

The Alexander Technique and Inclusion Body Myositis

by Lauren Hill and Dennis Chada

What is the Alexander Technique and how might it help someone diagnosed with Inclusion Body Myositis (IBM)? In this article an Alexander teacher and her student, diagnosed with IBM, discuss their experiences working together over a two and a half year period.

The Alexander Technique and its Role in Managing Chronic Conditions

The Alexander Technique is a practical method for helping people learn to function with less effort and more ease. It is not however, something to do, as one might do a set of strengthening exercises or do a yoga practice. Instead it is a set of skills that are learned and can be applied to any activity that you already do—so that you can do that activity more easefully and efficiently with less unnecessary tension and strain.

Typically, students work with an Alexander teacher to learn effective ways to manage chronic back pain or shoulder and neck tension, to improve their performance in a particular activity such as playing a musical instrument, athletics or dance, or to learn how to play a more active role in their health and well being as they age.

One group of people that is not often mentioned in the literature who can benefit from the Alexander Technique are those living with a chronic condition such as arthritis, fibromyalgia or Inclusion Body Myositis. What I love about the Alexander Technique is that it works with you wherever you are and with whatever condition you have to manage.

What many of us fail to recognize is just how much our daily movement and postural habits contribute to our problems—and in the case of living with a chronic condition, make management of the condition and simple daily activities harder than need be.

The Alexander Technique teaches students to be more aware of their habitual patterns of unnecessary tension. More specifically it teaches students to notice how they habitually react to various stimuli, to inhibit a non-helpful reaction, and to choose a more reasoned response. When living with a chronic condition you may constantly be dealing with the fear of falling or the fear of pain. You react to these fears often in ways that make the situation worse. But these reactions become so habitual that you don't recognize them. Learning how to recognize patterns that are unhelpful and realize that you have choice within those reaction patterns can be very helpful. Making even some very small changes within how you are reacting can improve your ability to

navigate daily activity and also improve your outlook on living with your condition. It always feels better if you can do something to help yourself, even if it is something small.

The Alexander Technique considers the relationship between the head and the spine to be of primary importance. The quality of this relationship exerts a considerable influence on our balance and coordination and ability or inability to move with ease. Working with an Alexander teacher places a lot of emphasis on learning to observe and unlearn habitual interference in this key area of the body.

Alexander teachers most commonly work with students one-on-one. This allows the teacher to focus the lesson on the student's unique habits, limitations and learning style. In essence the Alexander Technique skills are simple but it is often hard to see your own habits, especially at first. Therefore the aid of a certified teacher can be quite helpful. In a typical lesson the teacher will use verbal instruction and gentle hands-on guidance to teach you to consciously reduce habitual interference with the head-spine relationship and to approach everyday movements in a healthier way. You may also work on releasing habitual tension while lying on a bodywork table.

Although far reaching in its effects the Alexander Technique is quite simple in principle and can be easily understood by anyone. Students who are most likely to benefit from study of the Alexander Technique have a willingness to learn about themselves, take some responsibility for themselves and do not currently experience a level of pain or dysfunction that would preclude learning.

The Teacher's Perspective

I have had the sincere privilege of working with Dennis on a weekly basis since the fall of 2011. In 2010 Dennis was diagnosed with IBM, an inflammatory disease that causes progressive weakening of the arms and legs. There is currently no cure or effective drug regimen for treating IBM. At the current stage in the progression of his IBM, Dennis is still able to walk on his own with the occasional aid of a cane. However, he experiences the progressive muscle weakness characteristic of IBM that results in spontaneous falling. As a result, Dennis feels insecure when standing, walking or when needing to rely on his legs to sit down or rise from a chair.

In standing, Dennis' habitual response to the fear of falling is to lock his knees and tense up his entire body. Besides being fatiguing, locking the knees and the unnecessary tension throws his weight further back onto his heels than it is already in his habitual standing posture. With his weight predominately in his heels, Dennis is off balance. Being off balance leads to more instability and more fear, which leads to more tensing and fatigue; this puts him further off balance, and on and on in an endless cycle.

The main focus in all of Dennis' lessons has been learning to become more aware of his fear of falling (a potent stimulus for anyone) and his habitual reaction to that fear which unnecessarily interferes with his balance and ease of movement. He has learned how to make conscious decisions to let go of the habitual patterns that are making such things as standing, walking or simply getting out of a chair unnecessarily laborious acts.

During part of our lessons, I work with Dennis lying down in a semi-supine position (lying on his back, head supported, with the knees bent and feet flat) on a comfortable padded table. This work on the table has proved instrumental for Dennis, especially at the beginning of his work with me. It affords him a safe place to be as he doesn't worry about balancing upright and the possibility of spontaneous falling. In this safe place he experiments with letting go of the habitual tension patterns, which were so practiced that they were essentially a part of him. Gradually we have taken these experiences of doing less into standing and moving.

From his first lesson, with my guidance, he established a regular practice of resting on the floor in a similar semi-supine position on his own. This provides a safe place for him to practice letting go of his habitual tension pattern. This regular practice outside of lessons is very evident in his progress to date.

The Alexander Technique is extremely practical. We work with simple everyday activities that prove challenging for Dennis. Where once walking felt insecure and required a large expenditure of energy, Dennis knows how to find balance and is a bit more at ease. Where once rising from a chair was an act of sheer willpower and strength, he knows how to manage with much less effort. He has learned to calm himself when he does fall (which he will do) and has learned how to get up off the floor easily without the aid of furniture or the wall.

As mentioned above, Dennis' habitual reaction to the fear of falling is to hold on with more and more effort and tension. Much to his surprise, learning to do less (instead of more holding) has been the key to finding balance, stability, and energy—and more full and efficient breathing. What is more fundamental to life than efficient breathing?

Dennis' new ability to move with less effort and unnecessary tension has resulted in more energy—a precious commodity for him. One day he told me of a recent visit to the Mayo Clinic, a huge complex with a labyrinth of tunnels connecting all the buildings—in short, miles of halls to traverse from one appointment to the next. Dennis had recounted in past lessons that these marathon visits to the clinic were very taxing. This time, however, Dennis reported that as he walked the long passageways he was not constantly looking for the next chair because he had more energy—yet another reminder of the profound effect of doing less. This was such wonderful news! More energy and more confidence is just what Dennis needs to continue to live the full life he wants to lead.

The Student's Perspective

Shortly after my diagnosis of IBM, while I was looking for non-traditional treatment options, a friend of mine on Twitter suggested that I investigate the Alexander Technique.

I looked on the Internet and found Lauren Hill's studio near my home. I contacted Lauren to discuss introductory lessons, but before our first meeting I went to Las Vegas for The Myositis Association conference. While there I met another participant with IBM who very much encouraged me to pursue the Alexander Technique. This man was wheelchair-bound; in his opinion the Alexander Technique had prolonged the time before he was confined to the wheelchair.

I met Lauren in her studio. She showed good humor in dealing with the quirks that I brought along because of my condition. One of the hallmarks of IBM is that the progression of the disease leaves a person very insecure and even fearful. Spontaneous falling without warning is one of the symptoms of the disease and can make every step an uncertain experience. Important parts of my lessons with Lauren have been overcoming the fear of falling, the fear of being on the ground and unable to get up and the fear of being unable to rise from a chair.

Lauren spent a lot of time helping me learn to shed my rigid posture in favor of a more poised and balanced way of standing and moving. She also opened her "library" to me, providing books and reprints of articles about F.M. Alexander, the development of the Technique, its history, and past and current practice. After several lessons and much reading, my body began to lose some of its rigidity. Then I was able to articulate a goal of balance and poise in movement and stance and a more harmonious approach to everyday life.

Lauren has shown great sensitivity in helping me learn to deal in a positive way with my particular fears (for instance, the fear of falling and not being able to get up.) In our interactions, I have become more mindful and able to help my body find new ways to accomplish the goals that I set with my sometimes limited abilities. Lauren and I have explored getting up off the floor unaided and rising from a chair without struggling. I have learned that standing rigidly was actually unstable and left me more prone to falling than standing in a poised manner. Another symptom of IBM is constant fatigue; every activity is more strenuous than it would be for a "normal" person. I have learned to stand and move in a manner that expends less energy and allows me to do more.

Moving in a poised manner without overly straining my muscles has allowed me to conserve energy, retain mobility, and be less fearful of my disease. Learning to change the way I handle the challenge of everyday activities has been a slow process, but very worthwhile. I would recommend the Alexander Technique for people in a situation similar to mine.

Lauren has a quote pinned to the bulletin board in her studio that I think sums up her philosophy and my experience: “Habit is habit and not to be flung out of the window by any man, but coaxed downstairs a step at a time.” (Mark Twain)

Lauren Hill is an Alexander Technique teacher certified by AmSAT (American Society for the Alexander Technique). She has been teaching in St. Paul, Minnesota since 2003.

Dennis Chada is a retired 62-year old man of pleasant demeanor (at least after he gets his morning coffee). He spent the last 30 years of his working life as a Mechanical Inspector employed by the City of St. Paul, Minnesota. Dennis enjoys photography, writing, travel, and visiting casinos to play blackjack. Dennis hopes his often rigid posture does not lead to rigidity in his thinking!

For more information on the Alexander Technique visit:
AlexanderTeachingStudio.com or AmSATonline.org

For more information on Inclusion Body Myositis visit:
myositis.org

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