

How effective is the Alexander Technique?

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In the last issue of Relay, Carolyn Nicholls described the Alexander Technique and gave some useful advice that readers could begin to put into practice.

For anyone who hasn't yet read Carolyn's article, the Alexander Technique is a practical method for self-care which teaches us how to develop greater self-awareness in everyday activities and improve the way we carry out them out. The Alexander Technique is usually taught one-to-one by trained teachers who use gentle hand contact and spoken guidance

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to help people recognise and prevent the unnecessary stress and strain that they create in themselves in their usual ways of sitting, standing, moving and reacting to life in general. People discover how to allow their natural mechanisms of co-ordination and balance to operate more effectively. With time, they are likely to notice that they are moving with greater ease and flexibility and that they feel calmer and more in control.

In this article I discuss the research evidence that is currently available on the effectiveness of Alexander Technique lessons in various health-related areas. It is important to say up-front that Alexander Technique

teachers do not diagnose or treat medical conditions. Nonetheless, I hope to be able to show some of the ways in which Alexander lessons might be of benefit to someone with PN.

First it might be helpful to say a few words about different types of research evidence. In any research into healthcare interventions, the gold standard is a large, well-designed randomised controlled trial – or preferably, several of them. If a study is 'controlled' it means that alongside the group receiving the intervention of interest, there is a second group receiving either a different, already established intervention, or standard care alone, such as that provided by a



GP. The results for the two groups can then be compared and any changes that are not due to the intervention itself accounted for. For example, often some people in a clinical trial would have got better anyway, so with a control group it's possible to find out how much of the improvement was actually due to the intervention. If a trial is described as 'randomised' it means that the participants were randomly allocated (by computer) to the intervention group and the control group. This will minimise any variations in the two groups that could otherwise lead to misleading results. Finally, the trial size is also important as the more participants in a study, the less the likelihood of differences in outcome happening by chance. A randomised, controlled trial requires a huge amount of resource to make it happen, both in terms of money and personnel, with often a large, experienced research team involved. Smaller, simpler studies are, nonetheless, useful in exploring new areas and producing preliminary evidence that can then be followed up with a larger trial.

Research in complementary healthcare is particularly challenging because of a lack of available research funding compared with conventional medical approaches which are often supported by funding from the pharmaceutical industry. Despite these challenges, a small amount of high-quality research has been conducted on the effectiveness of Alexander Technique lessons in some health-related areas.

Randomised controlled clinical trials of Alexander Technique lessons

To date there have been two randomised controlled trials published on Alexander Technique lessons, one for people with chronic back pain and a second for people with Parkinson's disease. A third trial is underway (see Looking to the Future).

On the basis of national estimates it is likely that almost half the people reading this article will experience back pain at some time this year. So, in addition to having to deal with the pain, numbness, balance problems etc

that can be associated with PN, many people also have to contend with back pain and this frequently becomes a chronic problem. In a large, well-designed randomised controlled trial Alexander Technique lessons were shown to lead to significant long-term benefit in people with chronic back pain. The study, known as the ATEAM trial, randomly allocated 579 people with chronic, non-specific (the most common type) low back pain to four interventions: 6 Alexander lessons, 24 Alexander lessons, 6 sessions of massage or a control group. All patients had continuing access to usual GP care throughout the trial. The results were striking – one year after the trial started, the group who had received 24 Alexander lessons had only 3 days of pain per month, compared with 21 days for the control group who received usual GP care alone (an 86% reduction; see figure). Significant improvements also occurred in function and quality of life, with a 42% reduction in incapacity in the 24 lesson group lessons compared with the control group.

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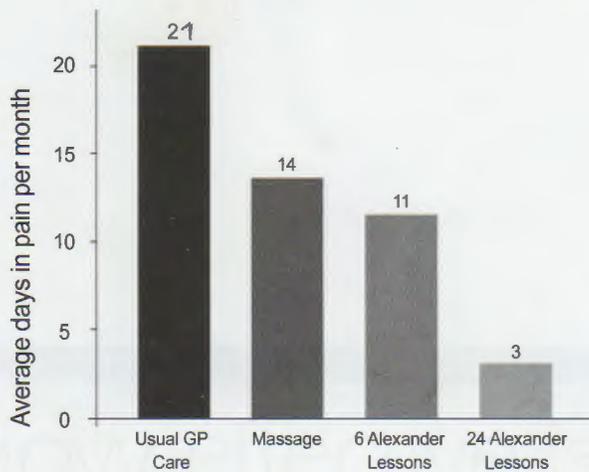


Figure: Number of days with back pain experienced each month: Comparison of effect of Alexander Technique lessons with massage or usual GP care 1 year after the ATEAM trial began.

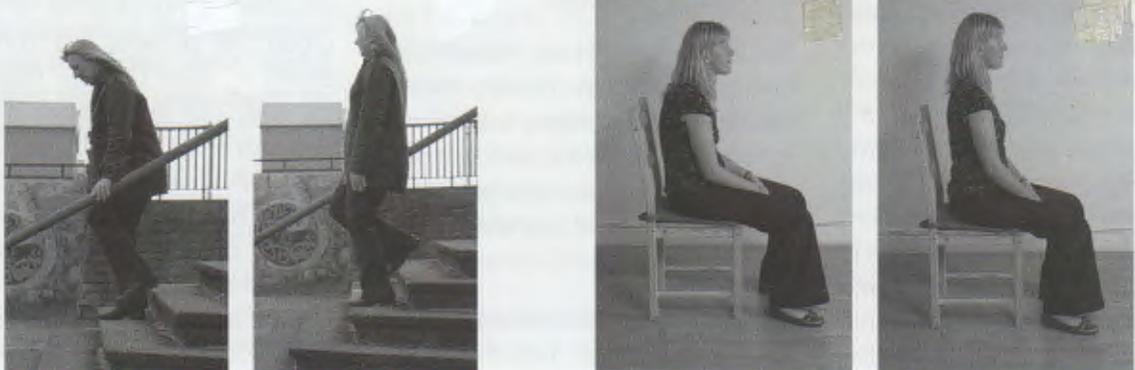
Since the reduction in incapacity in the group who received massage was no longer significant by one year, but the reduction in the Alexander groups was maintained, the trial authors concluded that the long-term benefits of taking Alexander lessons are unlikely to be due to placebo effects of attention and touch and more likely to be due to active learning and application of the Technique by the participants in their daily lives. In addition, the trial highlighted the lack of any significant risks associated with the Alexander lessons, with no adverse effects reported by any of the participants in the Alexander groups.

It is now widely recognised that conventional clinical trials do not always capture the whole picture, and additional techniques such as interviewing some of the trial

participants are increasingly being used to explore peoples' attitudes and experiences of the intervention. At the beginning of the ATEAM trial, participants were found to have a positive attitude to their intervention, with an expectation for some improvement. At the 3-month follow-up, the participants' attitude to the Alexander Technique had become even more positive as a result of a perceived increased ability to cope with and prevent back pain. Participants reported that the Alexander Technique 'made sense' and could be practised while carrying out everyday activities.

It may also be worth mentioning here the randomised controlled trial carried out with individuals with Parkinson's disease. This progressive neurological

condition often severely impacts on a person's ability to carry out everyday activities. The trial, involving 88 individuals, found a significantly increased ability to carry out daily tasks following 24 Alexander lessons in comparison with usual GP care. These benefits remained 6 months after the study began. No significant change was seen in the comparison group who received 24 massage sessions, suggesting that non-specific effects of individual care and attention were not responsible for the benefits seen in the Alexander group. The study also asked the participants to comment on what changes they had noticed and those who had received Alexander lessons commonly reported improvements in balance, posture and walking, as well as increased coping ability and reduced stress.



Examples of improvements in carrying out everyday activities that can result from taking Alexander Technique lessons. In each case, the person on the right is showing improved coordination and posture compared with how she was before. (photos courtesy of STAT, www.STAT.org.uk)



Smaller studies

Problems with balance can arise from a number of sources. My own experience of working with someone with PN was that he found that improvement in his balance and stability was one of the main benefits of the lessons. Unfortunately, there hasn't yet been any research on Alexander lessons and balance in people with PN. However, two studies have reported significant improvements in elderly people's ability to balance following Alexander group classes. One was a controlled study involving 13 people and the second was a non-controlled study with 19 people; a range of different tests were used to assess balance.

Pain is another area of concern for many people with PN and again, there haven't yet been any studies of Alexander lessons in people with PN. However, two separate evaluations of NHS pain clinic services have reported the benefits of offering Alexander lessons to people with chronic pain. In one evaluation, half of the 43 participants were able to either stop or reduce their use of pain medication following their six Alexander lessons. The findings of these smaller studies in balance and chronic pain should be regarded as preliminary evidence, which requires confirming in larger trials.

Looking to the future

Interest about the Alexander Technique among researchers is growing and some exciting studies are currently underway. A randomised, controlled trial is exploring the effect of Alexander lessons on balance and mobility in people aged over 50 years

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who have limited sight. The trial, called VISIBILITY, is comparing the effect of usual care provided by a visual impairment charity with that of usual care plus 12 Alexander Technique lessons. Participants will be assessed up to 1 year, using a standard set of balance and mobility tests. Other measures will include fear of falling and emotional well-being.

A large, randomised controlled trial (ATLAS) looking at Alexander Technique lessons for people with chronic neck pain is also currently ongoing. This trial, involving 500 participants, is being managed by the University of York and is being conducted in York, Leeds, Sheffield and Manchester, with funding from Arthritis Research UK. The trial is comparing the effect on pain and disability of receiving 20 Alexander lessons with usual GP care, and acupuncture sessions with usual GP care (so it is not a head-to-head trial comparing Alexander lessons with acupuncture). The trial is also evaluating quality of life and the cost-effectiveness of the interventions. In addition, in-depth interviews are being used to explore the expectations and experience of participants.

Finally, a small pilot study on the effect of Alexander lessons on pain and mobility in people with osteoarthritis of the knee is ongoing, and a follow-up to the ATEAM back pain trial is also underway.

Conclusions

While there is a body of Alexander Technique teaching experience spanning many decades to suggest that Alexander lessons can be beneficial for many different health-related problems, there is currently relatively little clinical research evidence and no trials specifically involving people with PN. As an Alexander Technique teacher I know from my own professional experience and that of my colleagues that people with PN can find Alexander lessons very helpful and I'm looking forward to more research being done.

Find out more

The studies described in this article are summarised and discussed further in Evidence for the effectiveness of Alexander Technique lessons in medical and health-related conditions: a systematic review by Woodman and Moore International Journal of Clinical Practice 2012;66:98-112. To read this review or view a video visit www.julia-woodman.co.uk and go to the Scientific Research page. This site also gives further details of the pain clinic service evaluations which were completed after the review article was published.

To find a registered Alexander teacher near you visit www.stat.org.uk