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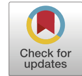
Women's experiences of using the Alexander Technique in the postpartum: *'…in a way, it's just as beneficial as sleep'*



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A R T I C L E I N F O

Keywords:
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A B S T R A C T

Background: The postpartum is a transitional period and potentially challenging time of heightened vulnerability for women where self-care is compromised. Mothers can ignore their needs while prioritising baby care. The Alexander Technique (AT) is a holistic self-management technique shown to be effective in managing some psycho-physical tension issues and heightening self-efficacy and self-care. The AT has potential to help compromised aspects of maternal well-being in the postpartum.
Objective: To explore how women familiar with the AT use it for the key postpartum issues of *Sleep and rest*, one of three superordinate themes identified in a qualitative interview study.
Design: Semi-structured interviews via Skype. Research approach: Interpretative Phenomenological Analysis.
Participants: Seven women, with varying levels of AT experience, 4–13 months postpartum.
Findings: Participants used a variety of self-care strategies through modifying their self-management with respect to *Sleep and rest.* Identified sub-themes were the 'knitting' of maternal and infant sleep, how participants rested using the AT and recognising maladaptive habits.
Key conclusions: Further research into the AT as an approach to supporting perinatal well-being is warranted.
Implications for practice: The AT has significance for self-management, self-care, addressing maternal needs for rest, restorative sleep as well as tension issues in the postpartum.

Introduction

The postpartum is acknowledged as challenging and a time of potential stress due to sleep disruption, hormonal changes and the demands of caring for a newborn, amongst other reasons (Osman, 2014); (Park, 2015). This paper addresses the issues of sleep and rest. Research on perinatal mental health with postnatal depression has received much attention (Silverman et al., 2017; Huang et al., 2020; Alves et al., 2018). Thompson et al. (2002) findings on persisting health problems between eight and 24 weeks postpartum suggest that extreme tiredness was one of the least resolved issues in the postpartum and Doering (2013) notes that few care approaches are available to manage fatigue. Lawson et al. (2015) found evidence revealing an association between poor sleep and impacts on women's mental health. Sleep, rest and fatigue span the psycho-physical/mind-body realm and can impact well-being. The focus of research into perinatal well-being tends to separate physical from psychological well-being which is a rather reductionist approach based on mind-body duality, separating the physical from the psychological (Wadephul et al., 2020). Additionally, maternal self-care needs may be ignored as mothers respond to their newborn's demands (Lambermon et al., 2020) leading to feelings of frustration and sacrifice as their own needs become secondary (Kurth et al., 2016).

The Alexander Technique (AT) is a long-established but underutilised holistic self-management method for bringing about constructive self-change (Woodman et al., 2018). The method is educational, not a passive therapy, although it may have therapeutic effects (Woods et al., 2020). Three central tenets of the AT are that the body and mind cannot be separated, self-management is formed by unconscious habits and the quality of how individuals do what they do (their self-management) has implications for how well they function 1932 (Alexander, 1932, 2018). The AT therefore ascribes to psycho-physical unity with well-being understood as a whole-person experience.

Stallibrass et al., (2005:151) describe practically that:

> *'Pupils of the Alexander technique learn how to change their unconscious habitual responses to stimuli by applying a set of conscious strategies. They learn to consciously inhibit rushing into action (called inhibiting).*

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They also learn how to consciously organise themselves prior to action and during action (called directing) so that movement is led by the head. In particular, they learn how to re-organise the balance of the head in relation to the rest of the body in order to lessen the effort needed to stay upright in gravity.'

The physiological mechanisms of the AT are not understood (Woodman and Moore, 2012) although Cacciatore et al. (2020) suggest that changes in postural tone and body schema play a role in demonstrated clinical effects. Klein et al. (2014) summarise: the AT is a psycho-physical method that helps release unnecessary muscle tension to re-educate detrimental movement patterns through intentional inhibition of unwanted habitual behaviours. The AT is traditionally taught to clients (pupils or students) by qualified Alexander teachers who have undergone a three-year training.

Eldred et al. (2015) found that while the primary motivation for taking AT lessons is to resolve persistent pain, experiencing tension, stress, anxiety or headache are also reasons to learn the AT. Increased coping ability and a reduced sense of stress were found as a benefit for people with Parkinson's disease alongside reducing associated disability (Stallibrass et al., 2002). Wenham et al. (2018) observed an increase in self-efficacy and self-care through taking AT lessons. Woods et al. (2020) suggest that changes from learning the Technique come from an alteration of a person's relationship to themselves which gives a sense of control, self-acceptance and includes self-compassion. In addition, they report that those learning the AT have described less negative thinking. Psychological aspects of a woman's health impact her pregnancy, the birthing experience and postpartum mental health (Jomeen, 2008). This interview study aimed to explore and gain an understanding of how postpartum women with a range of prior experience of the Alexander Technique use it to manage their psycho-physical health and their maternity experience; specifically how they use it to manage sleep and rest is reported in the following.

Methods

Qualitative Interpretative phenomenological analysis (IPA) of interview data was used to examine the personal lived experience of participants and flexibly explore the meaning of their experience and how they make sense of it (Smith et al., 2014; Pietkiewicz and Smith, 2014). Small sample sizes are advocated in IPA to promote depth of analysis (Smith and Osborn, 2003). Pietkiewicz & Smith (2019) describe the IPA analytical process as a dual interpretation process or 'double hermeneutic': in research interviews participants make sense and search for meaning in their life-worlds and then the researcher tries to make sense and find meaning of what the participants are trying to make sense of. IPA researchers strive to understand what an experience (in this case using the AT in the postpartum) is like from the participant's perspective. This can mean that during the analysis a researcher gains a sense of something going on that the participant might not be aware of. Hence, meaning-making is an inherent concern of IPA (Smith, 2019). The double hermeneutic shows up in interviews when the interviewer asks questions designed to explore lifeworlds and then asks for more detail for the phenomenon under exploration. This prompts an interviewee to try to make sense of something or search for meaning and the interviewer will likewise listen and try to make sense of what s/he is hearing. During analysis of the interview transcriptions, which is highly iterative, this dual interpretation process is taken a step further. The analysis aims to understand participants' meaning and sense-making within a specific context as well as linking common ground amongst participants in a study (Smith and Osborn, 2003).

Participant recruitment

Purposive recruitment of postpartum women in the United Kingdom (UK) took place via an email to members of the Society of Teachers of the Alexander Technique (STAT) in the UK in April 2019. The aim was to reach AT teachers, AT trainee teachers and AT clients who then contacted the researcher by email if they were interested in joining the study. Study details were available online via a link in the email to the researcher's website and an information sheet was provided upon request. A short screening survey determined if interested women met the following inclusion criteria: over 18 years old, UK resident with English as a first language (or equivalent language skills), 3–13 months postpartum, no major health issues (as no health support could be provided), experience of learning the Alexander Technique from a member of STAT, are in a STAT approved teacher training course or are a teaching member of the Society. Other Alexander Technique teacher's societies exist in the UK apart from STAT, but with less rigorous teacher training standards. STAT affiliation was therefore seen as part of maintaining quality. The inclusion of women resident in the UK only was to avoid collecting data from mothers in different national health care systems. A telephone call with mothers after the screening survey who met the inclusion criteria finalised participation and a consent form was sent.

Data collection

An interview question guide was developed to flexibly answer the study research question which was *how do women use the AT in the postpartum?* (Table 1). The open-ended questions aimed to collect rich data from participants' postpartum lifeworlds. The first question was an opportunity for interviewee and interviewer to become acquainted. Questions following on from that were designed to address participants' lived experience. Prompts used during the interviews also aimed to facilitate participants sharing more of their lived experience and reflect on how they made sense of their experiences and searched for meaning while sense-making. This approach differs from an interview technique where thematic analysis (TA) is used which does not aspire to specifically targeting lived experience as IPA does (Smith et al. 2009). TA can be a useful and flexible research tool providing rich, complex and detailed accounts of data (Braun and Clarke, 2006) but it is not primarily a method for in-depth examining of phenomenological lifeworlds as IPA is.

The online interviews with Skype took place between April and December 2019. Participants gave consent again and permission to record. Interviewees were made aware they could stop the interview at any time without giving a reason. A secure external smartphone app was used for recording the interviews and the recording device Philips Voice Tracer DVT1300 was used as a backup. A research diary was kept as part of researcher reflexivity as the researcher is an experienced Alexander teacher. Notes were made in the diary immediately after an interview to record interviewer experiences and first impressions of the interview and participant. This helped refine the researcher's interview technique in following interviews to consistently address both the participants' lived experience and answering the research question. Reflective distance while staying close to the data during analysis were aspects of maintaining quality and this stance was also supported by the diary. In practice, this meant the researcher was aware of her professional background but maintained a distant 'non-doing' mindset without the impulse to prove that the AT 'works'.

Data analysis

Interviews were transcribed verbatim using speech recognition software Nuance Dragon 15 by the primary researcher using the 'listen and repeat' method (Park and Zeanah, 2005). The software only had to 'understand' the researcher who listened to the interview and then spoke the text for it to be transcribed. 'Turn numbers' according to who was speaking were added to the transcript to create an audit trail. Interview length ranged from 55 min to 73 min. Analysis proceeded according to the principles of IPA (Smith et al., 2009; Pietkiewicz, Smith, 2014). This process involved a four-step procedure (Smith et al., 2009). Initially, the

Table 1
Interview guide.

1. Please, to start, tell me briefly about your pregnancy and your (last) child's birth
2. And how does the Alexander Technique play in…what does it mean to you?
3. What does postpartum well-being mean for you?
4. How, if at all, did you apply your AT knowledge while recovering from giving birth?
5. Did your AT experience play a role in your postpartum well-being? How?
5. And regarding carrying and feeding?
7. What about dealing with sleep deficit, exhaustion and sleep disturbances?
8. Did your experience of AT play into your relationship with your baby? How?
9. Is there anything you'd like to add regarding AT and the postpartum in general?
10. Would you like to say something about not using your AT experience?
11. We're coming to the end, is there anything we haven't talked about that you'd like to add?

12	Annie: … and I think letting- there is also a certain amount of '*letting yourself off the hook*': this is '*I'm tired right now*' and therefore, telling myself I have a 101 things I *should* to be doing, is no help at all … and what I am going to do is *have a rest.* And with that rest I could also throw in my directions, […]*as* I was going to sleep, I was directing to release any tension that had to do with feeding […] drifting off to sleep while *releasing* rather than drifting off holding all that …	**Linguistic + interpretative comments:** *Letting herself 'off the hook' what is the hook? – motherly-duties /self-discipline? How she thinks she 'should be'? Conflict between 'should' and organic needs?* **Lifeworld experience:** Practical AT use. directing while falling asleep. Comparing falling asleep while releasing/directing (present use) with previous use '*holding on to all that*' [tension] coming from feeding in the early days.

Fig. 1. Interview text with the turn number (left-hand margin), the interview text (middle column) and researcher analysis comments (right margin).

transcripts were closely read to become familiar with the content and the participants' stories as a whole. Lifeworld experiences of the participants were noted in the right-hand margin. In a second step, descriptive, linguistic and interpretative aspects of the data were added to this margin, see Fig. 1.

These first steps involved a thorough review of the data. In a third stage, codes and themes were noted in a left-hand margin. The fourth stage of analysis involved a cross-case summary of the themes which were common to all or most participants. In practice, the primary researcher was continually moving back and forth between these four levels. The overall aim of the multiple analysis steps was to transition from a focus from *'the particular to shared and from the descriptive to interpretative'* (Smith et al., 2009:78). An excel spreadsheet collated all the codes, themes and relevant quotes so that themes common to all participants could be filtered to identify superordinate themes (SOTs) and sub-themes (STs).

Findings

Participants Eight women with varying levels of AT experience and no prior health issues who were in their late 20s - late 30s and UK residents were recruited and participated in online semi-structured interviews via Skype. One participant (a trainee) who was interviewed was excluded from the analysis as she had moved outside the UK. The women were 4–13 months postpartum, of European white ethnicity, in a relationship and none had left education at 16 years of age. Clients in the study had received over 30 lessons which is compliant with STAT's recommendation of 20–30 lessons to be able to use the Technique in everyday life. An overview of further demographic data of participants is given in Table 2.

Three main SOTs were identified in the study analysis: 1.) *Sleep and Rest,* 2.) *Awareness and Sensing Embodiment*, 3.) *What it's like being an 'Alexander mum'*. Each SOT had three STs. This paper presents findings only from SOT 1 and its STs (Table 3). See (Hanefeld, 2021) for analysis of SOTs 2) and 3). The separation into SOTs and STs is not always as clearly delineated as the SOTs and STs suggest because sharing lived experience is a multifaceted undertaking. For this reason, it is acknowledged that this is only one way of presenting the findings.

Researcher interpretations follow the participant's quotes in the analysis as is standard IPA practice (Hefferon, Gil-Rodriguez, 2011; Smith et al., 2009).

SOT 1: sleep and rest: ST 1: 'my whole life revolves around wanting this baby to sleep .'

All participants in this study spoke of how maternal and infant sleep were interwoven. How this relationship played out and how it influenced their well-being varied amongst the participants as did the role that the AT plays in this area.

Fiona is co-sleeping with her baby:

> *if I didn't have so much… kind of confidence, I suppose to actually think: 'well this* [co-sleeping] *is fine, I think this* [co-sleeping] *is healthy'* […] *but I do think I am particularly lucky because I not only did my Alexander training but I did it with* [X] *she's also, you know, a pregnancy and birth specialist so, you know, she gave me loads of sort of… confidence…'*

Speaking of the benefits of co-sleeping Fiona says *'I just haven't been sleep deprived, I'm not seriously tired…'* She attributes co-sleeping as a natural outcome resulting from the confidence that the AT has given her and co-sleeping in her case illustrates how her sleep is 'knitted' with her baby's sleep.

Isa experienced an injury from birthing and during her first postpartum months discovered that if she breastfed while standing that helped avoid discomfort and pain. She highlights what her baby's sleep means saying,

Table 2
Demographic data of participants. *At the time of the interview. CS = caesarian section, SVB = spontaneous vaginal birth. *P* = primiparous, *M* = multiparous.

Pseudonym	Months postpartum*	Parity	Birth of last child	AT 'status'
Marie	07	P	CS, hospital	Client
Annie	05	M	SVB, home	Teacher
Fiona	05	M	SVB, home (unplanned)	Teacher
Isa	12	P	SVB, home	Teacher
Phil	07	P	CS, hospital	Trainee
Mel	11	P	SVB, (home then hospital)	Client
Jennie	04	M	Ventouse aided birth, hospital	Client

Table 3
Overview of SOT 1 with STs.

SOT 1: Sleep and rest	ST 1: a mother's sleep is interwoven with her infant's sleep	*'my whole life revolves around wanting this baby to sleep.'*
	ST 2: rest and AT praxis in semi-supine	*'so it's magic'*
	ST 3: becoming aware of habits	*'I can slip into that habit'*

'my whole life just [laughs] *revolves around wanting this baby to sleep, so… if I am already standing up and she is already, like, dozing off it is much easier to put her down if I am standing up…'*

Her laughter seems a little uncomfortable and may be linked to sharing what her baby's sleep for her life means. The fragility of putting down a dozing baby while hoping for baby-free time comes over. Isa summarised during the interview her creative and practical (if unusual) learning process on using the AT to find a pain free position to feed in. She has been thinking things through and looking for solutions through her using her AT self-observational skills and awareness in the process.

Phil entered into motherhood with a major sleep deficit after an over 60-hour labour. Her baby woke many times in the nights during the first months leading to severe fatigue. She is weary of the sleep issue, not just physiologically 'tired'. Phil was the only interviewee actively receiving AT work (not using it alone on herself) as she is back in her teacher training classes four mornings a week. A 'turn' in an AT training class means a trainer working on a trainee and 'table work' refers to receiving AT while lying in semi-supine:

'…the other day I had a turn with [trainer's name] *and she was: 'use your time in the course to get like, a deep sense of rest-, umm…* [laughs] *and I'm like: bit of an expensive way of just getting some sleep! But anyway, she's giving a table turn, I do shut my eyes and she did really very- just slow, deep work rather like- I do feel slightly more rested, umm… so in a way, it's just as beneficial as sleep.'*

The laughter in this passage also seems to touch how uncomfortable the sleep issue is for Phil. Receiving AT work helps Phil feel more rested despite sleep deficit although she does not detail the changes.

SOT 1: sleep and rest: ST 2: 'so it's magic'

A commonality emerged amongst participants of using the AT for daytime praxis while lying down in semi-supine. Stallibras et al., (2005:151) describe the process:

'The pupil lies with their knees bent and their head (not the neck) supported by books. In this position there is minimal distortion of the curves of the spine compared to lying flat or standing or sitting and the balance of the head is relatively forward on the atlanto-occipital joint. This allows gravity and the effects of inhibiting and directing to encourage the back to lengthen and widen. The discs between the vertebrae, including those of the neck which are freely poised in space because the head is supported on books, are gently teased apart and absorb more fluid (Maroudas et al., 1975). The weight of the arms and legs are supported by the floor or the table such that the large superficial muscles of these limbs that wrap around the neck and back are encouraged to release from their habitual patterns of contraction. Consequential beneficial effects include the likelihood of less constricted respiration and freer movement of the internal organs and the joints'

The outcomes of using this standard AT-procedure varied and touched the issues of tiredness, recovery and rejuvenation, psychological benefits and reducing psycho-physical tension. The praxis led to a mind-body reset and was much more than 'just resting' while lying down.

Mel describes the procedure and her experiences:

'So I use a book under my head, usually, and I lie on the floor, grounded on the floor, hands usually on my tummy and my legs up, my feet grounded on the floor, then I just notice kind of… where my body is at, where areas of tension are and I just send a kind of wish to the areas that are tense to release. I also think about my head going to the back of the room, my feet spreading out on the ground, my shoulders releasing, my knees going up towards the ceiling, my hands relaxing, it's just kind of… like a way of navigating around the body and I very much notice that my body gradually, gradually kind of begins to release and then I start to feel more like a 'sense of my whole', the whole of me? I generally- I find that things then begin to slow down and often I feel how tired I am, when before, it had been kind of my racing through and I'm: 'ah, actually I am- I'm quite tired now '… so I always feel grounded afterwards and I feel [unclear]*… kind of centred, I suppose…'*

Having worked on herself with the AT for a while, Mel becomes aware of her *body releasing* but the process is more than just a physical release of muscle tension. She becomes aware of her whole self and seems to access a clearer, deeper sense of it. The racing seems to have been more superficial. Mel also hints at coming more in contact with how she *really* feels: although she does not explicitly say so, it sounds as if she feels better despite sensing tiredness. Mel is also co-sleeping and following a baby-night, Mel uses the AT to iron out the consequences:

'I'd just do Alexander Technique, and after the night you'd just end up in all kinds of funny positions because of the baby, you're trying to not crush the baby, you know, you end up your arms are up here and I would never have been able to sleep before in that position but I have been able to, you come out feeling a bit 'oh' and you just do semi-supine and you're like, back again, so it's magic.'

Feeling not quite herself (*a bit 'oh'*) semi-supine praxis means she is *back again* (feeling herself). Mel switches from seemingly generalising, using 'you', to the first person singular, where she seems to have more ownership of the described experience. Mel seems fascinated: *it's magic.*

Isa also describes feeling more grounded after using AT lying in semi-supine, and, sense-making, explains why:

'I suppose it is very calming and… it can be- umm… revitalising, not sure that- I suppose so- umm…. very grounding- I think, that's an important part of it… because there is a different level, I think, when you've got your whole body actually on the ground… yeah… very grounding I think, you know, emotionally too - and supportive…'

Isa hesitates as she searches for words to describe the benefits of her praxis and has difficulties using language to convey this kind of experience. Being aware of tactile sensations of her weight on the ground appears important, facilitating the release of psycho-physical tension. What does feeling 'centred' and 'grounded' mean? Centre is a location whereas the ground is an object. Feeling the ground (the earth) may have arisen as an expression meaning being aware and in contact with the sensation of the earth beneath one´s feet, *now.* Feeling centred may mean 'being in the middle of oneself´, neither only in the head (thoughts) or the feet (going somewhere) nor in the hands, (doing something). Someone describing themselves as 'feeling centred' sounds as if they are more in balance and contact with all aspects of themselves, not one-sided or caught up in activities and busy-ness. The two expressions complement one another and have connotations of 'being' rather than 'doing'.

Fiona practised the AT in semi-supine during an uncertain week in hospital after the unplanned home birth of her daughter. Her baby had a health issue which was soon resolved:

'…so I did actually literally go and lie down in semi-supine and think about releasing […] *about recovering, that was actually what enabled me to deal with it all…* […] *and the fact that I could look after myself through it all, that was actually a great relief…'*

Thinking about recovering seems to be more than a physiological process: she is implying she can influence the process from the cognitive plane. Being able to look after herself seems to have been empowering and supportive during an uncertain week. Fiona engages in sense-making:

'I think it is literally about staying more centred, you know, in body and mind, […] *it's tricky to describe exactly, to me… it's the feeling of staying more centred* [chuckles] *rather than, umm… wobbling around and getting swimmy and rushed… it's just thinking: 'here I am' - umm… yeah, I think it just builds up, it- it- it- over time, it has quite a big effect on how much energy you have…'*

Again it is hard to describe the experience and hesitations arise as Fiona searches for words to describe her kinaesthetic-proprioceptive experiences. She contrasts *wobbling around, getting swimmy and rushed* with *just thinking: here I am* and *the feeling of staying centred.* The latter sounds clear, uncomplicated and stable and as if she is in good contact with her self as a whole. She also implies a learning process, skills that *builds up over time*.

Marie also describes doing semi-supine having a positive influence:

'I do just in terms of generally trying to create my well-being, I do lie on the floor, from time to time, I don't feel I do it as much as I would like to it … but it does help me reset my body but - and therefore, just creates a little calm mentally, which might help the exhaustion.'

During her practice, she tries to,

'…particularly think of my back 'melting into the floor' and… just try and… create that bit of…mental space, by - yeah, I suppose by concentrating on my directions… it does allow for sort of 'messy thoughts' [to stop] *that intrude into everyday life …'*

Well-being here seems to be something Marie can actively generate. Her description of her back *melting into the floor* conjures up associations of something hard becoming softer and less rigid.

SOT 1: sleep and rest: ST 3: becoming aware of habits

'I can slip into that habit…'

Marie speaks of not doing the AT in semi-supine as much as she would like, which appears to be a contraction: she would like to do something but does not do it? Jennie relates that she is *'not finding it easy'* to regularly practise AT lying in semi-supine and has only done it *'a handful of times'* since the birth of her daughter. Sense-making why she does not practise as much as she would like to, Jennie cites several reasons for having little time for herself alone. However, towards the end of the interview, she says:

'It always comes back to that, it's always a struggle, well, it is for me, to kind of prioritise the sort of 'looking-after-yourself-bit' […] *I know that if I took the time to do semi-supine that would give me a huge 'big boost' sort of feeling'…*

Jennie corrects herself saying *'it is always a struggle, well, it is for me´*, but something rings true in her initial generalisation. How many mothers find it *easy* to prioritise for themselves? What might be behind this issue seems to become clear from Annie, who often spoke of her sense of duty during the interview, and the tension between that and her need for rest:

'I'm tired right now…telling myself I have a hundred and one things I should be doing, is no help at all … and what I am going to do is <u>*have a rest*</u>*.'*

Annie spoke of *'letting yourself off the hook'* as she tussles with her sense of duty. A hook in this context has vivid associations of being caught, not being free, of being 'held'. Self-management habits such as a sense of duty have such traits. Annie makes it clear that it is a habit that she is grappling with:

'…and I can slip into that habit if I'm not carefu-… l, yeah, I can go: oh, I can't do that now because I've got to do this, that and the other…'

Annie is observing her thoughts while contesting her need for rest with her duties. She seems aware of the potential for lapsing to prioritising for *this, that and the other*, knowing she can *slip into that habit. Slipping* here seems gradual, not something that suddenly takes over - she is aware that she has to be attentive to not return to her dutiful habitual self-management mode. Similar self-management habits might be the source of both Marie and Jennie not finding it easy to prioritise their AT practice. Jennie's experience is that it is always a struggle to prioritise *the looking after yourself bit.* The word *bit* in this context has an echo of something meagre; a rather small, scanty time slot for herself.

Discussion

The findings of this qualitative interview study are an exploration of how seven postpartum women with prior experience of the Alexander Technique use this method in their first year after birthing. Data analysis of semi-structured interviews using IPA revealed a range of situations. In this report, the findings from the first SOT of the analysis, *Sleep and rest* are presented. Sleep is a postpartum issue straddling psychological and physical domains of health and well-being and the narratives surrounding it showed maternal and infant sleep are intimately intertwined.

Lack of sleep, sleep deprivation, and fatigue are issues impacting mothers' well-being as they adapt to the demands of the postpartum (Hunter et al., 2009). Lambermon et al. (2020), in a review on self-care in the postpartum, note that sleep and rest are important self-care needs with mothers often lacking. Multiple research findings have uncovered the relationship between postpartum sleep deprivation, negative mood and mental disorders (Lawson et al., 2015). Studies show that self-efficacy is lowered when tired (Rogala et al., 2021); Chau and Giallo, 2015; Lesniowska et al., 2016). Richter et al. (2019) found that the worst point for sleep disturbance is three months postpartum. In

the light of such findings, it is clear that restorative sleep plays a central role in maternal self-care and perinatal well-being; supporting good sleep and constructive daily rest time is central to maternal postpartum health and well-being. The AT appears to offer a way to support and contribute in this realm.

Two women shared that they are co-sleeping, one explicitly saying it is the right thing for her to do as it meant she has not experienced sleep deprivation illustrating that infant and maternal sleep are 'knitted' together. Researchers cannot reach a consensus on whether there is a risk associated with shared sleeping in all circumstances (Duncan et al., 2018). The American Academy of Pediatrics recommends room-sharing without bed-sharing (Moon et al., 2016). Lavallee and Scannell (2017) highlight, mentioning Asia, that in large parts of the world bed-sharing is the recognized norm and point to observable cultural and socio-economic differences with the practice. Blair et al. (2020) suggest that recommendations on bedsharing should consider the mother's preferences, beliefs and knowledge while also acknowledging the known benefits and risks. The distinction between intentional and reactive co-sleeping appears to be a valid and useful one with reactive co-sleeping characterised by reduced parental satisfaction (Ramos, 2003).

Participants regularly chose to self-care with the AT semi-supine praxis which gave them a sense of rest, relief and recovery when they were tired, anxious or fatigued. Self-care is a certain positive attitude and form of attention towards the self, concerning any necessary function that is under individual conscious control and is self-initiated (Woodman et al., 2018). Practising the AT while lying in semi-supine led to improvements in subtle states of psycho-physical well-being such as feeling more grounded, more centred, with calmer thoughts, less tense, more oneself (more congruent). The topic of rest in Lambermon et al. (2020:7), reviewing 29 studies on self-care in the early postpartum, appears only once and in context of the partner to make sure *'that the mother takes sufficient rest'*. The AT seems to 'give permission' to rest in a society which, it is suggested, has dominant motherhood discourses that seem imbued with a 'get on with it' attitude despite the known prevalence of sleep disruption and deprivation in the postpartum with resulting tiredness. No literature in English on the subject of postpartum rest (apart from bed rest after birthing) could be located. This also suggests deficits regarding the significance of taking rest in the postpartum.

Participants seemed to imply they had some control over their psycho-physical well-being and a sense of agency and self-efficacy in using AT skills imbued the narratives. Bandura (2002) describes self-efficacy as people's judgements of the skills they possess regarding their ability to organise and perform a behaviour. This study showed that participants had degrees of 'AT self-efficacy', for example, using the AT while lying down in semi-supine.

The value of the AT in this context seems to be having the means whereby an upward positive cycle of better sleep and rest can be initiated leading to heightened self-efficacy and enhanced self-care. Woodman et al. (2018) findings that using the AT heightens self-care and self-efficacy are supported by the findings of the present study. A sense of duty and difficulties prioritising for oneself were aspects of habitual self-management that hindered some participants from taking time to self-care by using the AT in the semi-supine position and their activities. Awareness of this hampering their self-care varied in participants. This may be connected with the amount of AT training someone has had. The development of an AT maternal self-care smartphone application seems to offer intriguing potential possibilities to enable women to track the time they take to self-care.

Fahey and Shenassa's (2013) Perinatal Maternal Health Promotion Model focuses on the development of life skills that promote well-being and meet individual needs to counteract compromised postpartum self-care. These authors suggest that complete perinatal well-being reaches far beyond understanding it as the absence of pathological issues needing medical attention. The holistic nature of well-being seems to characterise the findings of this study support the concept that perinatal well-being is a complex multi-dimensional and dynamic construct with subjective whole-person experience (Wadephul et al., 2020).

The majority of women in the study were not currently having AT sessions but were continuing to apply the AT skills they had learnt. Skill retention seems to be taking place and this is in line with Stallibrass et al.s' (2005) finding that their participants who had idiopathic Parkinson's disease were still using their AT skills six months after receiving a course of lessons. Stallibrass et al. (2005) however, found there was a wide level of variation and level of commitment. These findings highlight the learning process that proponents of the AT ascribe to (Alexander, 1932/2018; Cacciatore et al., 2020; Woods et al., 2020).

Some of the outcomes women reported of using the AT while lying in semi-supine appear comparable with mindfulness, a meditation practise that cultivates present moment awareness (Ludwig and Kabat-Zinn, 2008). The AT, however, includes and integrates aspects such as consciously addressing and modifying harmful psycho-physical habits and takes basic anatomical knowledge into consideration which is not part of mindfulness practice. Attending to the *physical* of the psycho-physical through directing also seems to be the main distinguisher between the AT from general mindfulness-based approaches. Luberto et al. (2018) found in a pilot study based on mindfulness-based cognitive therapy (MBCT) for pregnant women with elevated anxiety a significant pre- to post-intervention improvement in anxiety, depression, worry, mindfulness, and self-compassion. Interestingly, the 3-minute breathing space was the most practised post-intervention exercise of this study with 91% practising it postpartum. This seems to relate to the findings of this study in that taking space and time by lying down in the semi-supine position and using the AT means prioritising for oneself; it then possibly involves becoming more aware of oneself and becoming more present with associated well-being outcomes. Stallibrass et al. (2002) also found evidence of a reduction of tiredness in participants. These authors hypothesized that the AT may facilitate the activity of brainstem mechanisms controlling the automatic adjustment of postural support. This could theoretically account for fewer attempts at direct muscular control in activities and therefore less energy depletion. Other authors (Cacciatore et al., 2020) suggest benefits from learning the AT arising from a change of postural tone and body schema.

A key focus of maternity care is choice and control; women have made it abundantly clear that they want it (NHS 2021) England,). That said, simply assuring someone of choice, especially in a vulnerable period of life, does not mean a woman can make and take those choices and (then) have (more) control. Through learning the AT individuals become empowered to take greater responsibility for their health and well-being (Woods et al., 2020). Despite calls from maternal health experts to optimise women's health in the year after birthing relatively little research, and attention has been given to this phase of the perinatal period (Fahey and Shenassa, 2013).

How the Alexander Technique differs from other approaches available: Like osteopathy, the AT is a one-to-one, individual, hands-on approach addressing unconscious, dysfunctional patterns of movement which are seen as the cause of deficits in functioning. Eisenreich (2010) notes that both methods aim to improve these deficits. However, osteopathy is a form of treatment administered by an osteopath, the AT ascribes to an active learning process taught by a teacher. Yoga differs from the AT in that Yoga uses exercises (asanas, poses) which the AT does not ascribe to. There is an over-lap in outcomes of the two approaches, in that Yoga and AT outcomes can include behavioural flexibility, improvements in mental health and well-being (Gard et al., 2015). Pilates uses a combination of around 50 simple, repetitive exercises to exert the muscles (Kloubec, 2011) also distinguishing it from the AT which does not involve special exercise. The AT does not include meditation which delineates it from mindfulness meditation practice although there is some overlap with mindfulness practice as noted. Larkey et al. (2004) describe Tai Chi and Qigong as a new category of exercise using some form of body positioning with a focus on breathing and a calm, or clear state of mind to achieve relaxation.

The AT does not ascribe to movement exercise but an outcomes-overlap can be pin-pointed in the clear state of mind and less tension aspects of these approaches. An overlap of the AT and Feldenkrais method is the desired outcome of improved functionality and movement awareness in everyday life and a teaching not treatment paradigm but the strategies applied in practice differ in many ways (Jain et al., 2004).

Strengths and limitations

Participants spoke freely and extensively on a subject that was of personal interest to them and rich and extensive data was created. The participants and the postpartum *as wholes* were researched, not facets or aspects such as postpartum lumbo-pelvic pain, depression or fatigue. This is the first paper reporting on one of three SOTs identified in the study and the first study to explore how women use the AT in the postpartum. Banoofatemeh et al. (2017) claim that results from their clinical trial show that the AT can promote mothers' psychological well-being and their pleasure of becoming a mother, their methods, however, do not include the core AT concepts of inhibiting and directing. Other unpublished studies on this topic may exist.

A limitation is that participants were women who had had positive experiences with the AT. They had had paid for lessons, were paying for (or had paid for) training and had become teachers of the AT. Reports on their positive experiences of the AT can be expected. Women with negative AT experiences were not included in the study. The excerpts presented here are, however, only a small percentage of the large data corpus. Due to the small sample size in the study findings cannot be generalised. Qualitative research studies examine a specific issue or phenomenon in a specific population or group, in a particular context. Generalizability of qualitative research findings is not usually expected (Leung, 2015).

Conclusions

Further research into self-management techniques such as the AT in the postpartum is warranted to explore and understand its potential in supporting maternal self-care and well-being. The role that learning the AT could play in the perinatal phase to develop skills to create conditions conducive to restorative sleep and prioritising constructive daytime rest also deserves research.

Ethical approval

Was granted from the University of Hull, Faculty of Health Sciences-Research Ethics Committee.

Credit author statement

Nicola Hanefeld PhD, designed this project, collected data, analysed it and wrote this paper with supervisory support from Dr Lesely Glover, Prof Julie Jomeen and Dr Fran Wadephul.

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Declaration of Competing Interest

None declared.

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