The Alexander Technique: a role in dementia care?

Potential benefits from the Alexander Technique go way beyond helping with a bad back or poor posture. Through a small pilot project **Charlotte Woods** saw how the technique could have wide-ranging effects on physical and psychological wellbeing in residential care

My mother was diagnosed with vascular dementia in 2012. Since December 2016 she has lived in a care home locally where, until the Covid-19 outbreak, I visited her almost daily. During these visits I got to know many of the residents, staff and visitors.

It was common to hear a care staff member or family carer at the home say they felt stressed, and many had persistent joint pain. Some residents showed signs of aggression, anxiety and social withdrawal, while stiffness, pain or poor balance limited the mobility of others.

I had noticed the difference made to my mum and myself – both physically and psychologically – by the Alexander Technique (AT), which teaches how to improve presence, poise and ease of movement. My mum's care home had come to feel like my second home and I wanted to see if AT lessons could increase the wellbeing of members of this community.

I am an experienced researcher and an Alexander Technique teacher. Mum's home gave me permission to recruit four volunteers – two residents and two care staff - for a small pilot project in which each had a series of AT lessons. I collected data to capture any changes over a four-to-six week period, during which I gave volunteers between 11 and 14 lessons each lasting 10 - 40 minutes.

Research shows wide-ranging benefits of the AT for older adults, for those with Parkinson's (Stallibrass *et al* 2002) and people with persistent pain (Little *et al* 2008, MacPherson *et al* 2015). To my knowledge, this is the first systematic work looking at AT in dementia care.

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Discovering AT

Like many people, I turned to AT in desperation. I had tried every treatment available for persistent neck and shoulder pain over many years.

The technique is learned experientially, so it is difficult to explain what exactly it is and what a lesson feels like. But the relief I felt during my first AT lesson was quite unlike anything else I had experienced and I knew that I had finally found a way forward.

My teacher did not focus on my painful neck and shoulders but helped me find a way to move more easily in and out of a chair using a combination of light hands-on guidance (this was pre-Covid 19) and simple prompts, such as "as you sit down, keep bending your knees", and "keep your attention out in the room".

The Alexander Technique does not set out to treat specific symptoms or conditions but helps restore functioning in our neuromuscular system as a whole. Our neuromuscular system is involved in our every thought, feeling and action, no matter how small and fleeting. Learning and applying the AT in daily life can therefore help with a wide range of seemingly unrelated symptoms.

In my case, as well as relieving pain, it helped me recognise how I was responding to situations, so I could choose to say no to unhelpful reactions (Woods *et al* 2020). This gave me back a sense of control and optimism. Many years later, I used it in managing the powerful emotions I experienced in caring for my mother in ways that helped keep our relationship strong.

Light bulb moment

My mum was still living at home when I realised that AT might help people with dementia. I was training to teach the technique and one day I persuaded mum to let me practise my skills on her. I got her to sit and stand two or three times with me guiding her with my hands and giving simple instructions about where to direct her attention.

Later that day we were chatting when she suddenly rose from her chair and crossed the room to look at a shrub coming into flower outside the window. I was stunned. First, mum moved with a grace and ease I had not seen for years. Second, for many months she had taken little interest in the garden, her lifelong passion. Third, her poor mobility meant it generally took someone to help her and a great deal of persuasion to get her out of her chair. I remember looking on in disbelief and thinking that AT was doing much more than improving mobility.

Why dementia care?

Aspects of AT that make it a good fit with dementia care include the following:

- AT teachers can work flexibly (eg, with the person seated or lying). This is a significant benefit. During my pilot project, I found I frequently had to improvise – giving sessions that were shorter or in a different location than planned – because of the unpredictability of life in the care home.

- AT helps people improve general functioning, regardless of age or condition, so can support both residents and carers.

- There are no exercises to remember, or new information to memorise.

- Because the experience of learning is communicated largely by the teacher's ➤

Implications for practice

- Alexander Technique (AT) lessons for care home staff could improve mood and motivation, reduce pain and result in less sickness absence.
- For care home residents and visitors, among the benefits of the AT could be help with pain, mobility and mood.
- A benefit in terms of relationships between staff and residents could be a calmer atmosphere and a lowering of the emotional temperature
- AT lessons can be a constructive response to dementia-related behaviours among residents
- AT teachers can work flexibly and improvise, useful in a dementia care context

➤ hands, AT can provide a calming human connection, even when spoken communication is difficult.

Common themes

As a result of their AT lessons, changes occurred in all volunteers in four main areas. These are illustrated below using examples from Anne and Janet (residents), and Liz and Hannah (care staff).

Living with pain

Pain reduction was a common outcome among pilot volunteers. Anne, a 97-year-old resident with vascular dementia, routinely complained of severe neck pain and asked for pain medication. After the first lesson she excitedly showed a care worker how she could now turn her head from side to side. By the end of the pilot, she no longer stopped staff and visitors to request pain relief.

Hannah, though only 24, had persistent hip pain. As can be seen in the seated photograph (see above), at the start of the project her hip pain was so severe that she was unable to bend her right knee. Her rating on a questionnaire pain scale moved from the maximum to the minimum during the project.

Both members of staff were actively applying AT in their work to reduce discomfort. Hannah told me: "When I kneel down and stand up, I stop and think so it doesn't hurt me". And Liz said that she was "more mindful when I am moving and positioning people".

Their words highlight a major strength of AT. By changing behaviour it can help prevent and manage symptoms over the long-term and, with continued application, potentially for life.

Hannah following instruction to 'sit/stand normally' at start and end of project

Balance and mobility

All four volunteers moved with less effort by the end of the pilot. Hannah and Liz actually gained height (1cm and 3cm respectively) and moved with more ease. As the photographs above show, their spines were less curved and they looked more slender.

Janet, in her mid-70s with a diagnosis of Parkinson's with dementia, walked with a frame, and had a pronounced stoop. The AT improved her posture and movement; Liz noted that Janet looked "taller and straighter" after her lessons.

Mood and motivation

Both care workers said that their mood had been lifted by their lessons, helping them cope with sometimes challenging personal lives. Hannah reported feeling "better in myself. Happier. There's been a lot going on in my life and the technique has really helped."

Care staff motivation and energy levels at work changed for the better, and they felt less tired as a result of long shifts. Liz was no longer "panicky" and thinking "do I really want to go in today?" Instead, she felt able to "face what's ahead regardless".

Liz and Hannah noticed that the mood of the two volunteer

residents had also lifted, which was bringing out their sociable side.

Social interaction

Before the pilot, Anne rarely got out of bed. During the project, her mood lightened and she was more willing to leave her room. I heard her make humorous comments, praise the kindness of staff and tell a member of staff about another resident in distress.

These behaviours showed a more outgoing side to Anne that I had not seen for many months. Janet also became more sociable, with Hannah describing her as becoming "really chatty with other residents".

Both staff members were using the technique in their relationships at work. Liz described how she was changing her thinking to avoid getting "stressed out" by one particularly aggressive resident: "I stop and think 'Right. I can help this person'. So I calm right down and it's a lot better for me and a lot better for her."

Hannah had become aware that she could sound "harsh" and was changing her behaviour: "I'm not flying off the handle. I'm finding solutions and working my way through without getting all upset. Even my managers have commented on how I'm easier to work with."

Here Liz and Hannah are describing how their AT lessons have helped them to recognise and prevent unhelpful emotional responses when interacting with colleagues and residents. This calmer, more "present" state was having benefits for all concerned.

Future possibilities

The project exceeded my own expectations and those of the care staff participants: Hannah's, in particular, were "blown out of the water". The pilot project gives weight to my conviction that AT can help support the wellbeing of carers and residents in dementia care.

It is something that more care homes may want to consider as we come out of the current crisis. My only caveat is that they should check whether AT teachers have current accreditation with the Society of Teachers of the Alexander Technique (STAT). There is a freeze on all hands-on AT work due to Covid-19 but STAT is providing regular updates to members and reviewing its safe practice guidelines for after the pandemic.

When the pilot was done more than two years ago, I knew of no one who was investigating AT in dementia care. I am now in contact with Emma Wolverson and Lesley Glover at the University of Hull, who are hoping to begin research on AT in dementia. Hopefully this article will be the first of many on the topic.

You can see videos of me in conversation with Emma Wolverson and Lesley Glover by going to www.alexanderstudiesonline.com/blog/researcher-interview-series-videos-part-i

For more information about STAT, go to https://alexandertechnique.co.uk/ ■

Names of residents and staff have been changed.

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