthur Eddington for his permission to quote from his lecture on, "Science and Religion", Dr. A. Murdoch for permission to quote from his address to the St. Andrews( James MacKenzie) Institute and Sir Edward Holderness for allowing me to quote from his article , "The Fearful Foozler".

F. Matthias Alexander 24<sup>th</sup> July, 1931.

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## INTRODUCTION BY PROFESSOR JOHN DEWEY

In my introduction in Mr. Alexander's previous book "Constructive Conscious Control", I stated that his procedures and conclusions meet all the requirements of the strictest scientific method and that he has applied the method in a field in which it has never been used before - that of our judgements and beliefs concerning ourselves and our activities. In so doing, he has rounded out the results of the sciences in the physical field, accomplishing this end in such a way that they become capable of use for human benefit. It is a commonplace that scientific technique has for its consequences, control of the energies to which it refers. Physical science has for its fruit an astonishing degree of new command of physical energies. Yet we are faced with a serious situation, perhaps even a tragic one. There is everywhere increasing doubt as to whether this mastery of physical energies is going to further human welfare, or whether human happiness is going to be wrecked by it. Ultimately, there is but one sure way of answering this question in the hopeful and constructive sense. If a technique can be developed which will enable individuals really to secure the right use of themselves then the factor on which depends the final use of all other forms of energy will be brought under control. Mr. Alexander has evolved this technique.

In repeating these statements, I do so fully aware of their sweeping nature. Were not our eyes and ears so accustomed to irresponsible statements that we cease to ask for either meaning or proof, they might well raise a question as to the meaning of proof. They may also raise a question as to the complete intellectual responsibility and competency of their author. In repeating them in the lapse of intervening years, I appeal to the account which Mr. Alexander has given of the origin of his discovery of the principle of central conscious control. Those who do not identify science with a parade of technical vocabulary will find in this account the essentials of scientific method in any field of inquiry. They will find a record of long-continued, patient unwearied experimentation and observation in which every inference is extended, tested and corrected by further more searching experiments; they will find a series of such observations in which the mind is carried from observation of comparatively coarse, gross superficial connections of causes and effects to those causal conditions which are fundamental and central in the use which we make of ourselves.

Personally, I cannot speak with too much admiration - in the original sense of wonder - as well as respect of the persistence and thoroughness with which these extremely difficult observations and experimentations were carried out. In consequence, Mr. Alexander created what may truly be called a physiology of the living organism. His observations and experiments have to do with actual functioning of the body, with the organism in operation, and in operation under the ordinary conditions in living - rising, sitting, walking, standing, using arms, hands, voice, tools, instruments of all kinds. The contrast between sustained and accurate observations of the living and the usual activities of man and those made upon dead things under unusual and artificial conditions marks the difference between true and pseudo-science. And yet, so used have we become to associating "science" with the latter sort of thing that its contrast with the genuinely scientific character of Mr. Alexander's observations has been one great reason for the failure of many to appreciate his technique and conclusions.

As might be anticipated, Mr. Alexander's experimental inquiries are in harmony with what physiologists know about the muscular and nervous structure, but they give a new significance to that knowledge; indeed they may make evident what knowledge itself really is. The anatomist may "know" the exact function of each muscle and conversely know what muscles come into play in the execution of any specified act. But if he himself is unable to co-ordinate all the muscular structures involved in, say, sitting down or rising from a sitting position in a way which achieves the optimum and efficient performance of that act - if, in other words, he misuses himself in what he does - how can he be said to know in the full and vital sense

of that word. Magnus proved, by means of what may be called external evidence, the existence of a central control in the organism. But Mr. Alexander's technique gave a direct and intimate confirmation in personal experience of the fact of central control long before Magnus carried out his investigations. And one who has experience of this technique knows it through the series of experiences which he himself has. The genuinely scientific character of Mr. Alexander's teaching and discoveries can be safely rested on this fact alone.

The vitality of a scientific discovery is revealed and tested in its power to project and direct new further operations which not only harmonise with prior results, but which lead to new observed materials, suggesting in turn further experimentally controlled acts, and so on, in a continued series of new developments. Speaking as a pupil, it was because of this fact, as demonstrated in personal experience, that I first became convinced of the scientific quality of Mr. Alexander's work. Each lesson was a laboratory experimental demonstration. Statements made in advance of consequences to follow and the means by which they would be reached were met with implicit scepticism - a fact which is practically inevitable - since, as Mr Alexander points out, one uses the very conditions that need re-education as one's standard of judgement. Each lesson carries the process somewhat further and confirms in the most intimate and convincing fashion the claims that are made. As one goes on new areas are opened, new possibilities are seen and then realised; one finds oneself continually growing and realises there is an endless process of growth initiated.

From one standpoint, I had an unusual opportunity for making an intellectual study of the technique and its results. I was, from the practical standpoint, an inept, awkward and slow pupil. There were no speedy and seemingly miraculous changes to evoke gratitude emotionally, while they misled me intellectually. I was forced to observe carefully at every step of the process and to interest myself in the theory of the operations. I did this partly from my previous interest in psychology and philosophy and partly as a compensation for my practical backwardness. In bringing to bear whatever knowledge I already possessed - or thought I did - and whatever powers of discipline in mental application I had acquired in the pursuit of these studies, I had the most humiliating experience of my life, intellectually speaking. For to find that one is unable to execute directions, including inhibitory ones, in doing such a seemingly simple act as to sit down when one is using all the mental capacity which one prides himself upon possessing, it is not an experience congenial to one's vanity. But it may be conducive to analytic study of causal conditions, obstructive and positive. And so I verified in personal experience all that Mr. Alexander says about the unity of the physical and psychical in the psycho-physical; about our habitually wrong use of ourselves and the part this wrong use plays in generating all kinds of unnecessary tensions and wastes of energy; about the vitiation of our sensory appreciations which form the material of our judgements of ourselves; about the unconditional necessity of inhibition of customary acts and the tremendous mental difficulty found in not "doing" something as soon as an habitual act is suggested, together with the great change in moral and mental attitude that takes place as proper co-ordinations are established. In re-affirming my conviction as to the scientific character of Mr. Alexander's discoveries and technique, I do so then, not as one who has experienced a "cure", but as one who has brought whatever intellectual capacity he has to the study of a problem. In the study I found the things which I had known - in the sense of theoretical belief - in philosophy and psychology changed into vital experience which gave a new meaning to knowledge of them.

In the present state of the world, it is evident that the control we have gained of physical energies, heat, light, electricity etc., without having first gained control of ourselves is a perilous affair. Without control of our use of ourselves, our use of other things is blind; it may lead to anything.

Moreover, if habitual judgements of ourselves are warped because they are based on vitiated sense-material - as they must be if habits of managing ourselves are already wrong - then the more complex the social conditions in which we live, the more disastrous must be the outcome. Every additional complication of outward



instrumentalities is likely to be a step nearer destruction; a fact which the present state of the world tragically exemplifies.

The school of Pavloff has made current the idea of conditioned reflexes. Mr Alexander's work extends and corrects the idea. It proves that there are certain basic, central, organic habits and attitudes which condition every act we perform, every use we make of ourselves. Hence a conditioned reflex is not just a matter of an arbitrarily established connection, such as that between the sound of a bell and the eating-reaction of a dog, but goes back to central conditions within the organism itself. This discovery corrects the ordinary conception of the conditioned reflex. The latter, as usually understood, renders an individual a passive puppet to be played upon by external manipulations. The discovery of a central control which conditions all other reactions brings the conditioning factor under conscious direction and enables the individual, through his own co-ordinated activities, to take possession of his own potentialities. It converts the fact of conditioned reflexes from a principle of external enslavement into a means of vital freedom.

Education is the only sure method which mankind possesses for directing his own course. But we have been involved in a vicious circle. Without knowledge of what constitutes a truly normal and healthy psycho-physical life, our professed education is likely to be mis-education. Every serious student of the formation of disposition and character which takes place in the family and school knows - speaking without the slightest exaggeration - how often and how deplorably this possibility is realised. Mr. Alexander's technique gives the educator a standard of psycho-physical health - in which what we call morality is included. It supplies also the "means" by which this standard may be progressively and endlessly achieved, becoming a conscious possession of the one educated. It provides, therefore, the conditions for the central direction of all special educational processes. It bears the same relation to education that education itself bears to all other human activities.

I cannot, therefore, state too strongly the hopes that are aroused in me by the information contained in the Appendix, that Mr. Alexander has, with his coadjutors, opened a training class, nor my sense of the importance that this work secures adequate support. It contains, in my judgement, the promise and potentiality of the new direction that is needed in all education.

## CHAPTER 1

### EVOLUTION OF A TECHNIQUE

"First then, I must request men not to suppose that I wish to found a new sect in philosophy. For this is not what I am about; nor do I think that it matters much to the fortunes of men what abstract notions one may entertain concerning nature and the principles of things; and know doubt many old theories of this kind can be revised and many new ones introduced; just as many theories of the heavens may be supposed, which agree well enough with the phenomena and yet differ with each other.

But for my part, I do not trouble myself with any such speculative and withal unprofitable matters. My purpose, on the contrary, is to try whether I can in very fact lay more firmly the foundations and extend more widely the limits of the power and greatness of man".

Francis Bacon (Novum Organum CXV1)

My other books, "Man's Supreme Inheritance" and "Constructive Conscious Control" contain a statement of my technique which I gradually evolved over a period of years. When I began my investigation, I conceived of "body" and "mind" as separate and human ills, difficulties etc. as "physical" and "mental". Experience led me to abandon this view and realise it is impossible to separate "mental" and "physical" processes in any form of human activity.

This change in conception is not the result of theorising. It has been forced upon me through experiences gained in my investigations in a new field of practical experimentation upon the living human being.

Letters from readers show that they have difficulty in understanding what the practical working of this theory of unity implies. This difficulty comes up in my teaching, but repeated demonstration brings conviction. I have decided in this book to start at the beginning and relate the history of my investigation, because even in a large teaching practice, opportunities to demonstrate my technique are comparatively few. Events convinced me: -

1. that the so-called "mental" and "physical" are not separate entities.
2. that for this reason, human ills and shortcomings cannot be classified as "mental" or "physical" and dealt with separately, but all training must be based on the indivisible unity of the organism. This means educative training or prevention training aimed at eliminating defects, errors or disease.

Note: - I employ the word "use" in connection with the organism and mean by it a wide and comprehensive use of the organism in general. I do not mean the specific use of an arm or a leg. Use of specific parts brings into action the different psycho-physical mechanisms, this concerted activity bringing about the use of the specific part. (End)

Note: - I use the word "prevention" or "cure" because I cannot find a better one. "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, since the conditions now present in the civilised human being are such that it would be difficult to find anyone entirely free from manifestations of wrong use and functioning. Therefore, I use "prevention" and "cure" in a relative sense only, including under preventive measures all attempts to prevent faulty use and functioning of the organism generally to prevent disease and defects; and under wrong or unnatural. In the more exacting act of reciting I noticed several things, 3 in

particular. In reciting, I pulled my head back, depressed my larynx and sucked breath in through the mouth, which produced a gasping sound.

I went back to ordinary speech and noticed the same 3 tendencies were still present, but to a lesser degree than reciting. They were so slight, I could understand why I missed them the first time. I was encouraged to go on.

I recited again in front of the mirror and found that the 3 tendencies were especially marked when I recited passages that made an unusual demand "curative" those measures in which the influence of faulty use on functioning is ignored. (End)

In my youth I delighted in poetry and studied Shakespeare, becoming greatly interested in elocution and the art of reciting. I recited occasionally in public and chose it as a career. I worked hard, studying every branch of dramatic expression and became good enough to begin reciting professionally.

All went well for some years, then I developed throat trouble. Friends told me that when I recited my breathing was audible and they could hear me "gasping" and "sucking in air". This worried me because I pride myself on being free from this habit that I had noticed in other performers. Despite treatment by doctors and voice-trainers, this defect persisted and in fact became more exaggerated.

The treatment became less and less effective until, after a few years, I developed hoarseness which often culminated in a complete loss of voice. I had experienced much ill-health all my life and this had often been a stumbling block: and with the additional problem of my recurring hoarseness, I began to doubt the soundness of my vocal organs. The climax came when I was offered a particularly important engagement that I was afraid to accept, because of my uncertainty about the state of my vocal organs. On consulting my doctor, he assured me that my voice would be back to normal if I abstained from reciting and followed his treatment for 2 weeks before my recital.

I accepted the engagement and when the night of the performance arrived I was free from hoarseness, but halfway through my programme my voice was in a distressing condition again, so that I could hardly speak.

My disappointment was greater than I can express, because I could not look forward to more than a temporary relief and would have to give up my career.

Note: - The medical diagnosis was irritation of the mucous membrane of the throat and nose and inflammation of the vocal cords, which were said to be unduly relaxed. My uvula was very long and at times caused acute attacks of coughing. I was advised it should be shortened by a minor operation. I refused this. I am sure I was suffering from "clergyman's sore throat". (End)

My doctor advised me to go on with the treatment, but I refused. I told him that, as the trouble came when I used my voice, it seemed reasonable to conclude that it was something I was doing in using my voice that was the cause of the trouble and I would find out what it was.

I had two facts to go on. I had learned from experience that reciting caused the hoarseness, and this hoarseness disappeared when I confined my voice to ordinary speaking and had medical treatment for my throat and vocal organs. I concluded that ordinary speaking and reciting were different and I experimented to find out what this difference was.

I used a mirror and observed my "doing" in ordinary speech and reciting. In ordinary speaking, despite repeating the act many times, I could see nothing wrong or unnatural. In the more exacting act of reciting I noticed several things, 3 in particular. In reciting, I pulled my head back, depressed my larynx and sucked breath in through the mouth, which produced a gasping sound.

I went back to ordinary speech and noticed the same 3 tendencies were still present, but to a lesser degree than reciting. They were so slight, I could understand why I missed them the first time. I was encouraged to go on.

I recited again in front of a mirror and found that the 3 tendencies were especially marked when I recited passages that made an unusual demand on my

voice. This seemed to confirm my suspicion that there was a connection between what I did to myself in reciting and my hoarseness.

From this I speculated that if pulling back my head and sucking in breath strained my voice, then this constituted misuse of the parts concerned. I now believed I had found the root of the trouble, because if my hoarseness arose from the way I used parts of my organism, I should get no further unless I could prevent this misuse.

How to make practical use of this discovery? Where to begin? Did sucking in breath cause pulling back of the head and depression of the larynx? Or were any of these malfunctions the cause or origin of my misuse?

As I could not answer these questions, I patiently continued experimenting in front of the mirror. After some months, I found that when reciting I could not by direct means prevent the sucking in of breath or the depressing of the larynx, but I could, to some extent, prevent the pulling back of the head. This led me to an extremely important discovery - namely, that when I succeeded in preventing the pulling back of the head, this tended indirectly to check the sucking in of breath and depressing of the larynx.

The importance of this discovery cannot be over-estimated, for through it I was led on to the further discovery of the primary control of the working of all the mechanisms of the human organism and this marked the first important stage of my investigation.

I was also less hoarse when I recited and as I gradually gained experience in preventing misuse of the parts concerned, my hoarseness decreased. A medical examination showed a marked improvement in the general condition of my larynx and vocal cords.

I now realised that the changes in use brought about by the prevention of the 3 harmful tendencies had produced a marked effect in the functioning of my vocal and respiratory mechanisms.

This conclusion marked the second important stage of my investigation, because my practical experience made me realise, for the first time, the close connection that exists between use and functioning.

My experience up to now had shown me: -

1. my tendency to put my head back was associated with my throat trouble.
2. I could relieve this trouble by preventing my head pulling back, this act of prevention tending to prevent indirectly the larynx depression and sucking in of breath.

I now argued that, if I put my head definitely forward, I would eradicate the hoarseness.

However, when I tried this, I found that if my head went too far forward, I pulled it down as well and I could see this had the same effect on my vocal and respiratory organs as pulling my head back and down. Both acts depressed my larynx and I was sure that this depression must be checked if my voice was to return to normal and I went on experimenting to this end.

It is impossible to describe in detail my various experiences during this long period. Suffice to say that I became aware that any use of my head and neck which depressed my larynx also lifted my chest and shortened my stature.

This again was a discovery of far reaching implications and events proved that it marked a turning point in my investigation.

This new evidence suggested that the functioning of the speech organs was influenced by my manner of using the whole torso and that the pulling of the head back and down was not, as I had presumed, merely a misuse of the parts concerned. It was inseparably bound up with misuse of other mechanisms which caused

shortening of the stature. It would be useless to merely prevent the wrong use of the head and neck, I realised I must also prevent the other associated wrong uses.

This led to a long series of experiments, in some attempting to prevent shortening of the stature, in others to lengthen it and noting the results and effect of each on my voice. I found the least tendency to hoarseness was associated with lengthening the stature. However, in practice, I shortened more than lengthened and I saw that this happened because I pulled my head down as I tried to put it forward to lengthen. In short, I had to put my head forward and up, not down.

The experiences which followed my awareness of this were forerunners of a recognition in that relativity in the use of the head, neck and other parts which proved to be a primary control of the general use of the self.

When, however, I tried to put my head forward and up, while reciting, my tendency to lift my chest increased and with this went a tendency to arch the spine, or as I now call it, a "narrowing of the back". This affected the shape and functioning of the torso and I concluded that to maintain a lengthening, I must find a way to put my head forward and up that would prevent lifting the chest and bring about a widening of the back.

I tried to put this into practice in my vocal work, where I attempted to prevent my old habits of pulling my head back and down and lifting the chest (prevention) and to combine this with putting my head forward and up and widening the back (doing). This was my first attempt to combine "prevention" and "doing" in one activity. I never doubted I could do this, but although I was now able to put my head forward and widen the back, as acts in themselves, I could not maintain these conditions in speaking or reciting.

I went back to the mirror because I was suspicious that I was not doing what I thought I was doing. Later I added 2 more mirrors on each side and I saw that my suspicions were justified. I saw that at the critical moment when I tried to combine the prevention of shortening with a positive attempt to lengthen and speak at the same time, I did not put my head forward and up, but actually pulled it back. This was startling proof that I was doing the opposite of what I believed I was doing and of what I had decided I ought to do.

I break my story here to draw attention to a very curious fact, even though it tells against myself. In my earlier experiments, when I wished to make certain of what I was doing with myself in the familiar act of reciting, I had derived invaluable help from the use of a mirror. Despite this past experience and the knowledge gained from it, I now set out on an experiment which brought into play a new use of certain parts and involved sensory experiences that were totally unfamiliar, without it even occurring to me that for this purpose I should need the help of the mirror more than ever.

This shows how confident I was that I could put into practice what I wished to do. When I found I could not, I thought it was merely a personal idiosyncrasy, but 35 years of teaching experience has shown me it was not an idiosyncrasy and most people would have done the same in similar circumstances. I was suffering from a universal delusion - that because we can do what we "will to do" in acts that are habitual and involve familiar sensory experiences - we shall be equally successful in doing what we "will to do" in acts which are contrary to our habit and involve experiences that are unfamiliar.

The whole situation had to be reconsidered. I went back to the beginning again. I had to find that "something" which caused my theories to go wrong, that point in my "doing" where I had gone wrong.

I practised patiently, persevering month after month with some success and failure, but little enlightenment. In time I came to see that any attempt to maintain lengthening when reciting not only involved the prevention of wrong use of certain specific parts and the substitution of better use of these parts, but also involved all parts of the organism required for the act of reciting, such as standing, walking, using the arms or hands for gesture, interpretation etc.

The mirror showed me that when I was standing to recite, I was using these other parts wrongly and this synchronised with my wrong way of using my head, neck, larynx, vocal and breathing organs and involved undue muscle-tension throughout my organism, affecting my legs, feet and toes. My toes contracted and bent downwards, my feet unduly arched, weight thrown on to the outside of my feet, which interfered with my balance.

This reminded me that my drama teacher used to tell me to, "Take hold of the floor with your feet", and demonstrated this curving of the feet and arches. I did my best to copy him, believing I should be able to do so. I persevered until I believed my way of standing - taking hold of the floor - was satisfactory.

It is a general belief that if we are told what to do to correct some way of doing something, we can do it; and if we feel we are doing it, all is well. This belief is a delusion.

I now saw that my way of using my legs, feet and toes, when standing to recite, was exerting a most harmful general influence on my whole organism. This convinced me that the misuse of these parts involved abnormal muscle-tension and was indirectly associated with my throat trouble. This conviction was strengthened when I remembered that my drama teacher had tried to improve my reciting by improving my standing. I realised that my wrong way of using myself by "taking hold of the floor" was the same wrong way of using myself in reciting when I pulled my head back, depressed my larynx etc. This wrong use constituted a combined wrong use of the whole of my psycho-physical mechanisms. I then realised that this wrong use was what I brought into play habitually for all my activities. My desire to recite, like any other stimulus to activity, would inevitably cause this "habitual use" to come into play and dominate any attempt at a better use of myself.

The influence of wrong use was bound to be strong because it was habitual. In my case it was greatly strengthened by my efforts to "take hold of the floor". This cultivated habitual use was an almost irresistible stimulus to use myself in the wrong accustomed way; this stimulus to general wrong use was far stronger than the stimulus of my wish to employ the new use of my head and neck. I now saw that this influence led me to put my head in the opposite direction to the desired one when I stood up to recite. I now had proof that all my efforts to improve the use of myself in reciting had been misdirected.

It is important to remember that the use of a specific part in any activity is closely associated with the use of other parts of the organism and that the influence exerted by the various parts on one another is continually changing in accordance with the manner of use of these parts. If a part directly employed in the activity is being used in a comparatively new way, which is still unfamiliar, the stimulus to use this part in the new way is weak in comparison with the stimulus to use the other parts of the organism which are being indirectly employed in the activity in the old habitual way.

In the present case, an attempt was being made to bring about an unfamiliar use of the head and neck for the purpose of reciting. The stimulus to employ the new use of the head and neck was bound to be weak as compared with the stimulus to employ the wrong habitual use of the feet and legs which had become familiar through being cultivated in the act of reciting.

This is the difficulty in making changes from unsatisfactory to satisfactory use and functioning. When wrong habitual use has been cultivated in a person, its influence in the early stages of lessons is practically irresistible.

This led me to a long consideration of the whole question of the direction of the use of myself.

"What is the direction on which I've been depending?" I had to admit that I had never thought out how I directed the use of myself. I used myself habitually in the way that felt natural to me. I depended on feeling for the direction of my use. Judging from the results of my experiments, this method of direction had led me into error - for instance, I put my head back when I intended to put it forward and up. This proved that the "feeling" associated with this misdirection of use was untrustworthy.

This was a blow. If ever anyone was at an impasse, it was me. I was faced with the fact that my feeling, the only guide I had for the direction of use, was untrustworthy. I believed this was peculiar to myself, a special case because of the continued ill-health in my life. I tested other people and discovered they did the same. However, I refused to believe that the problem was hopeless. I began to see that my findings up to now implied the possibility of an entirely new field of inquiry and I was obsessed with the desire to explore it.

I realised that human beings do not know how they use themselves, any more than the dog and cat knows. Like the animals, man's use was unreasoned and instinctive.

Note: - "Direction" - "direction of my use" - "I directed my use etc." - indicates the process of projecting messages from the brain to the mechanism and conducting energy for the use of these mechanisms. (End)

Note: - It may be contended that the athlete who successfully performs a complicated feat does consciously control his movements. It is true he is able, by practice of the "trial and error" method, to acquire an automatic proficiency in the specific movements necessary, but this does not prove that he is controlling these movements consciously. He does not consciously control the use of himself as a whole in his performance. If anything happens to cause a change in his familiar use of his mechanisms, his proficiency will be interfered with. He cannot easily regain it since he lacks knowledge of how to direct the general use of himself. (There are cases of people imitating a stutterer and have themselves developed this habit. In spite of all efforts, they have failed to regain their original standard of proficiency in speaking). The athlete also uses feeling in directing his mechanisms to perform some specific activity and this cannot be compared with the conscious, reasoned direction associated with a primary control of the self as a working unity. (End)

I realised that in our present state of civilisation, which calls for continuous and rapid adaptation to a quickly-changing environment, unreasoned, instinctive direction of use was no longer sufficient to meet human needs.

I suspected that untrustworthy feeling was a product of civilised life and could become more and more a universal menace. To restore trustworthy feeling would be invaluable.

I reconsidered my own difficulties and certain points impressed me.

1. Pulling my head back and down when I felt that I was putting it forward and up was proof that the use of the specified parts concerned were being misdirected. This misdirection was associated with untrustworthy feeling.
2. This misdirection was instinctive and together with untrustworthy feeling was part and parcel of my habitual use of myself.
3. That instinctive misdirection led to wrong habitual use of myself and was the result of a decision to use my voice; in other words, this misdirection was my instinctive response - reaction - to the stimulus to use my voice. The most notable misuse was that of my head and neck.

Considering the significance of this last point, I saw that if, when the stimulus came to use my voice, I could inhibit the misdirection of the habitual use of my head and neck, I would stop my unsatisfactory reaction at its source. When this misdirection was inhibited, my next step would be to discover what new direction was needed to ensure an improved use of the head and neck, the larynx and breathing and other mechanisms.

In the work that followed, I saw that to achieve a direction of use which would ensure this satisfactory reaction, I must stop relying on the feeling associated with instinctive direction and replace it with reasoning. This would allow me to:

1. analyse the conditions of use present.
2. reason out the means of achieving satisfactory use
3. project consciously the directions for putting these means into effect.

In short, to react satisfactorily to the stimulus to use my voice, I must replace instinctive - unreasoned - direction with new conscious - reasoned - direction.

Taking the control of the use of the mechanisms from the instinctive to the conscious level has been justified by the results obtained in practice, but it may be many years before its true significance as a factor in human development is fully recognised.

I set out to put the above idea into practice, but was brought up short by some startling, unexpected experiences. Up to this point, I believed that, if I thought out carefully how to improve my way of performing an act, I should be guided by reason, not feeling. I believed my "mind" was the superior, effective directing agent. But I saw this was wrong when I came to employ conscious direction to correct some wrong use of myself which was habitual and felt right. In actual practice, there was no clear dividing line between reasoned and unreasoned direction of myself and I could not prevent the two from overlapping. I could use reasoning up to the point of projecting the directions for new, improved use and this went well as long as I did not attempt to carry out these directions for the purpose of speaking.

For example, if I wanted to speak and tried to do the new thing - that is the head forward and up - and speak at the same time, I immediately reverted to old habits - pulling my head back etc. I could see this in the mirror. This was proof that instinctive direction dominated reasoning direction. It dominated my will to do the right thing, although I was "trying" - as we understand "trying" - to do the right thing. This instinctive behaviour occurred over and over again and I would invariably do something in accordance with old habitual use of myself.

Eventually, I decided not to "do" anything to gain an end and I saw that in order to change my habitual use I must refuse to do anything immediately in response to the stimulus to speak. If I responded too quickly to a stimulus, I did not give myself the chance to give the new directions - as many times as was necessary - and the old instinctive direction and untrustworthy feeling would still control the manner of my response.

I then confined myself to giving the new directions, instead of actually "trying to do" them or relate them to the "end" of speaking. I gave the directions in front of the mirror for months without "trying to do" them.

This experience taught me that: -

1. I must give the new directions many, many times before attempting to "do" anything.
2. I must continue to give the new directions in preparation for the doing of the first part, while I gave the directions in preparation for the second part and so on for the third, fourth and fifth parts, as required.

Lastly, I discovered that after I had become familiar with the combined process of giving the directions for the new "means" in their sequence and of employing the various corresponding mechanisms for new use, I must continue this process for a considerable time before actually using the new "means" for the purpose of speaking.



This is what John Dewey calls "thinking in activity". My teaching experience shows me that, in working for a given end, we can all project one direction, but to continue to give this direction while we project another and another and so on has been the pons asinorum of every pupil I have met.

(Pons Asinorum: - "Bridge of Asses", which means a test of an ignorant person's ability.)

The time came when I believed I had practised the "means" long enough and I started using them in speaking, but failed more than I succeeded. The farther I went, the more perplexing the situation became, because I had certainly been giving new directions over and over and should have been able to employ new "means" with some confidence, but I failed more often than I succeeded and I knew I must go back and reconsider my premises.

I saw that I was unable to prevent the dominance of my wrong habitual use when I wanted to use the new "means" for speaking. In other words I saw - and this is of the utmost importance - that in spite of all my preliminary work, my habitual use still dominated my conscious reasoning direction. However, I was confident that the new means were right for my purpose and decided to look elsewhere for the cause of my unsatisfactory results. I thought perhaps it was a shortcoming in me that caused me to fail and perhaps I could not do a particular thing with satisfactory "means", when someone else might be successful. I finally concluded that I must look for concrete proof of whether, at the critical moment when I attempted to speak, I was really able to continue to give the new directions in their proper sequence, or whether I was reverting back to the instinctive misdirection of my old habitual use which had caused my throat trouble. I discovered that I gave the new directions in their proper sequence right up to the point when I tried to speak, but as soon as I spoke, I reverted back to my old habitual use. This was concrete proof that I was not continuing to project my directions for the new use in speaking and the reaction to the stimulus to speak was still instinctive. Clearly, to "feel" or think I had inhibited the old instinctive reaction was no proof that I had really done so and I must find some way of "knowing".

I also came to realise that my dominant instinctive reaction could hardly be otherwise. Ever since the beginning of man's growth and development, his direction of himself had always been instinctive, a racial inheritance it might be called. Small wonder, then, that I failed so often to employ conscious reasoning direction, when habitual, instinctive direction was so familiar and felt right and natural. In trying to employ conscious reasoned direction to obtain new use, I was combating, not only racial tendencies that cause us all at critical moments to revert to instinctive direction and familiar use which feels right, but also a racial inexperience in projecting conscious directions and particularly in sequence.

Note: - "All together, one after the other", expresses the idea of combined activity I wish to convey here. (End)

I had recognised much earlier not to trust my feeling for the direction of my use, but had not fully realised all that this implied - namely, that the new sensory experience in the new use would be so unfamiliar. It would "feel" so unnatural and wrong that I - like everyone else - with my ingrained habit of judging whether experiences of use were "right" or not by the way they "felt" would inevitably balk at employing new use. Obviously, any new use must feel different from the old. If old use felt right, new use was bound to feel wrong. I had to face the fact that during the past months I had been trying to use myself in a new way which was bound to feel wrong and at the same time trusting my feeling of what was right to tell me whether I was employing the new way or not. This meant that all my efforts up to now had resolved themselves into an attempt to employ a reasoning direction of use at the moment of speaking, while for the purpose of this attempt, I was actually bringing old

use into play and reverting to instinctive misdirection. Small wonder that this attempt had proved futile! Faced with this, I now saw that I must be prepared to carry on with my procedure that I had reasoned out, even though that procedure might feel wrong. In other words, my trust in my reasoning processes to bring me safely to my "end" must be a genuine trust, not a half-trust, needing the assurance of feeling right as well. I must, at all costs, work out some plan to obtain concrete proof that my instinctive reaction to the stimulus to gain an end remained inhibited, while I projected directions in their sequence for the employment of new use at the critical moment of gaining that end.

I finally adopted the following plan: -

If the "end" I wished to gain was to speak a sentence, I would start in the same way as before and

1. inhibit any immediate response to the stimulus to speak the sentence.
2. project, in their sequence, directions for the primary control that I had reasoned out as being best for bringing about new, improved use of myself in speaking and
3. continue to project these directions until I was sufficiently au fait with them to employ them for the purpose of gaining my end and speaking the sentence.

At this point - the moment that had always proved critical, because it was then that I reverted to wrong habitual use - I would change my usual procedure and

4. while still continuing to project directions for the new use, I would stop and consciously reconsider my first decision and ask myself, "Shall I go on to gain the end I have decided on and speak the sentence? Or shall I not? Or shall I go on to gain some other end altogether?" and then and there make a fresh decision.
5. either  
not to gain my original end, in which case I would continue to project the directions for maintaining new use and not go on to speak the sentence;

or

to change my end and do something different, say lift my hand instead of speaking the sentence, in which case I would continue to project directions for maintaining the new use to carry out this last decision and lift my hand;

or

to go on and gain my original end, in which case I would continue to project directions for maintaining the new use to speak the sentence.

Under this new plan, the change in procedure came at the critical moment. Up to now, at this critical moment, I had always gone on to gain the original end - to speak - but had so often reverted to old instinctive direction and wrong habitual use. I reasoned that if I stopped at this critical moment and then, without ceasing to give directions for new use, decided afresh to what end new use should be employed, I should be subjecting the instinctive directions to an experience contrary to any they had undergone up to now. By this new procedure, as long as reasoned directions for bringing about new conditions of use were consciously maintained, the stimulus of a decision to gain an end would result in a new activity differing from the old habitual one. The new activity could be controlled for the gaining of an end, whereas, in contrast, the old habitual activity had always been outside of my control in gaining an end.

I would point out that this procedure is contrary to any one in which our individual instinctive direction has been drilled. It is also contrary to any procedure in which man's instinctive processes have been drilled continuously all through his evolutionary experience.

When I came to work on this plan, I found that this reasoning was confirmed by experience. In deciding in the majority of cases to maintain new use, either to gain some end other than the original, or to refuse to gain the original end, I obtained concrete proof that my instinctive response to the stimulus to gain the original end was not only inhibited at the start, but remained inhibited right through, while directions for new use were being projected. And the experience I gained in maintaining new use while gaining some other end, or refusing to gain my original end, helped me to maintain new use on those occasions when I decided to go on and gain my original end and speak the sentence. This was further proof that I was becoming able to defeat any influence of that wrong habitual use in speaking to which my original decision to "speak the sentence" had been the stimulus. Also, conscious reasoning direction was at last dominating the unreasoning instinctive direction.

After I had worked on this plan for some time, I became free from my tendency to revert to my wrong habitual use in reciting and the marked effect of this on my functioning convinced me that I was at last on the right track. Once free from this tendency, I also became free from throat and vocal trouble and from the respiratory and nasal difficulties with which I had been beset from birth.

## CHAPTER 2

### USE AND FUNCTIONING IN RELATION TO REACTION

At a certain point during my experience given in the last chapter, I realised that my reaction to a particular stimulus was constantly opposite of what I desired. I discovered that the cause of this was my untrustworthy sensory appreciation (feeling). In other words, I reacted in a way that felt right, but was in fact wrong.

I draw attention to this point because, in long years of teaching, I have found that sensory untrustworthiness is present in varying degrees in all pupils. This convinces me that faulty sensory awareness is of the utmost significance in relation to the problem of human reaction.

Another important point regarding the control of human reaction is that it was through the discovery of the primary control that I was able to improve my sensory appreciation. By the time my new manner of use had become established - through conscious use of my primary control - I was able to inhibit instinctive misdirection of my head, neck and vocal organs when I decided to recite. I was able to substitute conscious direction for new use of these parts.

This meant that the stimulus to use my voice no longer caused old reflex activity to come into play, that is, pulling my head back and down and shortening my stature. Instead a new reflex activity came about which allowed my head to go forward and up and my stature to lengthen.

The improvement in reaction to the stimulus to use my voice meant that I no longer suffered hoarseness in vocal activity. This was a fact; proof that in my early experience, a practical means had been found to condition habitual reflex activity. This was a natural consequence of the procedure I had adopted, because the new reflex activity to which it was trained in the process was associated with new improved general use and functioning.

The procedures I have described are evidence of how harmful reflex activity can be consciously held in check, even in the face of the new excitation involved in carrying out the new procedures.

Note: - A quote from a paper from Dr. A Murdoch, 1928, may be of interest. "Mr. Alexander has built up the theory on which he has based his practice from observing body-movements as a whole. He has made use of lost or unused associated involuntary reflexes with a rare insight. By recreating them into new conditioned reflexes, he has laid the foundation for a new outlook on disease and its diagnosis and treatment". (End)

Note: - In this procedure, the pupil starts by consciously giving directions for the new "means" of gaining a certain end. At the critical moment of going on to gain the end, a fresh decision is made as to whether he will employ new "means" to gain the original end, or some other end. (End)

More than this, my experience has shown me that knowledge of how to direct the primary control leads to a change for the better in the use of the organism and the results of this "conditioning" can safely be left to take their own form. As John Dewey writes: -

"Science is a matter of perfected skill in conducting inquiry.....not 'something finished, absolute in itself', but the result of a technique." (Experience and Nature, 1926).

I had proved that it was possible to bring about conscious control of reaction through a change in the direction of my use. In my opinion, the substitution of conscious for instinctive direction in the changing of use is of primary importance.

Knowledge of the means of bringing this change about would be of inestimable value in all educational work.

The experiences I gained in dealing with my own difficulties have been of the greatest value in dealing practically with the difficulties and requirements of my pupils. I was able to teach them how to control indirectly the functioning of their reflexes, systems and organs. This principle has been fully justified by experience in using my technique. Indeed, continued experience convinces me that, unless conscious direction is built up, together with improved sensory appreciation and these are made the primary considerations of people who deal with the control of human reaction, we cannot develop a method for meeting the problem of control of conscious or "conditioned" behaviour.

Human activity is primarily a process of reacting unceasingly to stimuli received from within or without the self. The first breath taken is a reaction to a stimulus to the respiratory centre and the child remains a living organism so long as it can receive stimuli and react to them.

Every act is a reaction to a stimulus received through sensory mechanisms; therefore, no act is wholly "mental" or wholly "physical". In some acts, the "mental" predominates, in others the "physical". For instance, lifting the arm is considered to be a "physical," act. The result of the receipt of a stimulus to lift the arm is a "mental" conception of the act of lifting the arm, followed by another "mental" conception, i.e. giving or withholding consent to react to the stimulus to lift the arm. If consent is withheld, lifting of the arm is inhibited. If consent is given, messages are sent out that bring about contraction of certain groups of muscles and the relaxation of others and the arm is lifted.

But it is of the utmost importance to remember that in most people the use of themselves is habitual and instinctive, so that they will perform a certain act without any reasoned conception of what direction of use is required for its satisfactory performance.

Unfortunately, with the increasing prevalence of untrustworthy sensory appreciation, this instinctive direction of use tends to become, more and more, a misdirection. It has a harmful effect, proved in my own case, upon functioning and consequently, upon the reactions which result.

These unsatisfactory reactions show up as symptoms of defect, of "mental" and "moral" failing, disorder and disease and their presence indicates that wrong use and functioning prevails throughout the organism. When new satisfactory use of the mechanisms is brought about, these symptoms disappear gradually in the process and are replaced with health, well-being and satisfactory reactions. The primary requirement is to prevent wrong use and functioning and replace it with new direction leading to improvement in use and functioning throughout the organism.

This indirect procedure is true to the principle of unity in the organism and works for good, but there is a reverse side to the picture. Any change in a part means a change in the whole and the parts of the organism are so closely knit that any attempt to make a fundamental change in the working of a part is bound to alter the use and adjustment of the whole. This means that, where the concerted use of the mechanisms is faulty, any specific attempt to eradicate a fault will fail, because it is bound to upset the balance somewhere else. It can only be done by changing and improving this faulty concerted use.

Note; - I wish to make it clear that, whenever I use the phrase, "use and functioning", in relation to the organism, I do not mean mechanical activity only. I include all manifestations of human activity involved in conception, understanding, withholding or giving consent, thinking reasoning, directing etc. The manifestation of such activities cannot be dissociated from the use of the mechanisms and the associated functioning of the organism. (End)

This danger is seldom recognised by those who have to diagnose and deal with cases of ailment and disability. I can demonstrate that in the process of "curing"

a wrong symptom by specific treatment, even if it appears successful, other less easily recognised, but more harmful defects, are brought about in other parts of the organism.

Note: - EVENING STANDARD, March 1928: - "A true tale of a friend who played golf. He suffered from a chronic slice and in despair went to a professional, who told him of an easy cure. 'Put your left hand on top of the club and your right hand underneath and just bang away'. He did so and for one afternoon the slice disappeared. But where there had been one devil, seven worse ones came in its place and for months he suffered the agony of pulls and smothers. His last state was more pitiful than his first". (End)

No diagnosis can be complete which is not based on that principle of the unity in the working of the mechanisms, which involves a close connection between the use of the mechanisms and the standard of functioning throughout the organism. So-called experts, whatever their line, fail to recognise this principle and I will show in what follows, several illustrations to highlight this.

## CHAPTER 3

### THE GOLFER WHO CANNOT KEEP HIS EYES ON THE BALL

A golfer consults a professional to improve his golf. The professional watches him play and then tells him he does not keep his eyes on the ball and to improve, he must do so. The golfer follows his teacher's instructions, but cannot keep his eyes on the ball.

Certain questions arise: -

Why does the golfer take his eyes off the ball in the first place?

Why does he continue to take his eyes off the ball after he decides to keep them on the ball? Why does his "will-to-do" fail him at the critical moment?

What stimulus makes him take his eyes off the ball?

The answers to these questions are closely related.

First question: - The golfer brings to his play the same habitual misuse of himself that he brings to all his other daily activities.

Second question: - He continues to take his eyes off the ball because he is a confirmed "end-gainer", going directly for an end on the "trial and error" plan, without considering the means of gaining that end. The end, which he goes directly for, is to make a good stroke.

This process is repeated every time he tries to make a good stroke but failure outweighs success. This disturbs him emotionally. The more he tries and fails, the worse his emotional state becomes. So he tries harder than ever, but still takes his eyes off the ball.

One would suppose that repeated failure would bring him to consider working on a different principle, but like most people who use themselves wrongly, he continues to do so, even when this wrong use has been pointed out to him.

To explain this anomaly: the golfer's habitual use in his everyday activities, as well as his golf, has always been accompanied by certain sensory experiences - feelings - which over his lifetime have become familiar. Their very familiarity makes him "feel right". His faulty habitual use in making a stroke feels right, even though he still takes his eyes off the ball.

On the other hand, new improved use of himself, which would better his golf, would "feel wrong" to him, because it would involve unfamiliar sensory experiences. His familiar sensory experiences, associated with his habitual use, dominate him despite his "will-to-do" to improve his golf.

His desire to employ his habitual use to gain his end is an instinctive one which humankind has inherited and continued to develop through the ages. His desire to feel right is primary and his desire to make a good stroke is secondary, because he repeats the same sensory experiences in trying to make a good stroke.

Further, the stimulus to carry out the teacher's instructions regarding use of his eyes is an even bigger stimulus that increases his already undue muscle-tension, thus lessening still further his chances of making a good stroke.

Let us now examine the faulty principle on which the teacher bases his instruction to the golfer to keep his eyes on the ball.

The teacher sees that the golfer does not keep his eyes on the ball, so he simply tells him he must. The teacher does not connect faulty functioning of the eyes with general misdirection of the mechanisms of the organism.

Misdirection of use in human activity is found everywhere and is not confined to golf. It shows in the person who takes up a pen to write and immediately stiffens the fingers unduly, makes movements of the arm which should be done by the fingers and even makes facial contortions; in the physical culturist whose movements of the arms and legs are associated with harmful, unnecessary depression of the larynx and muscles of the throat; in the singer, or talker, who "sucks" a breath in at the beginning of a phrase; in the athlete who, when making a special effort, uses excessive tension in the neck and pulls his head back.

In all these cases, the use of the mechanisms is far removed from that which would best serve the purpose.

Where the direction of use is satisfactory, satisfactory use of the mechanisms as a working unity is ensured when using arms, legs, feet, eyes, etc. With misdirection satisfactory use is not at our command. This is exactly the position of the golfer who cannot keep his eyes on the ball when he wishes.

Let us see how the golfer's difficulty is dealt with by a teacher using the principles of a reasoning consideration of the causes of the golfer's condition, maintaining the idea of the unity of the organism and an indirect procedure to gain the desired end.

Firstly, he sees that the golfer's failure is due to misdirection of the use of the mechanisms and not primarily to any specific defect. He sees that the golfer's inability to keep his eyes on the ball is a symptom of misdirection and not the cause of his failure. He sees that, as soon as the golfer starts to make his stroke, he brings into play the same habitual faulty use that he employs for all his activities and the pupil's difficulty is brought about by his own "wrong-doing". The teacher knows no act of "will-power" by the golfer could be successful, because his habitual use is exerted in the wrong direction.

Note: - A woman came to watch a lesson given to one of her students. "You should have no difficulty with this pupil", she said, "because she is so willing and anxious to help you". I replied, "This is one of the curses of the 'will-to-do'". She exclaimed in horror, "Surely, even if it is wrong, it's better to exert the 'will-to-do' than not". I pointed out that, "something wrong", meant wrong direction somewhere, or what she was really urging was that the addition to the stimulus of the "will-to-do" would be beneficial, even if it meant an increase of energy in the wrong direction. It is not the degree of "willing" or "trying", but the way in which the energy is directed that is going to make the "willing" or "trying" effective. (End)

In the golfer's case, the harder he tries to "will" himself to success, the more his use is misdirected and the more likely he will be to take his eyes off the ball. The teacher would find a way to teach the pupil how to stop this misdirection, the first step being to stop "trying". His reaction to the stimulus to make a good stroke would always mean using himself habitually and he must learn to prevent this immediate reaction. In the making of a good stroke this act of prevention is the primary activity. If he inhibits his misdirection, the teacher can build up in the pupil that new direction of use which would allow him, in time, to employ the "means" of keeping his eyes on the ball.

If we are to understand the principle of attention to the "means" of gaining an end, such as making a new golf-stroke, we must recognise that attainment of such an end involves the direction and performance of a connected series of preliminary acts in mechanism the use of the mechanisms as a whole. The satisfactory use of the mechanisms in the actual performance of the act - making a good stroke - must be directed in a connected series to correspond with the connected series of preliminary acts. If, at any point, the chain of direction is broken and use misdirected, all the following acts of the series will go wrong and the desired end will not be achieved. In



most people today the direction of the use of their mechanisms is not reasoned out, but instinctive. This instinctive direction leads to faulty use. This means that the connected series of acts preliminary to gaining any end is brought about by instinctive directions operating through faulty use, the result being a series of faulty acts.

The pupil must recognise in his practice that these preliminary acts, though "means", are also ends, but not isolated ones. They form a connected series of acts to be carried out, "all together, one after the other". To maintain the unity involved in this connected series of acts he must continue to project directions necessary for performing the first act concurrently with projecting directions for the second and so on throughout the series, until all the preliminary acts have been performed in their connected sequence and the ultimate end is secured.

Note: - "All together, one after the other". This process is analogous to the firing of a machine-gun from an aeroplane, where the machinery is so co-ordinated that each individual shot of the series is timed to pass between the blades of a propeller making 1,500 revolutions per minute. (End)

It is impossible to put down here more than a bare outline of the technique for putting the "means" principle into practice in building up new and satisfactory direction of use. The reason for this is that sensory experiences which come to the pupil during this process cannot be conveyed by the written or spoken word, any more than the most detailed account that a professional golfer can give of his own sensory experiences, while playing, will enable his pupils to reproduce these experiences. But I would refer my reader back to Chapter 1, where I described the experiments which led to my discovery of the primary control of the use of the self which governs the working of all the mechanisms and so renders control of the complex human organism relatively simple.

This primary control, called by the late Professor Magnus of Utrecht, the "central control", depends on a certain use of the head and neck in relation to the use of the rest of the body. Once the pupil has inhibited instinctive misdirection of his faulty habitual use, the teacher begins the process of building up new use, by giving the pupil the primary direction for establishing this primary control. The pupil then projects this direction, while the teacher, with his hands, brings about the corresponding activity, the combined procedure securing for the pupil, the new experience of use which is desired. This experience, though unfamiliar at first, will become familiar with repetition.

The teacher then gives the secondary direction to the pupil, who must keep the primary direction going while he projects the second one, the third one and so on, so that no matter how many directions are required to bring about the change in use the directions and their corresponding activities are linked together and will remain linked. If still further directions are required to bring about the desired change in use the same combined procedure must apply.

As long as the teacher and pupil work together on these lines, the "means" principle, they will, in time, establish in the pupil, the desired direction for the use of the mechanisms and undesirable specific symptoms, such as unsatisfactory use of the eyes will disappear in the process. This means that the golfer will be able to keep his eyes on the ball when he wishes to do so, because new and reliable "lines of communication" will have been laid down. This ensures that his "will-to-do" will be effective.

## The End-Gainer's Difficulty with the Means

The objection has often been made that this process would prove too lengthy for the ordinary person. If some quicker way of allowing the golfer to make a good stroke, without going through the process of change, then he would be able to keep his eyes on the ball and hit a good stroke. But I have never met anyone, whose use is wrong, who is able to inhibit the desire to gain an end directly until his use has been changed. Even when they are made aware of the means of changing and overcoming specific defects, their end-gaining urge is so strong that they are seldom able to profit by these "means".

This leads me to the point I wish above all to emphasise - namely that when a person has reached a stage of misuse and functioning, his "end-gaining" habit is the impeding factor in all his attempts to profit by any reaching method whatsoever. Ordinary teaching methods cannot deal with this impeding factor, indeed, they encourage end-gaining. This criticism applies to methods employed by teachers of all sports and games, physical culture, eurhythmics, dancing, singing etc. The instruction to the golfer to keep his eyes on the ball is typical of the kind of specific instruction given by teachers generally. It makes him try harder and so misdirect his efforts even more.

Note: - Even supposing it were possible to restore at once to a pupil satisfactory direction of his use and functioning throughout the organism, the pupil's habit of end-gaining would still persist in acts in which he was practised in employing old familiar use - as, for instance, in making a good golf stroke - so that the moment he attempted to make the stroke by new unfamiliar direction of use, he would bring into play old habitual misdirection of use, take his eyes off the ball and make a bad stroke. (End)

This habit of end-gaining is so ingrained that it creates a serious difficulty, even when the teaching method is based on the "means" principle. It can only be overcome if both teacher and pupil adhere strictly to the working principle I have set down, even in the simplest act. This principle is namely - that, in a series of acts which have been thought out as the means of achieving a certain end - the primary act must not be considered an end in itself, but must be directed and carried out and then continued as the preliminary means of carrying out the secondary act and so on.

The great stumbling block for the pupil is his idea that as long as he grasps "intellectually" the "means" principle and understands it in theory, he will have little difficulty in working to it practically.

Note: - This belief is understandable, since it is difficult for anyone who has not had the actual experience of working on the "means" principle to realise what the unity of "physical" and "mental" processes means in practice. (End)

The pupil may have an intellectual concept of what is required, but as soon as the idea of performing an act comes to him his habit of end-gaining causes him to try to "do" the act in the habitual way that feels right. This happens repeatedly, despite the fact that it has been pointed out that his sensory appreciation, on which he is depending to "know", is deceiving him. What he feels is the right use is, in fact, wrong.

Working on the means principle entails working against a habit of life. It is difficult to work to a principle against any habit of life - as anyone who tries it will find out - but the difficulty is increased enormously when it comes to working contrary to the habit of end-gaining, because this habit is so closely bound up with faulty habits of use which feel right. To give it up means giving up lifelong familiar habits of use that go with it and employing instead a new use that feels wrong.

I, therefore, claim that if the deeply confirmed habit of "end-gaining" is to be changed and not merely transferred, it is essential that the pupil be given the new experience, at first, in the simplest activities;

1. of receiving a stimulus of gaining a certain end and refusing to react to it, thus inhibiting the unsatisfactory habits of use associated with his habitual reaction.
2. of projecting directions for the new and more satisfactory use in their proper sequence, primary, secondary, etc. "all together one after the other", while the teacher at the same time, with his hands, makes him familiar with the new sensory experiences associated with this new use. I must again emphasise that these new sensory experiences will feel wrong.

By this procedure, a gradual improvement will be brought about in the pupil's sensory appreciation, so that he will become more and more aware of his faulty use. Sensory appreciation will further improve to the point where it will constitute a standard within the self that will make him increasingly aware, both of faults and improvements in use and general functioning.

Note: - For example, he will become aware of the increase in thoracic capacity. Reliable sensory registering is essential to all who would make permanent changes from unsatisfactory to satisfactory functioning. (End)

And since it is by means of the use of the self that he reacts to all stimuli, it is clear that together with the improvement of the use of his mechanisms and in adjustment of different parts of his organism, there will also be an improvement in his reaction to stimuli, in every sphere of activity. This includes an improvement in his reaction to the stimulus to gain a certain end, showing that it is possible, by working to the "means" principle, to strike at the very roots of the end-gaining habit, so deeply embedded in our make-up.

It is obvious that a procedure that improves the control of reaction to stimuli must improve the control of habit generally. For this reason, my technique of conscious direction of the use of the self should appeal to all who are interested in education in its widest sense.

## CHAPTER 4

### THE STUTTERER

My second case is of a man with a speech impediment who was sent to me for advice and help. He had taken lessons from specialists who treat speech defects and had done his best to carry out their instructions and practise their exercises. He had always had difficulty with sounds which called for the use of the tongue and lips, particularly with D and T. Although he had been more or less successful in doing the exercises, his stutter was as bad as ever in conversation, especially when he was hurried or excited.

He walked into the room and sat down and I could see that his general use was more than usually harmful. When he spoke, I noticed the wrong use of his tongue and lips and certain defects in the use of his head and neck, involving undue depression of the larynx and tension in his neck and face muscles. I told him that his stutter was not an isolated symptom of wrong use, but was associated with other symptoms of wrong use and functioning in other parts of his organism.

He doubted this, so I explained to him that I had been able to demonstrate to every stutterer who had come to me that they "stuttered" with many other parts of their bodies besides their tongue and lips. I said, "Usually these other defects go unnoticed or are ignored, until they reach a point where wrong functioning manifests itself in some form of so-called 'physical' or 'mental' disorder. In your case, stuttering interferes with your work and hinders conversation with other people and you are unable to ignore it. This may be a blessing in disguise, as it may be the means of making you aware, before it is too late, of the other more serious defects in use, which will tend, as time goes by, to become more and more exaggerated". Stuttering is one of the most interesting symptoms of general misuse of the mechanism. I told him I did not wish to teach him unless he was prepared to work on the basis of correcting general misuse as the primary step in remedying his defects in speech. This improvement in general use would improve the functioning of his organism and stuttering would tend to disappear in the process. He saw the point and decided to take lessons.

Stuttering, like the golfer's tendency to take his eyes off the ball, is due to the habitual misdirection of the use of the mechanisms and both cases present fundamentally the same problem.

In this case, therefore, I pointed out various outstanding symptoms of wrong habitual use, one of the most outstanding of these being the amount of muscle-tension used throughout his organism when he tried to speak. This extreme general muscle-tension made it impossible to use his tongue and lips satisfactorily and the more he tried by special effort of "will" to speak without stuttering, the more he increased the tension and defeated his own end.

The reason for this was that he did not start to speak until he adopted the amount of habitual muscle-tension that made him feel that he could speak; that is, the moment to speak came when his feeling told him he was using the mechanism to the best advantage. This moment was when his sensory appreciation - the only guide he had as to the amount of muscle-tension required - registered as right the amount of muscle-tension that he habitually used in speech and which was also familiar to him.

Unfortunately, this familiar tension that "felt right" was the cause of wrong use of his mechanisms, stuttering being a symptom of this. I urged him to see that this "feeling" was untrustworthy and he could not depend on it as an accurate guide to the amount of muscle-tension to be used in speaking. How could he judge by feeling the amount of tension required, when he was unfamiliar with the sensation of speaking with the correct amount? Obviously, he could not "know" a sensation he had never experienced and as sensory experience cannot be conveyed by the spoken word, no amount of telling by me could convey to him the unfamiliar sensation of speaking with

less tension and without stuttering. I would have to give him this unfamiliar experience.

My first aim was to give the experience of employing new improved use of his mechanisms generally and secondly, that of continuing to employ conscious direction while using the mechanisms of speech in the best manner.

I began by giving him: -

1. directions for inhibiting the wrong habitual use of his mechanisms associated with the excessive muscle-tension.
2. directions for using the primary control leading to new improved use associated with the correct amount of muscle-tension.

The pupil then gave these directions while I, with my hands, gave him new sensory experiences of use corresponding to his directions, in order that the accuracy of his sensory appreciation might be gradually restored, so that, in time, he would become aware of the appropriate amount of tension required for speaking without stuttering. I continued this procedure until I thought I could allow him to employ the new "means" for speaking by himself.

It is impossible to give here all the variations of the teacher's art that were used to bring the pupil to this point, but the reader will recognise that we had the same problem that I had experienced myself in learning to recite with new "means". Like me, the pupil was a confirmed "end-gainer".

I repeatedly urged him to inhibit his old response to my request to pronounce a word or sound, not to go directly for his end in a way that "felt right". But the stimulus of my voice was too great and he would immediately try to repeat the sound in his old habitual way, the result being that he would be dominated by old habits, with their extremes of muscle-tension. He stuttered as badly as ever. I have had similar experiences with all pupils. How could it be otherwise, when "end-gaining" is a universal habit?

In this pupil's case, "end-gaining" had been positively cultivated in him by the methods employed by his previous teachers in trying to "cure" his stutter, so that his problems were greater than usual.

"End-gaining" underlies every exercise given by teachers - orthodox or not - who deal with stuttering as a specific defect. For example, consider the one given to deal with his special difficulty in saying words beginning with T or D. Teachers had seen the unsatisfactory use of his tongue and lips in pronouncing T or D and given certain exercises involving use of the specific parts in saying these consonants.

This procedure could only aggravate the difficulty, because the idea of saying T or D was an incentive to apply habitual use. As long as wrong use remained unchanged, he had no chance of getting rid of this incentive, so that to ask him to practise T or D was tantamount to giving an added incentive to stutter.

This was proved by what I saw when he showed me how he practised these exercises. He used an excessive amount of tension generally, increased it in his lips and tongue and tried to say T or D before his tongue had taken up the best position for the purpose. In all his practice he had been trying to gain his end without being in command of the "means" and repeated failure had brought him to a state of lack of confidence in himself, which added considerably to his difficulties.

As far as I am aware, all methods of "curing" stuttering are based on "end-gaining". The advisor selects some symptoms as the cause and gives specific exercises to help the defect.

It has proved possible by such methods to stop people from stuttering, but I question the assumption that a genuine "cure" has been brought about: because in cases where a stutter has been "cured", peculiar or hesitant speech still remains and teachers are not concerned that the excessive muscle-tension, the misdirected energy and faulty sensory appreciation are still in evidence.

No method of "cure" can be accepted as effective or scientific if, in the process of removing certain symptoms, others have been left untouched and if new unwished-for symptoms have appeared.

Note:- Here is an example. A pupil told me that he had cured himself of stammering when one day he was forced to run up to the top of a long flight of stairs to deliver an important message. After this experience, he was surprised to find that his stutter had gone and never came back. I do not see this as a "cure", because his general use was still very bad. He admitted that he suffered from other troubles, which, in my opinion, amounted to "stuttering" in other parts of his organism. This experience had not changed unsatisfactory conditions of use and a similar experience was just as likely to cause a recurrence of the stammering and, as faulty use was still present, he had a predisposition to develop other troubles. (End)

Original defects of excessive muscle-tension may not make the stutter recur, but are almost certain to lead to further development of other undesirable symptoms that remain unrecognised. This invariably happens when defects and diseases are "cured" by specific methods and explains why, in spite of the immense number of "cures" recorded, the troubles in the human organism are increasing and calling for more and more "cures".

There is a working balance in use of all the parts of the organism and for this reason use of specific parts in any activity can influence use of other parts and VICE VERSA. With instinctive behaviour this balance becomes habitual and "feels right". This means that the point at which the influence of any part - while using it - will make itself felt, will vary. The influence of this particular use will be strong or weak according to the nature of the stimulus of the end to be gained. If an attempt is made to correct a specific defect without making corresponding changes in other parts, the habitual working balance in the use of the whole will be disturbed and one of two things is bound to happen.

1. The old habitual "end-gaining" use, that "feels right", will be so strong it will dominate the stimulus to cultivate a new improved use that "feels wrong".
2. If a change in use of a part is made despite the impeding factors in use of other parts, the working balance between parts will be thrown out of gear, so that other parts will be adversely affected and new defects developed - as happens in any specific method of treatment.

After my pupil had shown me the exercises he had been told to do, I explained that in practising them, he had been indulging in old wrong habitual use and actually cultivating these wrong habits. I impressed on him that, whenever the stimulus to say T or D came, he must refuse to respond, until he could put into practise the necessary new directions for use of his tongue and lips, while continuing to give directions for the primary control of new use generally.

He understood this, but his attempts to co-operate were unsuccessful for a long time. We repeatedly got to the point of improved use, which I knew would allow him to say T or D without stuttering, but at the crucial moment of speaking, he would either: -

1. forget to inhibit his old response, change back to old use and increase tension to the point when he felt he could say T or D, try to say it in this way and stutter; or
2. remember to inhibit his old response and use new "means" for saying T or D without stuttering, but would make no attempt to repeat the sound.

In both cases he had the same motive. He associated the act of speaking with a certain amount of muscle-tension and believed it was impossible to speak until he felt

this tension. This explains why he made no attempt to speak until he deliberately brought about this familiar, but excessive tension.

To deal with this difficulty, I made a point of giving him, day after day, a stimulus to gain an end, so that he could refuse to react, so that he could inhibit. In other words, as long as he continued this inhibition, I was able to repeat for him the new sensory experiences of an improved general use of his mechanisms, including his lips and tongue. He was able gradually to employ the new means of pronouncing the consonants he had difficulty with.

But more importantly, he learned that he could inhibit instinctive reaction to any stimulus, prevent misdirection of use and acquire "conscious behaviour".

Certain features of this case occur with nearly every pupil. In early lessons the pupil has difficulty in inhibiting habitual behaviour and rushes into "doing" as he knows "doing" and before I get a chance to help him proceeds in his old habitual way to gain his end.

In later lessons, however, when he has learned to inhibit old ways and give directions for new use, so that I am able to give him corresponding sensory experience, he finds it impossible to gain his end, because it feels so wrong. He cannot believe he can gain his end with these new improved conditions.

When this difficulty arises, I give him the actual experience of gaining his end and he usually remarks how much easier it is than the old way. In spite of this, the same process has to be repeated again and again before new use "feels right" and he gains the confidence to employ it.

This is not surprising, because when a person's sensory appreciation of his use is wrong and his belief as to what he can or cannot do is based on what he feels, gaining an end by use that is unfamiliar is like taking a leap in the dark. Even when he understands this "intellectually", he still needs considerable encouragement and practical assistance in adopting new use. Once this happens, he becomes aware of a new experience that he enjoys repeating and in time he becomes convinced that his previous judgements were wrong. Gradually, the incentive to adopt new use becomes far stronger than the old one, because its development is the outcome of a reasoned procedure that he can consciously control with a confidence he has never before experienced.

One of the most remarkable of man's characteristics is his capacity to become used to conditions of any kind, both in the self and in the environment and once he has become used to such conditions, they seem to him both right and natural. This capacity is a boon when it enables him to adapt to desirable conditions, but it may be a great danger in undesirable ones. When sensory appreciation is inaccurate, it is possible to become so familiar with seriously harmful conditions of misuse that they will feel right and comfortable.

The worse these conditions are in a pupil, and the longer they have existed, the more they feel right and familiar, and the harder it is to overcome them.

This point must be understood by anyone wishing to improve use and functioning of the organism as a means of eradicating defects and bad habits.

My pupil asked why it is more difficult to give up stuttering than smoking. He had been an inveterate smoker, but gave it up. Reducing the number of cigarettes each day did not work, so he stopped abruptly. Why could he not give up stuttering?

I told him that the smoker could abstain from smoking without interrupting necessary daily activities and, as smoking to excess results from the fact that each cigarette smoked acts as a stimulus to smoking another, abstinence breaks the link in the chain. The stutterer, however, cannot avoid speaking, because his daily dealings with people depend on it. Every time he speaks, he employs familiar wrong habits of use and stutters. He cannot evade the stimulus to speak, as the smoker can to smoke, so the habit of stuttering needs a more fundamental form of control.

Unsatisfactory general use constitutes a formidable obstacle in the way of mastering a stutter. The influence of the smoker's unsatisfactory use preventing him from overcoming the habit is small in comparison.

Also, the habit the smoker is trying to overcome is one he himself has developed; whereas the stutterer's has gradually grown to be part of the use of the organism that he habitually employs in his daily life. The smoking habit is relatively superficial and easier to overcome.

I emphasise that the process of eradicating a stutter makes the greatest demands on the time, patience and skill of both teacher and pupil, since - as we have seen - it calls for

1. inhibition of the instinctive directing of energy associated with familiar sensory experiences of wrong habitual use; and
2. building up, in its place, of conscious direction of energy through repetition of unfamiliar sensory experiences associated with new and satisfactory use.

The process of directing energy out of familiar into new paths, as a means of changing reactions to stimuli, requires an ever-increasing ability on the part of both teacher and pupil "to pass from the known to the unknown"; it is a process true to the principle involved in all human growth and development. One person has described my work as, "reasoning from the known to the unknown, the known being the wrong and the unknown being the right".

I later received a letter from this pupil: - "I hope you do not take my long silence to mean I have lost interest in your work; I am interested in little else.....I feel quite sanguine about making considerable progress again, if I can come. I believe I am almost ripe for some real new experiences..... I feel my back working and my jaws relax. I really believe I have been using my jaw muscles to keep myself erect! I am really beginning to appreciate how little I have used my tongue and lips in speech..... I have scarcely used them at all. It is this great improvement in my sensory appreciation that gives me great hope for the future."



## CHAPTER 5

### DIAGNOSIS AND MEDICAL TREATMENT

For many years, doctors have been sending their patients to me, because they know I am experienced in examining conditions of use and estimating the influence of these conditions on functioning. I do not receive them as patients, but as pupils, because I am not interested in disease or defects, apart from their association with harmful conditions of use and functioning.

Some cases were previously diagnosed and treated for such ills as angina pectoris, epilepsy, locomotor ataxia, rheumatoid arthritis, sciatica, infantile paralysis, asthma, neuritis, nervous and mental troubles, constipation, voice and throat trouble, flat feet and stuttering. In all cases, I found unsatisfactory functioning caused by harmful use of the psycho-physical mechanisms.

In other cases, doctors could not explain symptoms of "mental" trouble - carelessness, depression, lassitude, unreliable memory, inability to give attention to the job in hand, undue excitability and a low standard of accomplishment generally. "Physical" symptoms also existed - sleeplessness, indigestion, malnutrition, poor circulation and chilblains. Undesirable conditions of use were present in all cases and had gone unnoticed.

Faulty sensory appreciation existed in all cases and showed up as bad habits in walking, sitting, standing eating, talking, playing games, thinking and reasoning etc.

Functional trouble, caused by poor use interferes with the respiratory and circulatory systems, causes dropping of the abdominal viscera, sluggishness of various organs, together with undue pressure, contractions and rigidities throughout the organism. All of these lower resistance to disease.

I have also found that faulty functioning of an organ, or system, is always associated with unsatisfactory use of the organism in general.

Anyone who makes a diagnosis without finding out how much of the problem is caused by unsatisfactory general use leaves untouched a predisposing cause of disease.

For this reason, I make the following claims:-

1. No diagnosis can be complete unless consideration is given to the influence of habitual wrong use in the patient.
2. Since the medical curriculum does not include training in the knowledge of how to direct the use of the mechanisms, the doctor cannot bring an understanding of "use" to his diagnosis, in the sense I have defined. He does not recognise the relationship between misdirected use and unsatisfactory functioning found in disease. His deductions are based on incomplete premises that limit the value of his work in prevention and cure.
3. Training in the satisfactory use of his own mechanisms is essential to the doctor's personal equipment; through this he would gain knowledge that would allow him to judge the patient's "use", detect any faults and determine their relationship to the symptoms.

Here is an illustration in support of this claim. I was called by a specialist to a case for consultation and when I entered his room, he was testing the patient's chest with a stethoscope. The patient had one of the worst cases of wrong use I had ever seen; contraction and immobility of the thorax, depression of the larynx, holding the breath in everyday acts and he had a harmful stoop. His wrong use was impeding his respiratory processes and circulation and the action of his heart, influencing adversely the pulse and blood pressure. The doctor allowed me to listen, so that I could get an idea of what the patient's respiratory difficulties sounded like from the

medical standpoint. I suggested that if I made some slight changes in use and the doctor then made the same test again, while I maintained the changed conditions in the patient, the stethoscope would register an entirely different result.

Note:- I can demonstrate that, given a reasonable subject, a temporary change can be made in a short time, although the patient will fall back almost immediately into his wrong habitual use. (End)

When the changed conditions were achieved, the doctor retested and found an improvement. He sent the patient to me with ultimately satisfactory results.

I will now go further and show that the doctor is limited even more in preventive work than in "cure", because he does not recognise the influence of "use", good or bad.

Example: - A child is brought to a doctor purely as a preventive measure. The child shows no signs of illness, but the parents want to make sure there are no latent tendencies which may develop into illness later. The doctor examines the child, finds nothing and declares the child healthy. The doctor, however, is not trained to consider a person's "use" and therefore cannot be expected to recognise its influence. His study of the child's condition cannot be complete.

The following is an example of diagnosis based upon recognition of the close relationship between use and functioning. A doctor wrote to me in 1923: -

"I have just read your book, "Man's Supreme Inheritance", as a result of Dr. Peter MacDonald's remarks at the B.M.A meeting. I am a doctor, 61 years old and suffer from angina pectoris. Can you help?"

He came for lessons and I told him his use was most unsatisfactory, causing dangerous lowering of the standard of functioning of his respiratory, circulatory and digestive systems. These harmful conditions are always found in cases of angina pectoris and are sufficient in themselves to account for the distressing sensations experienced by the patient. These sensations are the only evidence on which a doctor can diagnose angina pectoris.

We worked together to improve his use and from the beginning he was particularly interested in my methods, an interest that increased as the pain decreased in proportion to the improvement in use and conditions throughout the organism in general. He was able to go back to work and to play golf. He described my work as the "first clinical physiology for the human being". Realising that my methods of diagnosis differed fundamentally from those employed in orthodox medicine, he urged me to write on the subject and put my findings before the medical profession.

In what follows, I shall attempt to carry out his instructions. Lord Dawson Penn made an address to the House of Commons in February, 1926. The views he expressed are representative of the current medical opinion on diagnosis.

My comments involve some criticism of medical training, but I believe that members of the profession will consider this criticism. On the subject of "Diagnosis and the Medical Curriculum", Lord Dawson said: -

"A necessary preliminary to treatment was a knowledge of disease.....its causes and diagnosis. To attempt to treat disease without knowing what is wrong with the body as a whole - not a part only - was an act of folly and to gain knowledge there must be carefully organised training..... Training should be made the same for all and there should be no compromise.....Everyone was now trying to get control of disease more early, in its more curable stages, and hence diagnosis was of supreme importance."

Let's begin with Dawson's statement, "a necessary preliminary was knowledge of disease - its causes and diagnosis".

Once we are aware of the causes of disease, we have a chance to deal with it successfully and there would be fewer tendencies for parts of the organism to become diseased if functioning is satisfactory. Wrong functioning is always associated with undesirable use of the organism as a whole. Therefore, in the process of improving the use of the organism as a whole specific symptoms tend to be eradicated.

I, therefore, fully agree with Dawson that "an attempt to treat disease without knowing what is wrong with the body as a whole is an act of folly". But when he implies that the "carefully organised" medical training of today gives the medical student this essential knowledge, then I must disagree, because there is nothing in medical training that allows a doctor to: -

1. detect and diagnose wrong habitual use of the mechanisms associated with wrong functioning and disease and
2. follow up his diagnosis by correcting wrong habitual use and replacing it with conscious use that leads to re-establishment of good health.

My system of diagnosis and treatment differs fundamentally from orthodox medicine. A doctor finds symptoms that he diagnoses as trouble with the heart, liver, or whatever and then treats them specifically, or sends the patient to a specialist, who provides even more specially adapted specific treatment. I admit that this method often eliminates specific symptoms, but since: -

1. specific symptoms are never found apart from wrong functioning,
2. wrong functioning is always associated with wrong use,
3. nothing is done to change the wrong use,

conditions will be left in the organism that will lower the standard of functioning generally, and in time, trouble will appear.

I submit that no one, who has not been trained to detect wrong use - and who cannot correct it - can diagnose "what is wrong with the body as a whole". Nor can he treat the body as a working unity. Also, the study of medicine does not include any such training and no such technique has been employed in the treatment of disease; therefore the training methods championed by Dawson cannot give medical students the help they need to diagnose "what is wrong with the body as whole".

The other factor that remains unrecognised by the medical profession is sensory appreciation, which is always unreliable when use is habitually wrong. The very thing the pupil needs to help him become aware of what is wrong with him goes completely unrecognised.

Humankind faces no greater problem than this, because the nature of a person's reaction to stimuli in general is affected by the manner of use of the organism and use cannot be satisfactory without a reliable sensory register.

All of us need to cultivate a high standard of sensory appreciation, doctor as well as layman. This is shown when doctors give different opinions about certain symptoms and the law courts give striking examples of widely varying diagnoses among men who have undergone "carefully organised" medical training. Many doctors deplore the fact that many members of the profession do not have the equipment necessary for making successful diagnoses.

A doctor should possess a high standard of sensory observation and awareness, as well as the ability to link phenomena. To attain these qualities, he needs reliable sensory mechanisms for directing the use of his whole organism in daily activity and also needs control of instinctive reactions to stimuli, especially those that are unfamiliar. He can learn to acquire conscious control of his organism, in place of instinctive behaviour, leading to improvement in reaction generally.

My technique is concerned more with education than treatment, but it should be incorporated with medical training, so that a student could acquire reliable sensory awareness and conscious use of his own organism. Further, in treating patients' defects, he would no longer be satisfied with specific treatment of symptoms, because, from personal experience, he has learned that general good use restores satisfactory functioning of the organs. In this way the doctor can be a "generalist" as well as a "specialist", because certain ailments require specific as well as general treatment. Basing his teaching and treatment on the principle of unity, he could hardly fail to recognise the connection between use and functioning which this implies. He would, therefore, relate any specific defects or symptoms present in specific organs or parts, to interference in the interworking of the mechanism generally and he would be able to correct his patient's wrong habitual use as the means of correcting the specific wrong functioning associated with particular symptoms or defects. Further, he would be able to teach the patient how to direct and maintain new improved use in all activities and prevent recurrence of old - and/or the development of further - defects.

Here are 3 examples to illustrate my meaning: -

1. A lady with a long serious illness which confined her to bed for many months. She had a long course of medical treatment. Eventually, she was told it was time to get up and walk to make her muscles gradually grow strong and she would learn to walk properly. After some months she could walk with a stick, but with great difficulty and fatigue. Acute pain developed in her knees and ankles. The doctor encouraged her to "walk a little more each day". She could not and her condition grew worse: she became very anxious, because symptoms of her original illness were returning. A friend recommended that she should consult me.

I was able to teach her to improve her use and to direct and maintain it. She had 6 lessons and then went away to the sea. She wrote me saying, that by the end of the summer, she could walk 3 miles. In the autumn she resumed lessons with me and her pains gradually disappeared: soon she was living a normal life. In 4 years the original symptoms have not returned.

2. A man with severe pains in his lower back, particularly when walking. His pulse and blood pressure were abnormal. He had been given remedial exercises by a Boston specialist and a belt to support his abdomen. This treatment failed and an operation was recommended, but he refused it and consulted another specialist, who sent him to me in London.

I asked him to show me his remedial exercises and I could see that his wrong manner of use was even more exaggerated by his practice of them. Little wonder that he had intense pain when he walked.

I was able to teach him to improve his use, while I reduced the pressure and strain in his lower spinal articulations responsible for his pain and which had been aggravated by practising the remedial exercises.

After a few weeks, he felt relief and dispensed with his abdominal support when walking. After 2 weeks he took short walks without pain and after 8 weeks his doctor said he was fit enough to return to America. He came to see me 10 months later, pain-free and with normal blood pressure.

3. A young woman who was told by a doctor that her health was not good enough to allow her to train as a teacher. He did not know for certain what was wrong with her, but she needed outdoor life, free from any strain. She came to see me and I could see why she lacked stamina. Her chest was unduly depressed and thoracic mobility was minimal. This was seriously affecting her circulation. I told her she could take the training course if she took lessons at the same time. Her use improved gradually, she completed the course and started work as a teacher.

My technique can also be applied to "mental" and "nervous" habits. People with such complaints usually wish to control them and change, but in trying to do so, their reaction to this wish is similar to the golfer who cannot keep his eyes on the ball and the stutterer who cannot say what he wants.

Note:- Habits like absent-mindedness, forgetfulness, lack of awareness and observation, undue excitability, twitching, plucking fingers, inability to sit still, nail-biting, over-sensitiveness, uncontrollable temper, inattention, etc. (End)

There are no fixed standards for judging what is right or wrong in any one case, because a person's beliefs and acts are mainly the outcome of his upbringing and circumstances. The behaviour of one race is often condemned by other peoples who are in different circumstances and conditions.

But where the use of the self is concerned, there is a standard that can generally be accepted, because a certain standard of use is associated with a certain standard of functioning that determines health and well-being. This manner of use is "right" or "natural" under all circumstances, but this is not a fixed "right". It is based on the primary control of the organism that can be applied and adapted to all circumstances. Further, the experiences involved in acquiring knowledge of "right" use of the self, gives a person a criterion of judgement to go by. They also bring an understanding of relative values, because he constantly comes up against situations in which - after receiving a stimulus - he has to decide what "use" to adopt in reacting to it and which direction of it is primary, secondary, etc. His standard of relative values will help in reacting to the stimuli of modern life, in which constantly changing conditions cannot be met adequately by any external standard, or fixed code, as to what is right or wrong. The self is the instrument of all activities and it follows that a valid criterion of its use will be valid in all activities, both so-called "mental" and "physical".

It is the lack of a valid criterion of right use, in the sense of "right for the purpose", which makes people unable to follow through with their resolutions to change for the better in themselves and in their conduct towards others. They want to change, but can utilise the only use of themselves that they know - habitual use. As long as they have no other criterion to go by but that of the familiar feeling of wrong habitual use, the use they employ will be wrong for the purpose and their reaction to the stimulus to make the desired change will be instinctive and, therefore, directed along the old wrong channel. Conscious direction of use must be built up and inhibition of instinctive reactions adopted, so that reasoning is brought into daily activities. Through this process sensory awareness is improved, so that pupils develop a criterion within themselves that enables them to judge the "right" use for the purpose. This will constitute a criterion of self-criticism where impression conveyed through feeling and leading to further experience are concerned.

I must emphasise the great importance of inhibition in this process, because "end-gaining" is a universal habit and the difficulties indicated earlier cannot be overcome unless inhibition is allied to the process of reasoning out the "means" and acquiring a higher standard of sensory direction.

All those people who wish to change themselves must learn to make inhibition of immediate habitual reaction a principle of life - and to avoid falling back into habitual use - they must continue this inhibition in their new use.

My experience shows that, where faulty sensory appreciation has caused general misuse and malfunctioning, a particular stimulus may start up a sensory process which registers a reaction quite different from the reaction that has actually taken place.

The most serious symptom of humankind's inability to adjust to the demands of civilisation is faulty sensory appreciation and I find Sir Arthur Eddington's lecture very interesting. (Science and Religion)

"I put great stress on experience and follow the dictates of modern physics, but every experience should not be taken at face value. Illusion exists and we must try not to be deceived. In religious experience, we have the problem of how to detect and eliminate illusion and self-deception. Reasoning is our great ally in the search for truth, but reasoning can start only from premises and we must always come back to innate convictions. Convictions exist at the base even of physical science. Self-criticism should be used to test the validity of our own convictions. The power to do so is not infallible when associated with human frailty".

In my own case, my "trying" was based on impressions received through my faulty sensory awareness and was, therefore, based on delusion: my conviction that "trying" would, in time, bring about the end I desired was merely paving the way to further self-deception.

I make no apology for stressing personal experience, because the sensory make-up of humankind is becoming more and more untrustworthy. Man finds it necessary to cultivate the potentialities of "mind", "body" and "soul", but has not seen the need for maintaining satisfactory sensory awareness, the channel through which these potentialities manifest themselves. Sensory awareness has become so unsatisfactory that the use of his mechanisms is constantly misdirected in attempts to "do". When he "tries" habitually to put this misdirection right he has no other criterion for self-criticism to guide him except that faulty sensory awareness which originally put him wrong.

We must see the danger of basing our efforts to help ourselves, or others, on beliefs, judgements and convictions whose source is sensory experience, without ascertaining whether or not the mechanisms - through which these experiences are conveyed - are being used satisfactorily.

The experiences described in this book throw light on the way sensory mechanisms can be improved, so that they will provide a more valid criterion for self-criticism. Those who use my technique have the opportunity for continuous testing of their sensory observations and impressions, because they are constantly and consciously projecting directions for new improved use and are obliged to go on being aware of whether or not they are reverting to old instinctive, misdirected use. Through this guiding principle they find the way to "think in activity" and combine this with new sensory observation of the use of the self in the process. This means that they are not only aware when their reaction is not what they feel it is, or what they desire, but having, at the same time, a reasoned knowledge of the means to a better reaction, they are also able consciously to keep in check the old instinctive reaction that has been the obstacle to their doing what they desire.

If a technique which can be proved to do this for an individual were to be made the basis of an educational plan, so that the growing generation could acquire a more valid criterion for self-judgement, might not this lead to the substitution of reasoning reactions for those instinctive, habitual reactions which manifest as prejudice - racial and/or otherwise - herd-instinct, undue "self-determination", rivalry, etc., which have so far brought to nought our efforts to realise goodwill to all people and peace on earth?

THE END