

## AT from an EDS Perspective:

### What I Wish Teachers Knew, What I Wish Students Were Taught

I was first exposed to Alexander Technique as an undergraduate at The Boston Conservatory, about one year before I was finally diagnosed with Ehlers-Danlos Syndrome, Hypermobility Type (EDS-HT), which is widely considered to be clinically interchangeable with “Hypermobility Syndrome” (HMS) and “Joint Hypermobility Syndrome” (JHS). Although I found many AT principles, such as inhibition, immediately helpful in my everyday life, it took several years of personal investigation for me to feel comfortable receiving hands on work off the table. To this day, depending on the texture and direction of a person’s touch, I still find some hands on work acutely painful and even dangerous, especially when it involves the classical “forward and up” direction of the head and the outward release of the shoulders.

By the time I discovered AT, I had been living with widespread joint instability, severe chronic pain, subluxations/dislocations, and autonomic dysfunction for almost a decade. I had grown accustomed to the sensation of my shoulders and hips slipping in and out of the socket. I had figured out a way to stay upright with knee ligaments so stretched out that doctors are surprised I can walk with them. I had also become accustomed to, although not entirely aware of, the reactionary muscle tension and complex holding patterns that my unstable system had produced in its desperate search for stability. Because I had studied my whole young life to be a professional dancer, it was easy at the beginning to attribute my injuries to intensive classical ballet training. Other symptoms of ill health, like fatigue and depression, were passed off as adolescent normalcies. I, like so many EDSers before me, managed to convince myself that my suffering was “all in my head”, and my dedication to dance enabled me to push through a staggering amount of damage. However, once my symptoms escalated past the point of dismissal, I was luckier than most in finding doctors who validated my experience and explained it with a diagnosis. I am lucky now to be training in New York City with Ann Rodiger, who has EDS herself.

I have been thrilled by the recent focus on *tensegrity* within the AT community. I believe that understanding the particularities of hypermobile tensegrity is the key to working beneficially with hypermobile bodies. Ehlers-Danlos is a connective tissue disorder. It is caused by a genetic defect in the collagen protein, which is a fiber found throughout the body that gives fascia, tendons, ligaments, cartilage, and other vital structures their tensile strength. We simply do not have the same tissue integrity that many in the AT world and beyond take for granted. Therefore, finding connectivity between our disparate and oftentimes damaged parts is much more of a challenge – for the student and the teacher. As one Alexander trainee, Roxani-Eleni Garefalaki, put it, “While normal people can be compared to strong bridges, hypermobile people are like bridges made of separate pieces of wood connected with rope. Thus everything that happens on

this bridge will cause much more nervous stimulus, sensory information and movement” (*Too Loose yet too Tight: Working with Hypermobility* by Julie Barber).

The reality of heightened sensitivity and lack of structural integrity in hypermobile bodies requires that we adapt our classical directions. For example, encouraging a loose shoulder to widen outward may cause the humerus to partially or fully slip out of the socket (if it is not dislocated already); telling an EDS student to “think out their fingers” may cause the whole arm to, literally, come out; directing a head with craniocervical instability to lead the body forward and up out of the chair may result in strenuous reaching from the neck in an effort to stabilize the head and effectively pull the body up behind it. These circumstances, of course, will not be the same for every hypermobile student: how we use our bodies over time determines what is loose and what is tight, creating a unique tensegrity system in every individual. There is a great need for communication and custom-tailored adaptation for hypermobile and/or disabled students. It is necessary that modifications of classroom exercises be allowed and encouraged to fit each person’s needs and abilities.

I think, however, that a universal statement can be made about AT directions for the hypermobile body: multi-directionality, with a focus on inward release, is paramount. The desire for length and width in the AT community can shrink our concept of throughness into only one dimension: outward release. For the hypermobile, thinking in to our joints and thinking in from our edges allows us to find our own loose brand of endedness. Our energy is in constant flux; for the most part, it needs containment, not dispersal. Our bodies absorb force differently – impact, pressure, momentum, and even gravity can have huge effects on our compromised tensegrity. When that kind of instability is present, there is a great urge to isolate body parts and anchor them down with extreme muscular effort or passive locking of the joints in an effort to manufacture stability. This reflex works against us, causing more damage. It is essential that we, as students and teachers, honor looseness and find a way to work with it, even if it means adapting the language and even the intention of our directions. I, personally, never think of my head leading. I think instead of moving all my disconnected pieces at once, maintaining freedom and equalized space between them. My “primary control” is a full-body sense of dynamism with which I integrate, direct, and move the whole.

Despite what a quick Google search will lead you to believe, Hypermobility Syndrome is not that rare. It affects thousands of people to varying degrees. The medical world (and the AT world) know more all the time, and with awareness comes early detection and proper treatment. This means that my story does not have to be the story of the next hypermobile generation. Alexander Technique has a singular ability to improve the lives of hypermobile people by teaching them conscious control. AT can learn from us too; in a sense, we are extreme magnifications of the standard person’s idiosyncrasies. Our sensitivity and individuality serve as a profound reminder that nuanced, original thinking can benefit all bodies.