

Embracing the fear

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Presenting this case describes one particularly exciting encounter.

This encounter reawakened in me, thoughts of those people with high motor intelligence who miraculously and quickly translate the messages of the Feldenkrais touch into practice. It is interesting to see the connection between motor intelligence, the brain centers responsible for learning processes, and a person's professional specialization.

In this session I met a person who, despite experiencing fear with a bodily reaction of neck muscle contraction, was able to internalize, translate and apply the movement information that my hands conveyed to him.

Much has been written about the body's responses to states of fear and anxiety. About 2,500 physiological responses are known to occur in the body during and after stressful events. Most reactions such as: hormone secretion, pulse acceleration, increase in blood pressure, etc., disappear within seconds. As part of the "freeze, flight and Fight". There are reactions that not only do not disappear, but remain and intensify at each stress encounter, until they break out in physical syndromes. In his book, "The Body and Mature Behavior," Feldenkrais devotes an entire chapter [Chapter 10] to this issue. According to him, the fear instinct is the only instinct that inhibits movement.

"The first response to the frightening stimulus is a sharp contraction of the flexors (especially those of the abdomen) that inhibits the extensors and stops the breathing. This is the survival behavior of living things" [Darwin].

Prof. Alon Talmi, who was a student of Feldenkrais, dealt extensively with understanding the connection between body and mind in his article: "Five Women - How Functional Integration Helps Solve Mental Problems".

The terms "repression" [Freud], "muscular armor" [Reich], and "Functional Integration" [Feldenkrais] explain human behavior in a state of fear.

The use of Feldenkrais' "technique" is a quick and effective way to "treat" the physical symptoms and restore a person's ability to cope mentally with anxious situations in his life.

In 2001, I worked for a high-tech company that specializes in communications exchanges. I was asked to give F.I classes to employees. The program included a series of eight lessons, for those interested, once a week. Each week I met 27 employees who every eight weeks were replaced by other employees. Most of the workers were computer people.

From my previous experience these were people with physiological movement comprehension ability. Most people have been involved in computer communication and specialized in a field called functional integration. Is it any wonder that these people, whose field of profession is called as our occupation, understand the non-verbal communication of the Feldenkrais method at such a high level and apply it in their bodies so quickly?

After a phone call, a muscular young man appeared at my doorstep. I noticed that his head was tilted to the right towards the right shoulder, the right shoulder was higher than the left shoulder and the whole chest was swollen and held.

I asked Ben [pseudonym] to sit down. In the introductory conversation, he said that two days earlier, his toddler son had fallen in the public park and broken his arm. Since then the child is constantly held on the hands, his and his wife. In his opinion, holding the son in his arms is the reason for his busy neck.

My impression was a little different. The story seems to be a classic case of the "anxiety pattern of the body."

I chose to lay Ben on his side to maintain the initial pattern of his body behavior - the flexed muscles are more contracted and lying down is a very comfortable fetal position which allows the muscles and skeleton to be held unnecessarily.

I asked a Ben to lie on his comfortable side with his knees bent; a converging position, which calms the flexors and is reminiscent of a fetal position. I placed his head on high support to lower the overwork of the neck muscles.

In order to confirm my assumption that we were dealing with "muscular armor" syndrome, I examined the movement from the pelvis towards the head. Is the movement global, or is there a separation between the vertebrae and ribs. How do muscles react? Indeed the body moved as one division and the vertebrae responded like a rigid pillar. Every gentle touch of mine, immediately reached his head and moved up.

I built an operative plan.

In the first stage, I was looking for actions that would calm the over-stimulation of the muscular-nervous system, in general.

I sat behind Ben's back. I placed one hand under the spine, in the lower canal under the back protrusion. I placed my other hand on the side of the body lying on the bed as a support. Both hands, at the same time, supported the ribs and vertebrae. I was there until I felt the tension drop and the vertebra "sink" into my hand. So I went along the spine from the first dorsal vertebra to the tail vertebra.

I felt Ben's body cooperate, the stasis of the muscles and skeleton thawed. There was a gradual movement along the vertebrae of the spine, ribs and muscles. Ben took a deep breath.

In the second stage I focused on the “muscular armor” response of the chest.

I moved his upper shoulder in different directions to feel and know how much movement the shoulder has in each direction. What is the necessary force to start a movement? What is the connection between the movement of the shoulder and the rest of the chest? This test is designed to make it clear to me, to Ben and to his brain, what the initial state of the musculoskeletal system is.

I compressed the upper shoulder toward the vertebrae of the spine, each time toward another vertebra, with my other hand supporting the "floor" of the vertebrae. The goal was to convey a sedative message to the nervous system and brain. "That it is possible to release and let go of the excessive possession - the danger has passed." The principle that guided me was Newton's third law: every force I exert on the body, the body will exert a force on itself equally and in the opposite direction. That is, when I exert force on contracted muscles, in response they will relax.

I repeated the test to check the shoulder movement, there was indeed a slight improvement in the mobility of the shoulder.

In the direction perpendicular to the bed, I compressed with both hands the chest muscles in front and the shoulder blade behind. I was there until I felt the muscles relax, the ribs moving towards the sternum and the shoulder blade sinking towards the spine. I moved the shoulder again. The change was dramatic! The shoulder moved easily and separately in all directions. I realized that the holding of the rib cage had dissipated, but it was important for me to integrate the neck for the re-functioning as well.

In the third stage I connected the head to the chest movement in order to restore the functional functions.

I sat down in front of his head, I pressed his upper palm to his forehead, while he was still lying on his side, I supported with one hand the forehead and elbow and the other hand supported the shoulder. Both hands sensitively and gently moved Ben's head and chest together in a global motion. I noticed that with each movement the range increased and the movement was more flexible, involving additional parts like vertebrae, respiration and pelvis.

Next I separated the hand from the forehead and moved the hand and head in opposite directions when once the head was fixed and the hand was moving and vice versa. I noticed with my hands how Ben's body examines every possibility of movement and after a few repetitions, he understands the action and makes it part of his repertoire.

I had a number of goals in these actions:

1. The global movement allows the "stiff neck" to move without fear. In cerebral perception it is not the neck that moves but the chest. This allows general relaxation of the nervous system.

2. The movements in separation allow the person and his mind to "get out of the pattern of anxiety" to thaw the stagnation and return to natural movement, while being able to choose more from the variety of movements he experienced during the session.
3. Coming out from the laying on the side position, in the rotational movement of the head and chest, from the convergence and contraction of the flexor muscles to the extension and balance of the flexor muscles relative to the erect muscles. Returns the person and body to its vitality.

In the fourth step, I brought Ben's body to a soothing rhythmic movement. I sat down over his head. I placed my fisted palms on either side of C7 and with my body movement I moved Ben's body: compression and relaxation, at different rhythms. I noticed the free movement of the chest relative to the pelvis.

I asked Ben to lie on his back. The change in feeling was great. Ben noticed the differences between one side and the other. He felt differences in height, weight, length, freedom and more.

I was surprised by Ben's ability to diagnose at the first meeting. I was intrigued, and asked Ben what his profession was.

Ben said he is a pilot and a computer engineer and his specialty is indeed: F.I.

I repeated all the actions on the other side as well; it was important to me to give Ben back the symmetry between the two sides, so that he would feel comfortable and come back confident in his body.

The concluding phase of the integration lesson was on the back. The goal was to allow Ben to experience gravity pulling under unusual conditions while lying on his back. In this position, movement is possible between the vertebrae of the spine, ribs, pelvis and legs in neutral and weightless conditions.

The presence of the skeleton and the connection to gravity restores one's confidence and ability to function in situations that can provoke anxiety.

At the end of the lesson Ben sat down, the look of surprise on his face, his wide open eyes moved me greatly. I realized that the message was absorbed in his mind and indeed there was a change in his body pattern.

Knowledge, diagnosis and technique are extremely important, over which empathic listening prevails. Listening to text, body language and bodily responses in the kinesthetic connection of the teacher and the student's sensory system.