Visualization, Play and "Doing it Wrong"
Feldenkrais Strategies for TBI,

by

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By the time I began to train with Dr. Feldenkrais in San Francisco in the late 1970's I was already involved in the design and application of three funded pilot projects for brain injured adults and youth. Inspired by the brain plasticity research available then, we were on the quest to show that people who had been deemed by their physicians to be permanently paralyzed, could learn to move again. My task was to explore any and all alternative approaches and ideas that might help move them forward.

A majority of the participants entered the pilot projects with hemiplegia (paralysis on one side of their body), spasticity of the arms, shoulders, hands, ribs and muscles in the lower back, and / or spasticity of the pelvis, thighs, legs and feet. some had speech difficulties. Most conventional therapies for individuals with traumatic Brain Injury (TBI) focused on treating or addressing their paralyzed, flaccid or spastic bodily areas. They still do.

In the Physical Therapy model, a great deal of effort is involved on the part of the patient, often leading to more stress, spasticity, and discouragement. When you have suffered a stroke or head injury your body image, movement image and self- image become distorted. The cortical sensory motor maps that represented them have altered physically. They may even have vanished. Individuals in this predicament often lose their connection to their sense of self [1] and can't remember what it felt like to move their now paralyzed or affected limbs making it all the harder to learn.

Some fundamental principles of the Feldenkrais Method™ are the elimination of effort, of "trying". This applies to both the pupil and the practitioner. Other principles are focusing on the functioning areas, the ones that work well and starting all sessions on the uninjured side. Focused attention to

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pleasant sensory motor activities create comfort, calmness, pleasure and a sense of safety, all essential conditions for optimal learning and stimulation of the plastic properties of the brain and nervous system. Play and making mistakes, "doing it wrong" are also core principles.

During my first two Summers with Dr. Feldenkrais, I was not yet fully trained in the hands-on part of our work, Functional Integration so I started with seated movement sequences using some of the principles I was learning about and experiencing in class. I began by introducing the Feldenkrais principle of focusing on the uninjured side while ignoring the paralyzed side. This was a major novelty for both my group and me. The participants spent a lot of time getting to know, feel, sense and observe the areas of themselves that they could move easily.

For example, we would lift and lower an arm or leg arm and pay attention to where the movement begins, how muscles contract and de contract as the limb is lifted and lowered. After each sequence, we noticed how muscle groups relaxed when movement was absent. Through movement we would sense how the arm connects to the shoulder, the hand to the wrist and elbow, adding more details as the group's attention span grew over a few days. We would play with variations: lifting the arm and turning one's head slowly towards it, and away from it; Turning the head slowly by itself and moving the eyes with the head, then in the oppose direction. Touching ones face with the palm of the hand, then the back. There were a lot of pauses and rest periods since focused attention is often hard for people with TBI. For the first three sessions we ignored the paralyzed side entirely but spasticity was lessening spontaneously for most participants and the group as a whole reported feeling calmer and hopeful.

It was time to introduce another principle to them, the unique visualization approach developed by Moshe Feldenkrais.
He instructed us to visualize in the following way, when there is a specific functional ability to regain:

First, execute a fluid slow movement a few times on the easy, pain-free, side paying close attention,
Secondly, imagine moving that same area, including all the sensations you can remember. If the imagined movement is unclear, go back to moving, noticing and sensing, and then do the movement again in your imagination.

Thirdly, move the easy area **while also** imagining moving the affected, stiff, painful or paralyzed side. Imagine the feelings "borrowed" from the able side. Do this several times.

Fourthly, explore creating movement where there had been none, or where there is still room for improvement, **by moving both sides at once**, but with **an important restriction: the able side has to match the pace of the learning side** and not the other way around. Otherwise, explained Moshe, the brain which is attempting to make new connections in the sensory-motor cortex while you are moving, cannot keep up.

Even when we went extremely slowly, sometimes ¼ inch at a time, the functional ability became more and more available and apparent within the same session.

When I graduated from the professional Feldenkrais training in 1980 and began to see clients for Functional Integration lessons as well as ATM classes, I worked with a large number of adults and children with traumatic brain injuries. Each person presented their own unique cluster of disabilities and challenges: comatose in the hospital, with seizures, and/ or hemiplegia, aphasia, and/ or loss of reading and writing abilities and other cognitive impairments; the loss of one entire brain hemisphere, inability to stand, sit up or even crawl, loss of peripheral vision. Many people arrived in wheel chairs and left after several months of sessions able to walk and even dance. Even though each situation presented a unique set of challenges, everyone has the same kind of brain and nervous system. Along with the classic protocol of introducing movements that harken back to our earliest ones, from creeping to crawling to being able to bear weight on hands and elbows and knees and so forth, I found the visualization practice a consistently reliable tool. Playing and "doing it wrong" were also part of the essential strategies I used.

I can still recall one of my earliest patient's transformation. June was seven and had cerebral palsy. She had been seen yearly by Dr. Feldenkrais since she was four. She would have seven consecutive sessions, make good strides and continue to improve on her own until her next yearly visit. The spasticity in both her arms and legs were greatly reduced by the time I saw her, but had not disappeared. Her biggest problem was that she kept falling down when she tried to walk. When I observed her I saw that her right leg would land too far over to the left, across the midline of her body, blocking her left leg from its next stride, causing her to trip and fall.

During one session, June categorically refused to let me touch her in any way. Instead we chatted a while and then I asked her if she would perhaps enjoy touching me, if I laid down on the table instead of her. She loved that idea. I invited her to start touching my right hand and arm. She went up and down my right arm followed by my left one. Then I asked her to feel what my legs and feet felt like and she slowed her movements and started to feel my legs and my feet. Her touch was very sweet and earnest. After a few moments, I said, how about we take turns touching each other's arms and legs? She agreed without a fuss.

I knew I had to work fast, (while working very slowly), and I focused on exploring the less spastic thigh, leg and foot and toes, and then the other one. She was clearly paying attention. Soon she wanted another turn with me and I bent my knees and had her move each knee in turn, to the right and left. Then she was done.

At the end of our session she went outside, took several steps in a row without a glitch, then her right leg swung too far over to the left and she fell. I said to her "I know exactly why you are falling. Shall I show you?" She nodded yes. While she stood and leaned against me, I moved her right leg from its standing position under her right hip, across to the left, and back again. Many times. Slowly, she learned to make this movement consciously. After falling on purpose a few times on the soft grass, without hurting herself, I suggested that it was to time for her to play in my garden. We never tried to "do it right". There were balls and toys on the grass. I watched her from a little distance. She didn't fall again for the rest of our time together, and I heard from her mother that since that session, she had begun to run and was no longer falling.

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