

## **Dealing With Chronic Pain: A Patient's Perspective on the Alexander Technique**

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The Alexander Technique is a valuable and unique tool for people suffering from chronic pain. I make this statement from personal experience. The Alexander Technique provided with my first lasting relief from years of pain, and as a teacher of the Alexander Technique, I have helped my students deal with back pain, neck pain, tendonitis, rotator cuff injuries, and repetitive strain injuries.

In this article, I describe my own experiences with chronic pain and the Alexander Technique, and attempt to provide some insights into how the technique helps those suffering from chronic pain.

### **The Problem: Pain that Traditional Medicine Cannot Alleviate**

Chronic pain can devastate a person's entire life. It can destroy careers and relationships, and rob a person of the enjoyment of everyday life. Just experiencing pain, even if it does not prevent normal activity, saps a person's energy and ability to be fully present.

Our health care system does not do a good job of helping patients with chronic pain. Most doctors have two ideas about how to help: surgery and medication. Surgery does not address many causes of chronic pain. Medication doesn't always help. If it does help, it may have debilitating side effects. And it may be difficult to get because of cost or narcotics control laws. Pain patients sometimes must deal with physicians who fear they may be malingerers or drug addicts. Doctors may get tired of patients who don't get better and begin to resent, even dislike them.

People who come to an Alexander Technique teacher because of pain are likely to be suffering the effects not only of the pain itself, but also of months or years of unsatisfactory conventional treatment. This was certainly the case with me. I first took lessons in the Alexander Technique to help me deal with severe, chronic headaches that were making it impossible for me to continue my career as a partner at a large New York law firm. I found the Alexander Technique only after years of struggling, without success, to solve my problem through conventional medical approaches. My history increased my challenges in learning the technique, but also increased my motivation to learn and my rewards for doing so.

### **My Medical and Therapeutic Journey, Before the Alexander Technique**

I believe my headaches began as a result of what I did to myself while pursuing my career as a lawyer, in the course of many years of working at a desk and computer for 60-80 hours a week, under conditions of almost constant stress and sleep deprivation. The headaches at first occurred sporadically -- several times a year. Gradually, they became more frequent and increasingly severe until, several times a month, I had pain

so severe that even sitting up produced violent nausea. Movement and conversation were intolerable. These attacks, which struck without warning, lasted from between 12 hours and five days at a time. Eventually, I was in almost constant pain even when I was not forced to stay in bed by severe attacks.

I started seeking medical help for the headaches when they started to occur every few months. I saw four different neurologists and a pain management specialist, all highly recommended, prominent physicians at major medical centers in New York City. Among them, they gave me three different diagnoses. Some said I had migraines; others said I had tension headaches; later, after they became almost constant, some called them "chronic daily headaches."

It seemed to be important to the doctors to classify my headaches in this way, but there did not seem to be any clear way of deciding which category to put them in. Instead, each of the doctors made a diagnosis during my first visit, and proceeded to prescribe medication according to a protocol for the diagnosis. When one medication proved ineffective, they had me try another, then another, and then various combinations. Not one of these doctors was willing to reconsider the initial diagnoses or therapeutic approach when the medications failed. When I questioned this, I was told that it was just a matter of finding what medications worked, through experimentation. In order to get a fresh perspective, I had to move on to the next doctor. In most cases, the new doctor would tell me the old doctor was completely wrong about the diagnosis, or the treatment plan, or both.

I tried dozens of drugs, of two types: those that were to be taken when a headache began, to stop the pain; and prophylactic medications, which were supposed to prevent headaches from occurring. None of them provided any lasting relief; in fact, I believe the prophylactic medications actually caused my pain to shift from episodic to nearly constant. Also, the prophylactic medications caused me to suffer a wide array of unpleasant and frightening side effects (including fever, extreme fatigue, depression, mania, and an inability to think clearly) that would have prevented me from working even if the medicine had alleviated the pain.

Having become unable to fulfill my professional responsibilities, I took a disability leave from my job during the period March through December 2005. Just before my leave, I had changed doctors for the fourth time. My new doctor was a pain management specialist (I had become completely disillusioned with neurologists). He told me that my two previous diagnoses -- migraines and "chronic daily headache" -- were all wrong (in fact, he said there is no such thing as "chronic daily headache," though I have heard that term from several prominent neurologists before and since). According to him, I had chronic tension headaches with trigger points in my sub-occipital region, and the treatment course that I had been pursuing had actually caused the problem. This seemed reasonable to me, because of a simple demonstration: I went to him when I had a headache, he injected my trigger points with a lidocaine (anesthetic) solution, and the headache went away.

He prescribed a muscle relaxant, a non-steroidal anti-inflammatory drug, and physical therapy. He was adamant that there was no way I was having migraines, which he said were completely distinct from tension headaches. (I believe this to be wrong, based on my experiences before and since.) In addition, on my own initiative, I pursued massage, meditation, yoga and swimming, and I did not use a computer at all. This regimen provided some relief: after several months, I was not in constant pain. But my life still revolved around my attempts to prevent headaches. I was always on the verge of pain; the severe episodes continued to occur regularly; and I had no medication that worked to relieve the pain when it struck. The lidocaine injections would have helped, but I could not get to see my doctor with less than a week's notice, by which time it was too late. This situation left me still unable to work.

During my leave, as I gave my full attention to understanding and dealing with my pain, I realized that I had many habits that were either causing the pain or making it worse. For example, every time a telephone rang, I would tense the muscles of my shoulders, back and neck. I also knew that my seated posture was not good, even though I was constantly trying to sit up straight, and had been on a long quest for the perfect desk chair. Something about working at a computer was particularly problematic. An hour or two at the computer inevitably brought on pain. When I was in pain, merely looking at the screen was excruciating.

My doctor and my physical therapists agreed that I needed to change these habits, but none of them could tell me how to actually accomplish the change. I strengthened and stretched my muscles, I arched my back and tucked my chin, I exercised, I "relaxed," I had my vision checked, I tried to sit up straight, and so forth. But when I resumed the type of activities required by my job -- even under non-stressful circumstances -- the habits returned, and I would soon be in pain.

### **Discovering the Alexander Technique**

It was at this point that I heard about the Alexander Technique. In August 2005, during my leave from work, I spent the weekend with a friend whom I had not seen in a long time. In the course of this visit, I told her about my ongoing struggle, and the latest theory that I was suffering from tension headaches with trigger points in my sub-occipital region.

My friend responded by remarking that the Alexander Technique has a lot to do with the sub-occipital region. She lent me a book on the subject, Michael Gelb's Body Learning. I had only read a few chapters before I knew that I had to try this. The book makes clear that the Alexander Technique teaches how to change the way we habitually react to stress and other stimuli: the very thing I believed I needed to master in order to get better. And it identifies the head-neck-back relationship -- the very part of my body that I believed was causing all my problems -- as the key to good coordination and easy movement.

Within a month, I had begun weekly lessons with one of the most experienced and respected Alexander Technique teachers in this country, Jessica Wolf. The learning

process that unfolded over the next 15 months was fascinating and much farther-reaching than I had imagined. It helped in ways unlike everything else I had tried. Instead of providing some immediate relief that soon diminished or vanished altogether, it resulted in slow, lasting improvements. Instead of requiring me to take time out from everyday activities to undo the damage those activities were causing, I could use it all the time so that normal life was less damaging in the first place. And instead of having debilitating side effects, it was fun and even sometimes exhilarating. Eventually I realized that I wanted to be an Alexander Technique teacher in my post-law life, and enrolled in the teacher training program at the American Center for the Alexander Technique (ACAT) in New York City.

### **Further Medical Advice**

I tried to tell my pain management doctor about the Alexander Technique and how it was helping me. I talked to him about it during my office visits, and I gave him some written material. He had absolutely no interest in the subject -- he shut me down every time I brought it up. Furthermore, although I could see obvious changes in my movement and posture (what Alexander Technique teachers would call my “use of myself”) and in my appearance, he did not acknowledge them.

I also began to be disillusioned with this doctor for a second reason: when I told him that despite all the medication, exercise, physical therapy and other efforts, I was still having periods of severe pain, with no way of gaining relief, he offered no help and no sympathy. His attitude was that I should be grateful that he had helped me as much as he had, and I should not expect any further improvement.

Eventually I made what I thought, at the time, was one final effort to get medical help. I consulted yet another neurologist. Unfortunately, this doctor could only offer me the same approach that the other neurologists had: try more medications, in the hope that one might help. He did not appear at all concerned about the devastating effects similar experimentation had had on me in the past. I chose not to go back to him.

### **Progress During Teacher Training**

The teacher training program in which I enrolled, like all programs certified by the American Society for the Alexander Technique, requires 1600 hours of training over a three-year period. The first two years of training are focused primarily on the trainees’ “use of themselves” (as we call it). This intensive work accelerated my learning process and my healing exponentially.

The Alexander Technique alone did not cure my chronic pain. Even after two years of teacher training, during which I spent 15 hours a week I was still experiencing episodes of severe pain from time to time. However, I experienced many gradual changes for the better.

First, the pain episodes became much less frequent. My improved “use of myself” meant that I once again could engage in normal activities, like sitting for a few hours at

a time, with much less likelihood of getting into pain. Also, as I became much more aware of my whole self, that I learned to avoid pushing myself to the point of pain.

Second, I no longer reacted to pain or the threat of pain by bracing, which used to cause radiating pain throughout my head, neck and back. Using the skills I had learned from my teachers, I was able to counteract my habit of pulling in, so that I no longer perpetuated and exacerbated the pain through my own instinctive, subconscious reactions. When the pain ended, I felt much better, instead of compressed and shaky for hours.

Third, the pain became much more localized. I describe this process as a journey deeper and deeper into my neck and head, shedding outer layers as I went along. Now the pain occurred in one of a few specific places along my occiput.

### **Another Chapter**

By the beginning of my final year of training at ACAT, I had given up trying to find a medication to ease my pain when it struck. I was convinced that I had a repetitive strain injury in my neck, which needed to heal in order for the pain episodes to finally stop occurring. I believed that the Alexander Technique was helping me to create conditions favorable to healing, and I recommitted myself to exploring ways to promote healing.

At about this time, I happened to hear of a neurologist who actually recommends the Alexander Technique to his patients. I decided to consult him, mostly out of curiosity to meet such a rare physician. This doctor listened to my whole long story, including especially what I had to say about the benefits I had received from the Alexander Technique. He put together a hypothesis about the cause of my pain, which I believe, based upon my subsequent observations, to be largely correct. More importantly, he suggested that I do in fact suffer from migraines. The doctors who had told me otherwise based their conclusion on the fact that I had not received lasting relief from any of the migraine pills that I had tried.

My new doctor saw a pattern that no-one else had: the nausea and vomiting that usually accompany my severe pain episodes. He said that I was experiencing a vagal reaction to pain, so that oral medication was not getting into my system. He gave me a prescription for an injectable migraine medication that I can give myself when a migraine begins. This medication actually works. For the first time in the 20 years that I have been suffering headaches, I have something that actually takes away the pain. It is an indescribable relief not to live under the threat that at any moment, I could be forced to stop all my activities and undergo hours or days of suffering.

I was also greatly relieved to be told that there is a component to my pain that is not the result of my own bad habits. I had reached that conclusion on my own, because it seemed to me that after all my Alexander Technique training, my use of myself had become much better than that of the average person who carries on without disabling pain. But I felt validated when my new doctor explained to me that, like my grandmother, I probably have a genetic condition that causes migraines, whereby nerve

signals that are not experienced as pain by most people are interpreted by my brain as pain.

I also continued to seek out other forms of help, including neural manipulation, cranial-sacral therapy and similar bodywork modalities. These helped eliminate the remaining muscular component of my pain episodes. After I completed my training and began to teach the Alexander Technique to others, I was fortunate enough to connect with a physical therapist who is skilled in myofascial release work. Our exchanges of Alexander Technique lessons for myofascial release were extremely helpful for both of us. I find that the release in my fascial tissue that she achieved with her hands has made my practice of the Alexander Technique even more powerful. In effect, her work helped to undo the damage that years of pain and constriction did to my fascia, freeing my muscles to respond more fully to the changes I can bring about through the Alexander Technique.

As I write this, I realize that I no longer think of myself as a person with chronic pain. I am still what the doctors would call a “migraineur,” but that is not part of my definition of myself. I know how to prevent the pain from happening in most cases, and when I am unable to do so I have a medication that makes it go away. I keep myself in balance, and I lead the life that I want to lead, without being limited by my condition. While the Alexander Technique alone did not cure me, it has been the key to my recovery.

### **How the Alexander Technique Can Help With Chronic Pain**

It is important to appreciate that the technique is not something that the teacher applies to the student. Rather, it is a set of skills that the student learns to do for himself. The teacher teaches the student using verbal instructions and a gentle touch.

In lessons, the teacher and student examine together how the student performs simple movements, such as walking and getting in and out of a chair, and they use these simple movements to practice the skills that comprise the Alexander Technique. The teacher places her hands on the student’s head, neck, back, arms or legs to help her gather information about how the student uses his musculo-skeletal system and to help him apply the Alexander skills to change his movement patterns.

The student also typically spend a portion of each lesson lying on his back on a table while the teacher helps him calm his nervous system and breathing and let go of unnecessary muscle tension, using a very gentle touch. The perceived effects of a “table lesson” are similar to those of massage, but they are achieved through the student’s cooperation in the process rather than through the teacher’s manipulation.

When the teacher puts her hands on a student, she is using the technique for herself, so that the message her hands give the student has the same qualities of ease and uprightness that she is teaching the student to attain for himself. Students usually leave their lessons feeling taller, lighter and happier than when they came, and if, between lessons, they use the skills they are learning, they can learn to create these pleasant effects on their own.

## Dealing with the Effects of Chronic Pain

The benefits of the Alexander Technique I have described above are available to anyone who is willing to try it, whether suffering from pain or not. However, I know from my own experience as a student and as a teacher that there are special challenges and special rewards for a student with a history of chronic pain.

The results of living with chronic pain included, for me:

- Diminished ability to perceive sensations, other than pain, within my own body (proprioceptive information);
- Reflexive bracing of my entire body;
- Difficulty letting my teacher move the parts of me that hurt (my head and neck);
- Deep emotional wounds, including fear, guilt and anger; and
- Strong motivation to learn the Alexander Technique to address habits that I believed were contributing to my pain.

A blunted proprioceptive sense is both a cause of and a defense against pain. I spent years sitting at a desk in a fixed position for long hours, responding to conflicting urgent demands on my time. During the first seven years of this lifestyle, I did not feel any pain at all; I only remembered that I had a body when it demanded food or sleep. Then, as I have recounted above, I started to feel pain periodically and, eventually, continually. Even then, it seemed to me that the pain came out of nowhere. It was years before I was able to imagine, and then to understand in an embodied way, the connection of my pain to how I sat, stood, moved, and reacted to stress. In the meantime, without perceiving what I was doing, I held my whole body rigid in an attempt not to feel the pain. Thus, my lack of awareness of my body led to my pain, and my pain led me to try to block out awareness of my body: truly a vicious cycle.

Tensing muscles as a defense against pain is not an unreasonable strategy, in the short run. Movement can hurt and can exacerbate a recent injury. The nerves that convey sensory feedback from muscles to the brain do not work as well when the muscle tissue is contracted, so pain can in fact be deadened by tensing muscles. Over the long term, however, this bracing must be undone in order to restore better functioning. But it can be difficult, even frightening, to let go of tension patterns that arose as a means of self-protection.

The emotional wounds of chronic pain go beyond fear. For years, I was told by a series of experts that I would feel better if I followed their advice; each surge of hope was followed by bitter disappointment and anger when the pain returned. These feelings were often compounded when the experts reacted to these failures by showing impatience with me, or even hostility, as if I were malingering or deliberately not getting

better. The year I spent being the subject of experiments in prophylaxis was a downward spiral into despair, as doctors continued to insist that the only hope for me was to continue experimenting.

I became used to having my accounts of my own experience dismissed by physicians. For example, once when I explained to the pain management specialist what I thought was happening in my own body, he replied, "When did you graduate from medical school?" And I lost confidence in my doctors, one by one, when they would not reconsider their initial diagnoses, but persisted in advocating approaches that were not working or even making me feel worse. Such experiences can lead to anger, guilt and difficulty trusting others.

### **The Skills of an Alexander Technique Teacher**

Alexander Technique teachers know how to listen to and observe their students as whole individuals in ways that few others do. For the student, to be with someone who takes in what she says about her history and subjective experience, observes non-judgmentally, and then works with her in a way that reflects that understanding and observation, is often unprecedented.

The teacher's own poise and ability to not react thoughtlessly are particularly valuable. One of the most difficult things about my own condition has been dealing with other peoples' reactions. Some people try to avoid hearing about my pain; others are overly urgent in expressing their sympathy. Either way, it seems to me that hearing about my pain makes others feel bad, which is very difficult for me, especially when I am in pain. Equally difficult are those who react by telling the story of their own physical problems or interrogating me about whether I have tried a long list of possible remedies and demanding to know why they didn't work.

The quintessential example of the last -- which I have heard a surprising number of times -- is "why don't you just take an aspirin?" I have often wanted to respond by striking my forehead and exclaiming, "Now why didn't I ever think of that?" Instead, I generally have tried to be patient while explaining that aspirin doesn't relieve my pain. Some people actually respond to that by saying "How is that possible?" I envy them; I can only imagine that they have never had any pain that couldn't be cured with a simple pill.

These reactions from other people have made me reluctant to talk about my pain, and have reinforced my need to be by myself when I am in pain. Alexander Technique teachers, on the other hand, have always been able to express connection with me without imposing any burden on me to respond to their emotional reactions and without offering unsolicited advice. They have expressed their concern for my difficulties by empowering me how to take care of myself.

## **Conclusion**

For me, the Alexander Technique represented a radically different experience that helped me gradually undo the damage from years of pain. Through their intensive training, AmSAT-certified Alexander Technique teachers acquire the following rare skills:

- The ability to truly listen to and observe their students;
- A willingness to continue to question and explore; and
- A practical way to unlearn harmful habits that contribute to pain.

Alexander Technique teachers not only use these skills to teach their students, but also strive to impart them to their students, so that the students can become their own teachers for a lifetime of learning and self-care.

The Alexander Technique has an important role to play in the treatment of chronic pain of all types. Regardless of the underlying cause, the Alexander Technique can help the student change her reactions to pain, when it arises, and thereby minimize the additional pain that results from those reactions. It also can create better conditions for healing by improving blood flow to the affected area and preventing re-injury by changing the way she carries out the activities of life.

Most importantly, the student can regain a sense of choice and control. For me, it meant becoming friends with a part of myself that had come to seem like the enemy. This newfound wholeness is in itself a profound benefit.