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'I am teaching them and they are teaching me': Experiences of teaching Alexander Technique to people with dementia

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***'I am teaching them and they are teaching me'*: Experiences of teaching Alexander Technique to people with dementia**

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Abstract
Introduction: To enable people with dementia to live well we must support the person as a whole. The Alexander Technique (AT) offers an approach which addresses both physical and psychological issues which may be suitable to help people with dementia. In this new area

of research, this study aimed to establish whether the AT is currently taught to people with dementia and if so to bring together the experiences of AT teachers in relation to the perceived benefits and suitability of the AT for this group.

Methods: This qualitative study included data from responses to survey questions, interview transcripts and published articles.

Results : A total of 84 AT teachers took part in an international survey of whom 18 (21%) had taught one or more people with dementia. Thematic analysis generated the following superordinate themes: 'The AT can help people with dementia', 'How change comes about', and 'Adapting the AT for people with dementia'.

Conclusions : AT teachers described perceiving improvements in movement, pain and flexibility; increased calm, sociability and environmental awareness. They highlighted the reciprocal nature of the relationship between teacher and student and highly valued this. Touch was seen as a key means of communication, helping people with dementia to feel safe. It seems that the AT does not require major adaptation to work with this group although the challenges of working in a care setting were discussed. The AT offers the potential to be a valuable intervention for people with dementia and further research is warranted.

Keywords

Alexander Technique, dementia, touch, movement, embodiment, reciprocity

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1. Introduction

The aim of this research is to establish whether the AT is currently taught to people with dementia and if so to bring together the experiences of AT teachers in relation to the perceived benefits and suitability of the AT.

To enable people with dementia to live well we must support the person as a whole, addressing their physical, social, cognitive, emotional and spiritual needs (1). Different symptoms of dementia are likely to require different treatment strategies and interventions, and these need to be accessible to people across the dementia trajectory (2). Becoming

immobile and losing control over one's body are significant fears that people report at the time of diagnosis (3). People with dementia commonly experience significant physical changes such as unsteadiness, difficulty in walking, slowed movements, changes in muscle tone (stiffness, tremor and weakness) and falls (4). For some people these changes are compounded by difficulties associated with poor vision, perception and sleep. These physiological, physical and sensory changes can lead to less movement and increased sedentary behaviour, with attendant risks to health and mood, social engagement and well-being. Low mood and anxiety are common (5) and in turn can impact on activity, posture and movement (6). Accordingly, research demonstrates that improving people's mobility and physical function can lead to improvements in cognition and mood and help to prevent falls (7). Contrastingly, some people with dementia move more (not less) and find being still difficult (8).

Because of the wide ranging and interlinked nature of issues it seems to make sense to take a whole person approach to helping people with dementia rather than addressing issues separately. The need to adopt a 'holistic view' of the self when supporting well-being in people with dementia is increasingly recognised in psychosocial approaches, one example being the growing interest in dance and movement as an embodied psychological intervention where movement is used to express and explore emotions (9). The Alexander Technique (AT) which starts from the premise that the functioning of mind and body are indivisible, has a significant growing evidence base and might offer some benefit to people with dementia.

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2. The Alexander Technique (AT)

'The AT is an educational self-development self-management method with therapeutic benefits. Skills in the technique are gained through experiential and cognitive learning, including through hands-on and spoken guidance from a certified Alexander teacher' (10). The AT employs 'inhibition', interrupting habitual actions in order to create the possibility of a different response, and 'direction', thinking in activity which focuses on inviting change to counteract unhelpful habitual responses. The skills gained can be used in everyday situations. Hands-on guidance is a specific type of gentle touch which is used as a way of

communicating (rather than to manipulate the body). It has been described as a listening, undemanding and reassuring touch (11). The AT is taught by certified teachers either one to one or in groups and can also involve a family member, friend or paid care worker. Most AT teachers work in private practice. There is evidence that learning the AT is perceived as enjoyable (12, 13). See Woods et al. (10) for an introduction to AT.

Observed outcomes following AT lessons encompass changes in movement co-ordination, adaptability of muscle tone and posture (14), improvement in mood (15), confidence and a sense of well-being (16). The AT is recommended by NICE as an intervention for Parkinson's disease (17). Large scale randomised controlled trials have demonstrated the long-term reduction in chronic pain following AT lessons (18, 19). Smaller studies of group AT sessions evidence improvements in the balance of older people (20) and positive changes for older people with a fear of falling (13).

In view of the growing interest in embodied practices for people with dementia (21), there is good reason to think that the AT may be a useful intervention given that it addresses the whole person. AT incorporates the development of increased awareness of the person's own physical self, where they are in space and the space they are in, this provides a foundation to work from and helps to calm the person. Slowly encouraging the undoing of unnecessary muscle tension through gentle guidance and touch provides the person with an experience of ways of moving which may be more easeful and more familiar to their pre-dementia self. All of this has the potential to be helpful. The use of touch to communicate these experiences creates a non-verbal dialogue between the person and the AT teacher through which the teacher senses when tension has let go and builds on this by inviting movement at that time. The teacher also conveys elements of their own embodied use which informs the person's experience. The AT can be adapted to be suitable for any level of ability or mobility. As the AT teacher communicates through a combination of verbal guidance and touch, communication is possible in the absence of words (22) making AT potentially suitable across the dementia trajectory. Case study research suggests people with dementia experienced positive changes after AT lessons including improved mobility, pain and mood (23), and anecdotal reports from AT teachers support this although no research trials have been published.

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3. Method

3.1. Design

This was a qualitative study employing thematic analysis (Braun & Clarke 2006, Braun & Clarke 2019). Three data sources were used:

- responses to open questions in an online survey of AT teachers who had taught people with dementia,
- interview data from two teachers who completed the survey and then took part in a one-to-one interview,
- two published articles written by two teachers who completed the survey and submitted the articles as part of their response. The articles are about their own experience of teaching AT to people with dementia. These are different teachers from those who were interviewed.

The data therefore comprised responses to survey questions, interview transcripts and published articles. The survey data determined whether the AT was being taught to people with dementia and provided breadth of experience while the interviews were carried out to provide depth. When participants volunteered detailed articles, a decision was made to include these as they provided a rich source of data.

The study incorporated a co-creation element (24) through involving one interviewee in the analysis and writing of the paper. The other interviewee and authors of included articles commented on the final version of the paper.

Co-creation is increasingly used in developing interventions, most often it involves service users and researchers working as a team to facilitate innovation and improve quality (25). The participants in our study were AT teachers with experience of teaching people with dementia. The inclusion in the research team of one of our participants, with whom we had already established a working relationship and ongoing dialogue about AT for people with dementia, formed a creative collaboration, added richness to our research process and ensured that our findings and discussion were grounded in the practical real-life aspects of this work.

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3.2. Participants

AT teachers certified with the Society for Teachers of the Alexander Technique (STAT) in the UK or international affiliated societies were eligible for inclusion in the survey. Participants did not need to have experience of teaching the AT to people with dementia to take part, however only data from those with experience is reported here. Inclusion criteria for interviews were survey participants who had experience of teaching people with dementia and who expressed an interest in being involved in further research.

Published articles were included if a reference to the article or a link was provided as part of the participants' response to the survey and if the article included information about their experience of teaching people with dementia.

3.3. Data collection

3.3.1. Survey

A 20-question online survey was devised with both open and closed questions to establish how much experience teachers had of teaching people with dementia, whether and how they had adapted their teaching, any changes they perceived in their students[1] with dementia, and their experiences of teaching (see Appendix 1). The survey also asked about teaching carers (26), and attitudes towards teaching people with dementia. These findings are not reported here. Members of the STAT research group commented on a draft of the survey which was amended accordingly. Only participants who had experience of teaching people with dementia were included in this study.

3.3.2. Interviews

The interview schedule (Table 1) was developed by the second and first author to expand on the survey questions and address the research aims. It served as a guide for topics to be covered in the interview. Interviews were audio recorded and transcribed verbatim.

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[1]The Alexander Technique is an educational method, as such individuals engaged in learning and teaching technique are referred to as students and teachers respectively.

Articles

In their survey responses, two participants shared links to published articles detailing their experiences and these two articles were sourced and included as data (27, 28). One article was published in German and was translated into English for use in this study.

3.4. Procedure

Ethical approval was granted by (name removed for review) Research Ethics Committee. UK participants were approached by an email sent via the STAT mailing list. International STAT affiliated societies asked to circulate the recruitment email to their members. This recruitment method was used to ensure that only registered AT teachers were approached. Unfortunately, the link to the USA society was not circulated resulting in very limited (n=1) engagement from the USA. The survey was completed using JISC Online Surveys. If interested in taking part, potential participants could click a link in the email which took them to the consent page at the start of the survey. The anonymous survey launched after consent was provided. Participants were therefore self-selected. The survey link remained in place for several weeks and participants could complete it at a time of their choosing.

All survey participants who contacted the authors and expressed an interest in the research (n=4) were invited by email to take part in a remote interview. The email included a consent form and information sheet which outlined to participants the rationale for, and aims of, the study. Participants were asked to reply if they wished to take part, there was no time limit given for them to reply. Two participants agreed to be interviewed. Interviews were conducted by the second author via video conferencing and lasted between 45 and 75 minutes. They were recorded and transcribed verbatim.

4. Data analysis

Descriptive analysis of the amount and type of teaching experience of participants is provided. Qualitative data from the three sources (survey, interview and articles) were analysed separately and then combined. The data were analysed using inductive thematic analysis employing the steps outlined in Braun & Clarke (29) with attention given to reflexivity (30). The preliminary analysis which comprised reading and re-reading transcripts, generating initial codes and identifying preliminary themes was undertaken by

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the first author of this study. Further analysis was carried out jointly with the second and third authors of this study. The three authors comprised one dementia specialist who had experience of AT lessons, and two STAT registered AT teachers, one of whom had experience of teaching people with dementia and was one of the interviewees. All authors of this study were female, had doctoral level qualifications and considerable experience in undertaking qualitative research. We explored the different meanings within the data and different potential themes. This was a collaborative iterative process with ongoing discussion and writing and rewriting, to ensure the findings best represented the data. Hammersley and Atkinson (31) note that the process of analysis is not a distinct stage and reflect on the importance of theorising in analysis.

We were aware of our subjectivity and saw our experiences as a strength which added value to our analysis as we moved between ideas and data as part of the analysis process (31). We sought to maintain a reflexive stance throughout the process and particularly during discussions on emerging themes. We remained aware of what we brought to the process and ensured that while this informed the process, our analysis was strongly grounded in the data. We developed the themes over the course of a number of revisions, ordering and reordering until we were confident that we had presented the data in the best way possible. We acknowledge that there are other ways to present this data. Transcripts were not returned to participants however one interviewee and the authors of included articles were sent the final paper for comment. No changes were made beyond slight amendments to the translation of one of the articles.

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5. Findings

5.1. Characteristics of sample

Survey participants (n=18)

In total 84 AT teachers from 11 countries responded to the survey (see Table 2). Eighteen of these had experience of teaching people with dementia and their replies are included in this study. Teaching included 1-1 in a private practice, informal teaching of a family member, teaching in day services and residential settings. Teaching took place 1-1 and in groups. Four participants had extensive experience having worked in care home settings or community

based programmes over several years. Some of those having AT lessons had started lessons before the onset of their dementia, while others started after onset.

AT teacher interviewees (n=2) and authors of included articles (n=2)

Interviewees and authors of the included articles had substantial experience of working with people with dementia (see Table 3). Three had worked with their mother as the starting point for working with people with dementia. The interviewees were based in the UK and the authors in Germany.

The findings from the survey, interviews and articles are presented as three superordinate themes and six subthemes (Table 4). Participants are identified as follows: interview participants (I1 and I2), authors (A1 and A2), survey participants (S1-S18).

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6. Superordinate theme: The AT can help people with dementia

This superordinate theme details the many and varied changes that teachers reported in people with dementia following AT lessons. The broad sense teachers had about teaching people with dementia is outlined in this introduction to the superordinate theme. Detailed findings are presented in the sub-themes.

'…to me, the most important experience was that Alexander's ideas and teachings apparently still work in an extreme situation, that they can somehow be communicated, and that they work in practice.' (A2)

Often teachers started from a point of not knowing whether AT was possible with people with dementia and tried it for lack of anything else:

'Originally I would hardly have imagined that Alexander Technique might be used even with severe Alzheimer's dementia. But what wouldn't you try when it concerns your own mother, …?' (A2)

Teachers perceived that people with dementia could, and do, benefit from Alexander work:
'I was amazed by how fast Toni learned: to trust my hands, to think about my suggestions, to try two or three times, and the movement clicked' (A2)

'I could tell she was responding, I could feel her body was responding and she was moving quite easily' (I2)

Some of these benefits appear specific to people with dementia while others were similar to the usual outcomes reported by people following AT lessons.

6.1 Connecting through the AT – a two way relationship

The outcome valued above others was that the AT was thought to provide a way for people to connect in a meaningful way and create a shared relational experience. Teachers spoke about meeting the person wherever they are and being with them in an open and openhearted way:
'the ability to be openhearted….. you drop your agenda, you drop this sense of wanting to know and wanting to achieve.' (I1)

'No demands are being made… they can just be themselves and have a connection with another person.' (I2)

There was a strong sense of seeing the person, listening to them and relating to them:
'I pause for a moment. I perceive the person for a moment. I appreciate her as a human being' (A1)

The sense of connection and communication was perceived by the AT teachers as a two-way process. Teachers noticed positive changes in the people they were working with: *'With those who are able to talk and laugh, we often have a really good time and share laughter.' (A1)*

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People with dementia were reported to value the connection and wanted to be with the teacher:

'you did feel an enormous amount of love, when you would come in and they would recognize you. They would just come up and take your hands and wanted to go and wanted to be in the same room as you.' (I1)

Teachers also valued this connection:

'…there is also a very real human connection that is very, very satisfying' (I2)

Beyond the relationship between teacher and student, participants reported a change in the way people with dementia related to others:

'At the end [of a session] people have experienced a connection with themselves and their physical awareness; through this, they rediscovered the experience of contact with others.' (A1)

And some found their voice:

'… they could feel that their voice gained strength, because through the breath there would be sensations and they would find themselves speaking and thinking 'oh, oh my voice is different'!' (I1)

'…there was this male resident who could be quite difficult… Always shouting, one day, after I had given her a few lessons, she absolutely tore him off a strip… She said "Oh do be quiet, you're not the only person here". (I2)

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6.2 Outcomes and changes more specific to people with dementia

Participants noticed changes that appeared specific to people with dementia. Such as the effect on memory of working with the body:

'if you bring them back into their own sense of self and a quiet space, the memory of the past would come back very vividly.' (I1)

One teacher found that for the person they taught *'becoming aware of the body seemed to extend the time of lucidity'* (*S9)*

An increase in sociability was noted:

'so a big change was her coming out of her room, becoming more social. I saw her laugh and smile when I had never seen her show any sign of pleasure or enjoyment about anything. Urm and I saw her calling for help when another resident was distressed, so being more social and that kind of thing' (I2)

There were more global changes as well. In both interviews and one article AT teachers described instances where after a lesson, people would be able to do a significant movement or an action or sequence of actions that they had not been able to do for a long time, this included getting up unaided and walking across the room or using a knife and fork to feed themselves. This often happened a little while after the AT session had taken place. Participants described their surprise at seeing this:

…I was just utterly, utterly gob-smacked A) with the fact that, the way that she was moving. B) with the fact that she was getting up voluntarily without you know half an hour of negotiation and discussion and argument… And C) the fact that she was actually interested in her garden. Which had always been the love of her life her garden, forever. (I2)

See Table 5 for an extended quote which gives a fuller description of one such episode.

Teachers described a feeling of safety that they sensed in people with dementia '*She felt utterly, utterly safe' (I2)* which seemed to be communicated through the Alexander work.

Care home staff noticed benefits:

'And the majority of them, they did see that the clients were benefitting from it.' (I1)

There was also a perceived benefit for staff following the changes:

'If people have body awareness and better coordination and directions, the work of the nursing staff becomes a lot easier.' (A1)

6.3 'Expected' outcomes and changes following AT work with people with dementia

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All AT teachers perceived changes following AT sessions similar to those reported for people who do not have dementia, i.e. those changes that might be 'expected' following AT lessons. This suggests that people with dementia can benefit from the AT in the same ways as people without dementia. Changes included perceived reductions in pain and muscle tension, an increase in mobility, and a reduction in stress and anxiety.

I2 reported one person with dementia changed from stopping people in the corridor and saying *"I've got this terrible pain in my neck, I need some painkillers"* although she was on *'the max painkillers,'* to a point where *'She wasn't stopping people in the corridor anymore'.*

A1 noted of her mother: *'She sat in a wheelchair and her arms and legs stiffened more and more. With the Technique I could give her some relief, some softening and reduce the tension' (A1)*

'I thought these effects that I am seeing in my mum, the fact that she is mobile and responds to my touch and it helps, it seems to make her less anxious this kind of thing.' (I2)

Reflecting the mainstream AT literature, survey participants often reported a sense of calm *('a bit more calm' (S1))* along with a more global change in mood or outlook following a lesson, *'a softer energy of tranquillity' (S14)*, *'feelings of security' (S7), 'much more positive outlook, especially greater accessibility to humour' (S3)* and *'smiling… liveliness, presence, happiness' (S4).* They also observed *'more being in the present, more relaxed, contented' (S9)*. The importance of being in the moment was highlighted by AT teachers along with the suggestion that the AT could assist with this *'people with dementia are often very skilled at 'living in the moment' and need to be developing these skills and other new ways of being in the world' (S7)*. One teacher noted that the person they teach *'often reports feeling tearful' (S10)* during sessions suggesting a connecting to their emotions.

7. Superordinate theme: How change comes about

This superordinate theme refers to the AT teachers' explanations and reflections on the mechanisms by which change was brought about.

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7.1 Communication through touch

Touch played a key role in communicating and in bringing about change. Touch was perceived to be particularly valuable when the person was unable to communicate verbally:

'It increased communication because touch was very effective where verbal communication had become complex. It opened up a direct access to the person whose identity was not the illness'. (S16)

Touch was often beneficial in itself:

'Some would just love having a quiet hand placed on their shoulder, some would just love to have their hands held or a hand on the arches of their feet to invite them to ground so that the level of fear through touch was diminished, basically if, if there was a sense of connecting.' (I1)

Touch provided a two-way communication, A1 explores movement by '*listening'* with her hands and picking up the nuances of the communication:

'I sense with my hands when she passively lets herself be guided, when she reacts to my impulses and when she gets active herself…… I keep the contact with the hands, sense what the person offers, take it from there, repeat the movement and stay close to the abilities of the person…' (A1)

and touch is used to convey an invitation to do something to the person with dementia:

'The fact that you're not imposing in that way, you're not bodily hoiking them out of the chair (laughs), you know, I think that communicates to them and they feel like they're involved in it in some way… it feels like it's their idea as well and they are just going along for the ride and you're both moving together, its different, it feels different.' (I2)

There was a sense among teachers that what is conveyed through hands on work is retained, that the body could remember:

'Release and movement through my hands' guidance seemed to be appreciated and retained.,'(S8) although one teacher commented that it is *'hard to know… whether AT attention or dedicated human inter-action is the cause of their brightening' (S12)*

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AT touch also seemed to reconnect the person with themselves, providing a more embodied sense of themselves:

'So they would start to feel and through the feeling sensations of having hands on, … they would start to really relax. … the level of aggression that comes out of the fear would diminish and they would be able to start feeling that they could rest.' (I1)

As one resident in A1's article expressed it *'…it tells my body how it should be, everything is together, everything is just fine again. I can clearly feel that' (A1)*

7.2 Teachers gaining insight

Working with people with dementia, led teachers to have a greater understanding of what people might be experiencing and how they might be learning:

'…it made me very aware I think, or more aware of what they were going through. So more empathetic I think.' (I2)

A1 described what she perceived the experience of the person with dementia to be:

'She can be overwhelmed by all kinds of energies and she can't control her responses. The patient loses her knowledge of who she was and is. The border between inside and outside dissolves, and reality is a blur.' (A1)

Teachers made observations about the ability of people with dementia to sense the mood and sincerity, or not, of those around them:

'She knew when someone was being sincere and when they weren't being sincere… if I was in a situation where I was tense and I was finding it a struggle …. She'd sense it and she would let me know that I was being fake.' (I2)

These observations informed the way teachers approached and related to people with dementia:

'I prepare myself …and prepare the patient to do the movement I want to do with her. I address her in a friendly way. I touch her and pause again, tell her what I am about to do and wait for her approval. If she clearly says no, I stop and give her once again time for orientation. My touch says, 'Don't get frightened.' Sometimes I even say it aloud.' (A1)

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Teachers became more aware of there being therapeutic benefits through Alexander work despite the fact that the person they are working with may not be able to engage with the AT in the same way as someone without dementia:

'So I think it helped me to understand the therapeutic benefits, although it's not a therapy it bought home to me in a very real way the fact that it wasn't just about the thinking. There was more to it than that. There was something in the interaction between two individuals that adds beyond the conscious thinking about habits and how to change them.' (I2)

Despite the difficulties experienced by people with dementia, teachers suggested that thinking and learning was taking place:

'What has impressed me most: In her better moments you can actually see how she thinks about her actions, plans, tries systematically and adroitly, and makes her own improvements - thinking in activity.' (A2)

The teachers who participated were very positive about working with people with dementia, although one stated:

'*I think it is not for anybody this sort of working with dementia. It's probably the same for people who find themselves working … any other kind of severe debilitating condition. Or mental conditions, … where people can't physically stop from thinking, so that's when you have to work from silence and just go into the body constantly. (I1)*

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8. Superordinate theme: Adapting the AT for people with dementia

The final theme refers to the idea that it is possible to use the AT with people with dementia regardless of the 'stage' of their dementia. The AT approach was described as suitable, ready to use, flexible, and something that teachers naturally adapt to students' needs. The challenge in working with people with dementia was the setting in which people teach rather than the difficulties of the people they are teaching.

8.1 Teaching people with dementia is the same and different

In the survey responses all except one participant adapted their teaching. The person who did not adapt specifically for someone with dementia commented they would adapt

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teaching for any individual. Specifically, teachers were aware of how much information to give and how to deliver it to help with retention. The majority said they used more hands on work. One survey participant talked about giving *'a little more focus… to the therapeutic aspects of AT' (S13)* when working with people with dementia.

Teachers talked about being aware of themselves and how they are as well as being aware of the person with dementia, this is usual in AT work.
'I pause and give myself directions[2]. This changes the atmosphere of the whole room.' (A1)

Flexibility was mentioned often, both in the length of lessons and what was covered, one teacher reported that they *'find the flow and move with it without a rigid programmed lesson' (S14)*.

In a care home setting, managing disruption was important:
'… So more often than not I would find myself working in the resident's room or one of the communal areas which was interesting in itself! Because you would find other residents would become interested and they would come up to you and start talking or asking you to take them to the toilet or just having a chat or whatever (laughs)!' (I2)

However, this was perceived to fit with the responsiveness of an AT approach:
'…well it's not very helpful to have a rigid set of goals for the lesson or whatever because you have to work with what you have got in front of you and human beings vary from day to day' (I2)

The flexibility of the AT approach was also felt to work well with people with dementia:
'I think it's very flexible And you can do something with people regardless of their capacities, that taking them to a place of safety or having that sense of communication..' (I2)

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[2] Giving directions refers to employing 'a type of thinking characterized by embodied attention and awareness, thinking that is largely spatial in nature' 10. Woods C, Glover L, Woodman J. An education for life: The process of learning the Alexander Technique. Kinesiology Review. 2020;1(aop):1-9..

Other changes mentioned in the survey included the need for being in the moment, working *'more quietly'(S10)*, linking *'to working with the breath' (S10)*, adapting *'pace' (S12), 'developing consistent cueing language that is easier to remember'(S5)* and '*shortening lesson time' (S5)*, and finally being *'not so serious' (S9)*. One survey participant commented that the change was *'More in how I move and breathe rather than in teaching words' (S2).*

Working with people with dementia gave an opportunity for teachers to develop their skills: *'I am teaching them and they are teaching me'* (*A1)*

9. Discussion

The AT is widely practised with a growing research evidence base in relation to a range of health outcomes that are highly relevant in the context of living with dementia (32). The first finding to note is that 21% of survey respondents had taught the AT to people with dementia. This highlights that people with dementia are accessing the AT privately and raises the question of whether, and in what way, the AT is helping these people. To date there has been no research with people with dementia asking them about their experiences although case study evidence presents compelling support for the idea that the AT can help (23). This research sought to bring together the experiences of AT teachers (both those shared in print and views sought via our interviews and survey) on the perceived benefits and suitability of the AT for people with dementia.

An unexpected and powerful outcome was the perceived mutual sense of deep, meaningful connection. Meeting the person with dementia where they are and entering their world, as teachers described, is central to a person centered approach to dementia care (1). There appeared to be two elements to creating this connection, firstly teachers paying attention to what was happening in themselves, their 'use' of themselves, as they approached the person, for example being open, present and calm; and secondly, the use of touch as the means of communication. Central to the AT is attention to a person's use, i.e. 'how we think, react, move and co-ordinate ourselves in all aspects of daily life' (33). This awareness of the self appears to lead to an openness which facilitates a connection with the person with dementia. The AT concerns itself with how things happen and focusses on process, i.e. the idea of paying attention to the 'means whereby' rather than the specific goal. This goes

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along with inhibiting, i.e. interrupting, habitual responses. Being able to *'drop your agenda'* in an embodied way as well as cognitively, is therefore central to the AT approach and may be particularly helpful for people with dementia. The use of touch as a means of communication, as is used in teaching the AT, allows exchange of information as well as providing reassurance and comfort (22). The value of touch and therapeutic touch in dementia care is widely recognised (34). There are a range of interventions in dementia care that include touch often aiming to reduce distress, but few employ touch as a means of communication as described here. The use of touch as described by our participants is perhaps most like that used within intensive interaction (35, 36) and validation therapy (37). Other forms of touch likely to be used with people with dementia are touch from care staff to assist the person with activities such as dressing or washing and is as such more instrumental, or touch used in the case of medical examination or therapy (eg physiotherapy) which is likely to be investigative or manipulative. None of these are likely to have the nurturing quality of AT touch or to form a conversation.

AT teachers reported a range of perceived positive outcomes in people with dementia characteristically associated with the AT. These are referred to as 'expected' outcomes and include improvement in movement and flexibility (14) and reduction in pain (18, 19). Outcomes considered more therapeutic in nature were also reported including improvements in mood and sociability, increased environmental awareness and people finding their voices. Voice and poise are outcomes typically associated with AT in relation to performers, including actors and singers, by whom it is widely used (38). However, finding voice and poise are very important when living with dementia people as people strive to maintain their sense of identity and emotional well-being (39). More research is needed to systematically explore these perceived outcomes in a standardized manner and to examine their longevity. Outcome measurement should focus on a broad range of measures related to wellbeing and include proxy measures given that others were often reported to notice changes. Qualitative methods should be employed to detect outcomes which are unexpected, nuanced or difficult to measure (40)

Teachers shared their own learning and growth in relation to themselves, their understanding about the AT, and dementia and ageing. This seemed to come from the

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meaningful connection created with those they were teaching. The richness of teacher's accounts demonstrates the profound impact the work had on them. It is notable how both parties were perceived to benefit from the connection experienced. The sense of connection and mutual gains are interesting in the context of the AT teachers who utilized the approach in caring for their own relatives and merit an exploration of whether a dyadic approach to using the AT with people with dementia and a care partner (relative or staff member) might be useful. We suggest that teaching carers to develop AT skills in their own 'use' would aid them in being open, present and calm, could reduce pain and potentially lead to easier interactions both physically and emotionally with the person(s) they are caring for (16, 23). Such skills would enhance the ability of carers to employ gentle touch as a way of increasing meaningful connection and making interactions involving touch, e.g. personal care, gentler. In the USA the AT is already being taught to carers of people with dementia, early research suggests it may be beneficial (41) and further research is warranted.

Several participants spoke about a lack of support for their work with people with dementia, which is perhaps not surprising given the stigma and therapeutic nihilism attached to dementia (42) but also given that the AT is regarded as having a significant cognitive component and a focus on skills development (10, 23). This highlights the need for more research to challenge assumptions about the feasibility and acceptability of the AT for people with dementia.

As a flexible and individual approach (10) which does not rely solely on verbal communication, it could be argued that the AT is well suited to working with people living with dementia across the dementia trajectory. Several teachers spoke about the need to adapt the way they worked to the environments in which people with dementia live and crucially managing their own expectations and assumptions. Given that this research suggests that AT teachers are working with people with dementia in private practice, it could be helpful to consider whether teachers would benefit from guidance and learning around how other psychosocial interventions have been adapted to working in challenging dementia care environments such as care home settings and day services (43).

9.1. Strengths and limitations

A major strength of this study is the considerable cumulative experience of AT teachers working with people with dementia which is presented. In addition, the co-creation element gives added credibility and value to the findings with the inclusion in the research team of one of the interviewees who was an AT teacher with extensive experience of being and working with people with dementia, and reflecting on and writing about that experience. Due to a lack of research with people with dementia, this study only sought the perspective of AT teachers, therefore we do not know whether people with dementia themselves observed or experienced the benefits which were reported by teachers. Moreover, we do not have full information about those being taught and the nature of their difficulties, or detailed information about AT lesson content. Further research could usefully explore these areas in more detail. Much of the work described involved short-term interventions and more research is needed to explore multiple perspectives and the longevity of any benefits.

10. Conclusions

AT teachers perceive that people with dementia across the dementia trajectory are benefitting from the AT in a range of different settings. Teachers report a range of perceived benefits from learning the AT particularly in relation to movement, pain, feeling calm and safe, and finding a voice. Teachers felt that the AT allowed them to form a deep connection with people with dementia particularly through the use of touch. It appears that AT might be a useful intervention for people with dementia and that teaching AT skills to carers has the potential to help improve interactions. This study provides strong evidence of the need for further research in this area, particularly exploring the views and experiences of people with dementia.

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Declaration of competing interests

The first and third authors teach the Alexander Technique in private practice. The second author reports no competing interests.

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Data availability

Data can be obtained from the first author on request.

CRediT author contribution statement:

Lesley Glover: Conceptualisation, methodology, formal analysis, writing - original draft, visualisation

Emma Wolverson: Conceptualisation, methodology, validation, investigation, writing - review & editing, visualisation, project administration

Charlotte Woods: Validation, writing – review & editing, visualisation

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Table 1 – Semi-structured interview questions

1. What is it like as an AT teacher to work with a person/people living with dementia?
2. Tell me about your experience(s):
- How did you come to work with them? What happened? What was it like working with them?
- What were the benefits you observed both for the person and for those around them?
- What were the challenges? How did you try to address these?
- In what way did you have to change or adapt your approach?
3. What are your thoughts about whether or not AT is a useful approach for people living with dementia?
4. Tell me about any training you think AT teachers might need to work with people with dementia?

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Table 2 – Survey participants

All survey participants (n=84)				
		UK (n=55)	**Non-UK (n=29)**	**Total (n=84)**
Participants who had taught someone with dementia		13 (24%)	5 (17%) Germany – 2 Spain – 1 Norway – 1 USA – 1	18 (21%)
Survey participants who had taught someone with dementia (n=18)				
		UK (n=13)	**Non-UK (n=5)**	**Total (n=18)**
Overall number of people with dementia AT teachers had taught either 1-1 or in a group	Taught 1 person	8	1	9
	Taught 3 or more people	4	5	9
Setting	Community	7	1	8
	Residential	1	2	3
	Both	5	2	7

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Table 3 – Experience of interviewees and authors

Participant and where based	Experience of working with people with dementia
Interviewee 1 UK	Worked in a day care service for 6 years, attending weekly and delivering a 2 hour workshop to groups of 8-15 people.
Interviewee 2 UK	Daily visitor to her mother's residential care home for 3 years observing and applying AT principles to her interactions with her and other residents. She taught two residents the AT in individual lessons over a period of 6 weeks.
Author 1 (Pawlas, 2009) Germany	Worked for 3 or 4 hours per week for 12 years with people with dementia in the care home where her mother lived. She provided group and individual sessions
Author 2 (Ruhrberg, 2008) Germany	Taught about 5 people with dementia, giving between 5 and 20 lessons to them and starting in all instances after dementia had been diagnosed

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Table 4 - Themes

Superordinate theme	**Subtheme**
The AT can help people with dementia	1.1 Connecting through the AT – a two way relationship 1.2 Outcomes and changes more specific to people with dementia 1.3 'Expected' outcomes and changes following AT work with people with dementia
How change comes about	2.1 Communication through touch 2.2 Teachers gaining insight
Adapting the AT for people with dementia	3.1 Teaching people with dementia is both the same and different

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Table 5 – Extended quote describing significant changes observed following AT

… I remember one gentleman who could barely walk usually and I was helping him to walk, we were doing a gentle walk around the garden and then the medication that he had taken over lunchtime started to take effect so he could not walk any longer. He had to be put on a chair. So then he sat down, the medication took over, he had a little sleep for half an hour or so. Then all of a sudden we saw him getting up from the chair, walking kind of step-by-step and taking himself to the bathroom. Something that he never usually does during the week, or had hardly ever done before... It [AT] just took over, so in his subconscious something of the lesson. The carer was like gosh he never does that… But it was interesting that he has the strength and the ability to act on his own and the mobility, the facility of the mobility to do it. So that was incredible. *(I1)*

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