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Self-Care for Family Carers: Can the Alexander Technique help?

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ABSTRACT

Background and purpose: Caring for a family member who is living with dementia can be incredibly challenging. Interventions to support family carers are vital and so carers should be supported to care for themselves and to maintain their own sense of self. The aim of this exploratory study was to explore the views of carers on the potential value of developing an Alexander Technique intervention for family carers of people with dementia.
Materials and methods: We delivered a one-off taster session of the Alexander Technique to family carers of people with dementia. Eight carers of people with dementia attended the group session led by two registered Alexander teachers. Post-session questionnaires examined carers' thoughts on the content, context, and process of learning the Alexander technique. A focus group at the end of the session asked participants to provide feedback on their experience and the perceived benefits for carers.
Results: Carers' satisfaction with the session was high and they reported benefitting from it. Participants appreciated having time for themselves in which they were able to stop to enjoy a moment of calm. They felt they could use the ideas they gained from the session in everyday life. The use of touch in the sessions was also valued by carers.
Conclusion: This study provides preliminary evidence that the Alexander Technique has the potential to increase carers' ability to self-care and to support them in their caring. In so doing it has the potential to indirectly help those they care for.

1. Introduction

Caring for a family member with dementia can be rewarding but also very challenging psychologically, socially and physically. Many carers find it difficult to find time for themselves, both to look after their own needs and to maintain a sense of their own identity [1,2]. It is imperative that we continue to develop and evaluate a range of evidence-based interventions to meet the needs of an ageing and diverse carer population and to support them in continuing to fulfil their caring role. To date, interventions have mostly focused on how to care for the person with dementia, rather than how carers can care for themselves and maintain their own sense of self.

The Alexander Technique (AT) is "an educational, self-development, self-management method with therapeutic benefits" [3]. The focus of the AT is on learning about the whole self (mind-body) and developing awareness of postural, movement and thinking habits which interfere with ease of functioning. Over time individuals develop greater conscious control of movement and tension patterns, and are enabled to gain more choice and control over their physical and psychological responses and to go about daily activities with more mindful awareness in an easier, calmer way. AT skills are developed through cognitive and experiential learning - individuals are taught by registered teachers who use a mixture of spoken instruction and gentle touch to convey alternative ways of responding. The AT is not a set of exercises nor is it a treatment that depends on a therapist to deliver it – rather, individuals learn AT for themselves and are able to apply it in everyday situations.

The AT is best known for helping to improve movement and posture [4–6]. Research evidence also demonstrates AT lessons leading to long-term reductions in chronic pain [7,8] and improvement in balance in older people [9]. This is relevant as many carers of people with dementia are older and may have their own health and mobility problems. In addition, for many carers physical activity such as lifting is a significant part of their daily routine [10] and family carers may not receive any training or information about posture or back care.

Research also demonstrates a number of psychological benefits to learning the AT. This is highly relevant to carers of people with dementia

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given that about 40% report clinically significant depression or anxiety and other significant psychological symptoms [11]. AT lessons have been shown to reduce depression in people with Parkinson's disease [12] as well as performance anxiety in musicians [13]. Learning the AT has been associated with a change in relationship with, and attitude towards, oneself, [14,15], including a greater sense of being in control [16,17]. This is important given that research demonstrates how caregivers experience their own role can affect their well-being [18]. Other AT outcomes of relevance to carers include an increase in self-efficacy [19,20], self-care [19], coping [12] and confidence [16,21]. Furthermore, participants have reported beneficial changes in their interpersonal relationships as learning the AT helped them let go of unhelpful habitual responses to other people [16,22]. Thus it is possible that through learning the AT and improving their psychological health, carers may not only improve their own quality of life but also that of the recipient of their care.

The need to support carers is recognised nationally and internationally [23]. Whilst a number of different carers' interventions exist, reviews have suggested that the most effective interventions incorporate both an educational component, focused on enhancing carers' knowledge of dementia and the caring role, and a therapeutic component [24]. We propose that the AT offers both and may be of significant benefit to carers given its focus on the whole self and its everyday applicability. In the USA pilot work has been carried out to explore teaching carers the AT. A non-profit organisation, The Poise Project (https://www.thepoiseproject.org/), has developed an AT group-based programme 'Partnering with Poise' focused on the needs of family carers to help them manage the physical and emotional demands of long-term caring [25]. The group-based format reflects the evidence that the efficacy of carers' interventions can be further increased if delivered in a group format rather than as individual therapy [24]. 'Partnering with Poise' has been delivered for carers of people living with Parkinson's disease and dementia [25], with carers reporting that the course helped them physically, mentally and emotionally, and enabled them to recover some independence, well-being, self-worth and agency.

In the UK, most AT teachers work in private practice, although AT Lessons are currently recommended in the UK by the National Institute for Health and Care Excellence (NICE) as an option for people with Parkinson's disease [26]. A recent online survey of AT teachers conducted via the registering body, the Society of Teachers of the Alexander Technique (STAT), found that of 55 teachers surveyed, 32 (58%) reported that they have worked with family carers.

Given the emerging evidence supporting the AT as an approach for carers, and the awareness that carers are accessing the AT in private practice, the aim of this exploratory study was to gather the views of carers on the potential value of developing an AT intervention for carers in the UK.

2. Materials and methods

2.1. Design

This was a mixed method, exploratory study designed to elicit feedback from carers on the perceived value of developing a UK AT intervention for carers. A free 90-min AT group 'taster session' was delivered to carers who then gave both quantitative and qualitative feedback based on their experiences.

2.2. Ethics

The project was approved by the University of Hull's Faculty of Health Science Research Ethics Committee (reference number FHS5236). Participants were given written information about the research study and had the opportunity to ask questions in advance of the session. All participants gave their written consent to being involved in the research. Feedback forms were completed anonymously. Participants were informed that the focus group discussion would be recorded and transcribed but that all identifying information would be removed. The boundaries of confidentiality were stated explicitly in the information sheet and reiterated before the session.

2.3. Participants

Participants were carers aged 18 or over. Carers were defined as family members providing regular support to a person living with dementia in the community. Ten participants were recruited, but one participant cancelled the day before the session due to illness and one did not attend on the day. Eight participants took part in the research, all of whom were female family carers. Four were wives providing care to husbands and four were adult daughters providing care to a mother with dementia. They ranged in age from 45 to 78 years. Dementia had been a part of their family's life for a median of 4.9 years (min = 18 months, max = 9 years). None of the participants had heard of, or experienced, the AT before.

2.4. Data collection procedure

The research was advertised via a poster shared at a local dementia support group and the University's dementia patient and public involvement group. The poster stated there were 10 open places to take part in a free AT session with registered AT teachers. The places would be allocated on a first-come, first-served basis. Participants were sent a written consent form to bring to the taster session. The session was held in a community setting which often hosts dementia support groups. The venue had good access and transport links. No provision was offered for care recipients and this was made clear on contacting the researchers.

On arrival, participants completed a brief demographic questionnaire and handed in their written consent forms. Two AT teachers registered with the Society of Teachers of the Alexander Technique (STAT) who were experienced in teaching the AT to groups, designed and conducted a 90-min group session. The session was centered on a number of short AT-based explorations to introduce key AT concepts. The AT teachers used a combination of spoken guidance and gentle touch to convey these concepts. To start, the participants were guided to open their awareness to their surroundings and notice any tension and any ease in themselves. The next two elements were based around the Alexander principle of stopping or 'inhibition'; i.e. interrupting habitual ways of moving or responding. Participants were guided to notice how they prepared to move and how they made movements. They explored changing these movement habits through applying AT thinking skills to create the possibility of moving differently and with less effort. Participants were initially asked to move their arm and then later to stand up from a chair. The next exploration was designed to increase self-awareness in relation to how one can move naturally and sit with ease. Participants completed a roll up and down from a seated position with awareness of the natural curves in their spine. The final two explorations focused on the hands. Participants were guided to invite ease in their hands and to allow them to 'soften'. Participants then practised leading and walking with a partner using the Alexander principle of stopping and with softer hands. Throughout the session, participants were asked to feedback on their experience to help their awareness and identify any issues.

At the end of the session, participants were provided with refreshments and asked to complete a feedback form with four questions which they rated on Likert scales: 'Did you enjoy the session today?' (1 - did not enjoy at all to 5 - enjoyed very much); 'Was the session helpful?' (1 - not at all helpful to 5 – very helpful); 'Would you be interested in learning more about the Alexander Technique?' and 'Would you recommend the Alexander technique to a friend?' (1 – definitely not to 5 – definitely yes). Space was given for comments after each question and at the end of the feedback form.

After completing the form, participants took part in a focus group with a researcher who was not part of the group delivery. A semi-structured interview guide was used to lead the focus group discussion (see Table 1). The AT teachers were not present for the focus group.

2.5. Data analysis

The focus group was audio-recorded and transcribed verbatim. Thematic analysis [27] was used to identify and explore patterns of meaning as participants shared their views and experiences of the AT session. A thematic analysis with a focus on the semantic level was selected as being best suited to explaining the conceptualisation that a group holds on a particular topic [28]. An inductive approach was taken - i.e. data was coded without a pre-existing coding frame. This method of analysis can highlight similarities and differences between participants. This was important because of our interest in comparing the opinions of different carers about the AT. Data analysis involved six phases of coding and theme development. First one researcher read and re-read the data, making a note of any initial observations. They then engaged in a process of systematic coding, identifying key features of the data initially, before examining for broader patterns of meaning (themes) across the whole dataset. All authors then contributed to a review and refinement of these themes. Writing this paper constituted the final phase of analysis where illustrative quotes were selected to bring together a coherent narrative. In order to enhance the rigor and trustworthiness of the analysis, the authors drew on Lincoln & Guba's four criteria [29]. The research team met regularly to review and refine themes together; this process of reflection and discussion ensured a thorough engagement with the research. The research team were a multi-disciplinary team of two registered AT teachers and one clinical academic working in dementia care. This diverse expertise was helpful in understanding the data and enhanced the credibility of the findings. Themes were checked repeatedly against the raw data to ensure that they represented participant responses and verbatim quotes were selected to enhance credibility and transparency. A draft of the results was shared with an AT teacher who was also a carer of a person with dementia and who confirmed that the study results resonated with her experience.

Quantitative data was analysed using descriptive statistics. Medians were used given the small number of participants and the skewed nature of the data.

3. Results

3.1. Focus group themes

Six themes were identified in the responses of the participants (see Table 2 for a list of themes). The first two themes '*we don't give ourselves the space or the time*' and '*easy to fit in*' relate to the context in which carers are operating. Themes three to five related to the benefits that carers experienced from the session or felt others might benefit from. The final theme, '*as good as this is*', reflected a tension between recognising the value of the intervention and the reality of being a carer, highlighting the challenges of providing interventions for family caregivers. The themes are outlined below with supporting quotes given in italics.

Table 1
Focus group guide.

1. How have you found the session today?
   - What bits have been particularly useful/helpful?
   - Any bits disliked?
   - What, if anything, did you learn in the session?
2. Is there anything you can take away and use from today's session? If yes, what would that be?
3. Could the Alexander technique be useful for carers of people with dementia?
   - In what way might it be useful?
   - Any problems/difficulties foreseen if we were to offer it to more carers?
4. How would you describe the Alexander Technique to other people who might not have heard of it?

Table 2
List of themes and sub-themes.

Superordinate theme	Sub-theme
The context of caring	Sub-theme 1: *'We don't give ourselves the space or the time'* Sub-theme 2: *'Easy to fit in'*
Potential benefits of the Alexander technique	Sub-theme 3: *'How to stop rather than being ready'* Sub-theme 4: *'It's amazing how calming it is'* Sub-theme 5: *'It was tactile as well wasn't it?'*
The reality	Sub-theme 6: *'As good as this is'*

3.1.1. Superordinate theme: the context of caring

The first two themes relate to the context in which carers are operating; the lack of time and space they have and their need for an approach that can fit into their daily lives.

3.1.1.1. Sub-theme 1: 'We don't give ourselves the space or the time'.

Participants spoke openly together about the high levels of stress they experience as carers:

'Life as a carer it's a juggling act, you feel guilty, every choice you make you feel guilty' (Participant 8).

'I find that I feel as if I am at work constantly' (Participant 3)*

All participants recognised that they often overlook their own needs for support:

'because we all care for somebody else we don't actually always care for ourselves' (participant 8).

The two main challenges to self-care participants described were struggling to find time and space for themselves:

'They [care recipients] are so used to you being there, you know it's well, "I [person with dementia] don't like being on my own"' (Participant 1).

The AT was described as a method of self-care, of giving and allowing time for oneself, with one participant stating that the thing she enjoyed most about the session was '*taking time to think about myself*' (Participant 6).

3.1.1.2. Sub-theme 2: 'easy to fit in'.

Given the pressures of time and space that carers experience, one of the benefits of the AT described by participants was that it involved *'small practical techniques'* (Participant 1) for use in everyday life. This was considered preferential to *'something longwinded'* (Participant 3) because:

'often you find you are so stressed out, you're like I can't do that for 10 min, I need to get this done. So it needs to be something that you can incorporate easily into your routine' (Participant 1).

One idea that participants agreed they would be taking away from the session was taking a moment to allow the hands to soften whilst waiting for the kettle to boil. This was something several participants mentioned they would be exploring at home now:

'because I know if someone said you need to stop for half an hour, there is no way that is going to happen. But like the lady said about stopping and having a cup of tea, putting the kettle on and doing the hand technique' (Participant 3).

Thus the application to everyday movement and daily life was seen as a strength of the AT approach.

3.1.2. Super-ordinate theme: potential benefits of the Alexander Technique

Carers shared what they had gained from the session and how they thought other carers might benefit from the AT. In doing so they showed a good understanding of the AT even after this short introductory session.

3.1.2.1. Sub-theme 3: 'how to stop rather than being ready'.

During the session, participants described how as carers, it is *'hard to unwind'*; that you have to be *'prepared all the time, and often for the worst'*. One participant described always feeling *'tense and alert'* and another spoke about being *'in doing mode'*. In contrast, the AT was then described as *'not doing mode'* a *'resting'* and *'calm mode'*. As a way of *'letting some of the urgency go out of our bodies'*.

Six participants spoke specifically about the idea of 'stopping' and taking a moment as the element they found most helpful from the session; one participant described this as *'giving more thought to what and how you are doing'* (Participant 3). Although this was only a brief stop and a moment of awareness, it was felt to be incredibly powerful:

'I felt really relaxed there, supported. That's more than I normally get you know. So that, that, that was marvelous. I could weep when I finally got there, for those minutes. That was so unusual' (Participant 6).

Taking time to stop, to notice and to get out of doing mode was not easy. All participants agreed that this is something that would take time and practice to learn because it was about changing habits and *'retraining your brain'* (Participant 8). As such, the AT was described as an educative technique by the participants.

3.1.2.2. Sub-theme 4: 'It's amazing how calming it is'. Participants described the AT session as calming:

'I loved today, and I feel a lot calmer than when I walked in' (Participant 1).

This sense of calm and relaxation was seen as valuable:

'not just for caring but for you personally, the relaxation for yourself and to be aware of yourself. It's important in that way as well. So it could be rolled out across the board' (Participant 4).

3.1.2.3. Sub-theme 5: 'It was tactile as well wasn't it?'. AT teachers use gentle touch in addition to verbal instructions. This use of touch was something that participants also described as valuable and as making a difference to them:

'yes well actually when (TEACHER'S NAME) took my arm, I could have just burst into tears' (Participant 6).

The value of touch in supporting people living with dementia is well recognised but it is not something often considered in relation to carers' needs. Participants reflected on the lack of closeness and touch they now experience from their care recipient and finding their relatives no longer instigated touch.

3.1.3. Superordinate theme: the reality

In this final theme, after describing the potential benefits of the AT for carers, the focus group discussion turned back to the challenge of finding time and space. The decision to come to the group was not easy for many participants.

3.1.3.1. Sub-theme 6: 'As good as this is … '. Participants described the challenge of leaving the person they care for:

'As good as this is, while you're here you're worried, you're thinking you know has he left the apartment, have they gone out, has this happened' (Participant 1).

'the other thing as carers is you don't know how they are going to be when you get back' (Participant 6).

It appeared that the decision to come to the group and to make time for themselves was in itself an act of self-care:

'to have this time today, you know I actually didn't take my mum somewhere today and so I had to think do I, don't I and then I had to think no, this is really important and I'm so glad I did' (Participant 4).

Some participants suggested the potential value in offering an alternative provision for people with dementia to attend at the same time such as *'a little activity group'* (Participant 6) which was described as *'essential for a lot of people'* (Participant 2). However, it was evident that not all care recipients would be comfortable with this and that there was no easy answer.

3.2. Quantitative feedback via questionnaires

Participants ratings of their enjoyment of the session were high with a median score of 4.5 out of 5 (range 3–5). Participants were also asked to rate how helpful they found the session, again the median score was high 4.5 out of 5 (range 3–5). All participants stated that they were interested in learning more about the AT and all participants stated that they would recommend the AT to a friend.

4. Discussion

The aim of this exploratory study was to gather the views of carers on the potential value of developing an AT intervention for carers in the UK. The carers who took part in the AT taster session could see the relevance of an AT approach and were positive about its potential value for carers. The carers' ability to describe the AT after the session and their experiences during the session suggests that they understood the principles of an AT approach and could begin to use the skills.

The carers in this study told us that they have very little space and time for themselves and that they often overlook their own needs. This is in accordance with the literature that documents the negative consequences to carers' own physical and mental health due to the high levels of burden, stress, and loneliness that many experience [30]. Our carers struggled to find time for themselves or to seek help due to intense caring routines and the research suggests this results in a higher number of illnesses, higher mortality rates and increased hospital admissions for carers and care-home placement for the person with dementia [31,32]. Finding ways to support family carers to care for their own health may contribute to a reduction in the negative health effects of caring for someone with dementia [33]. This is where the AT offers something important in terms of its everyday applicability which could enable carers to see self-care as possible despite the demands of their caring responsibilities. The majority of existing carers' interventions are educational, and whilst they are undoubtedly important, they might be experienced as adding to the burden of care [34]. Moreover, as family carers tend to be older and may have multiple health conditions of their own [35], a self-care practice which addresses both psychological and physical aspects of carers' wellbeing would seem to be worth pursuing. Seeing carers as individuals in their own right and supporting them to practise self-care is clearly important and valued by this group.

The benefits of the AT session were evident to carers in terms of feeling calmer, and one participant found a tremor she was experiencing was significantly reduced. While one session gives people a sense of the AT and some immediate benefit, developing the skills to use AT in everyday life is likely to take time as people are working against their habits. The idea of working against habits was highlighted in relation to the idea of stopping - this felt alien to carers who described having to be vigilant and alert at all times. Our participants could see the value of the stop but felt it would take some practice to achieve. Another significant finding is that carers valued the use of touch during the session. Touch employed by AT teachers is a skilled touch which is communicative rather than manipulative - it is receptive, reassuring and undemanding of the person being touched [36]. Whilst the importance of touch is widely recognised for people with dementia [37], the value of touch for carers is rarely considered. The carers in this study missed physical intimacy and touch was experienced as very powerful despite being a relatively small part of the session.

The final theme related to the reality of trying to support carers to find time for themselves despite being able to see the potential advantages of the AT. Any future AT intervention must consider carers' preparedness and capacity to adhere to self-care practices and thought should be given to what support carers will need in order to be able to attend sessions by themselves. More research is needed to investigate the optimum number of sessions for any future AT carers' intervention so that we provide enough input to give lasting benefit and do not offer too much which could result in unnecessary burden on carers. There were mixed views amongst our participants about whether providing a parallel social or activity group for care recipients would be helpful. One possibility would be to have a blended AT group which starts with teaching AT to carers on their own and then develops into a group for teaching carers together with care recipients as dyads. There is emerging evidence of AT being helpful for people with dementia [22].

We chose to deliver this taster session in a group, because of ease of delivery and economy. AT has traditionally been taught in one-to-one private lessons rather than in a group setting. There is evidence indicating that group AT interventions can provide positive outcomes for older people with balance issues [9] and fear of falling [21] and for people with persistent neck pain [38]. In addition, group interventions offer a social element which may be of additional help to carers [39] and importantly can be enjoyable to attend [21]. A group intervention may be financially more practicable and more easily scalable than individual sessions. There are, however, limitations to using group sessions and arguably individuals will develop more in-depth AT skills from one-to-one private lessons. This does not negate the benefits which can be gained through group work which can lead to significant change for individuals. Potentially, it might be possible to investigate a blended approach, employing group classes including, or followed by, some one-to-one sessions to address individual issues. The next step will be to pilot an intervention to determine the benefits of a course of sessions and to collect data to inform sample size calculations for a larger trial if appropriate.

There are several limitations to this study. This was a small-scale exploratory study with an all-female sample. Carers are a very diverse group and clearly these findings may not apply to other populations. Future research should seek more variation in their sample in order to increase the possibility of shedding light on the research question from a variety of perspectives and to contribute to a rich understanding of carers' experiences. Additionally, participants were informed the study focused on an AT intervention and so they may have been predisposed to find benefits. Furthermore, carers shared their feedback immediately after the session and thus the long-term effects of an extended practice are unknown. While this study aimed to explore the AT as a possible intervention in the UK, the approach and findings have significant applicability internationally.

5. Conclusion

This study provides preliminary evidence that the AT has the potential to increase carers' ability to self-care and to support them in their caring. In so doing it has the potentially to indirectly help those they care for. Learning to stop and experiencing touch appear significant for this group. The use of the AT with carers is innovative and exciting and its whole-self focus adds something new to our current carer support interventions. More research is needed to gather information from a diverse range of carers and given the feedback from our participants this stakeholder consultation and engagement will be key to the successful design and implementation of any further intervention.

Ethical approval

Ethical approval was granted for the research by the University's ethics committee on the February 13, 2020. Participants all gave their written informed consent to participate in the study.

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Author contributions

EW and LG conceptualized and designed the study. EW secured the funding. EW and LG secured ethical approval. LG and JC delivered the Alexander Intervention. EW completed the data collection and transcription. LG and EW completed the data analysis. EW and LG prepared the manuscript and JC provided comments and feedback.

Declaration of competing interest

There are no conflicts of interest relating to any of the authors.

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