

## ACCIDENTALLY ON PURPOSE

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Harlan leans on his daughter's arm as he hobbles into my office. Gingerly, he lowers himself onto my low *Feldenkrais*® table, his daughter supporting his right elbow. He feels for the table with his left hand, lowers himself with his left buttock leading, and settles into an awkward sitting position, his right hip slightly lifted and his right shoulder lowered. His right side appears shorter and he looks shifted to his left.

"My hip hurts," Harlan declares, staring at me, "And my back, it hurts here, a little." He points to his right low back. "You know, I don't like to complain. The pain's not so bad. It's just when it interferes with getting around that I get to worrying."

"Ever since Dad fell, about seven or eight months ago, he's been having problems. He has a terrible time getting up and sitting down . . ."

"Especially getting in and out of the car. It's a bother—no—it's a struggle. I can barely do it on my own."

"The doctor told him there's nothing wrong with his hip and back. . ."

"Except for some mild arthritis."

"Right. Can you help him?"

Harlan is in his late sixties and, although he is suffering, he looks at me with bright clear eyes. From the moment he entered my office, his determination to walk, to sit, to keep moving despite obvious discomfort impresses me. "Give me a few moments to look at you. I want to see if your problem relates to how you're moving and holding yourself. Do you mind if I sit next to you and touch your back?"

"Not at all."

I place my right hand softly on his back, forming my hand to the contours of his ribcage and spine, noting the texture of the underlying muscles. Sensing how the muscles on the right side of his spine bulge through his shirt, my hands inform my mind's eye. Feeling the distribution of muscle tightness in Harlan's neck, shoulder girdle, back, and hips, I discern the greater postural action of the muscles on the right side. This gives me a clue to the underlying configuration of his skeleton, which I examine by gently tracing the skeletal contours and locating the bony landmarks of his spine, ribs, and pelvis. I sense the habitual asymmetry of Harlan's spine as it curves to the left so that the ribs on the right side are closer together than those on the left.

However, movement, not posture, interests me. How is his way of moving related to his way of holding himself? Placing one hand on either side of his ribcage and nestling my fingers between his ribs, I gently shift his torso ever so slightly toward his left hip. He responds to my suggestion willingly, moving easily and fluidly. Hinting that he shifts to the right, I sense reluctance: he responds haltingly and then stops. I stay in the range defined by his willingness, repeating these small shifts around his left hip several times to confirm what I notice.

After moving Harlan gently side to side—or trying to—several times, I understand that he is not about to roll easily onto his right buttock. It isn't that he can't, or that I couldn't push him there, it's just that he actively avoids it. Each time I suggest going to the right, the movement becomes more difficult, as if we are moving up a steep incline.

Like most of my students, by the time Harlan made it to my office he had applied all the resources he could marshal and found no remedy. He appeared at my doorway resigned to his dilemma, having concluded that something is wrong, that he must be physically damaged or defective.

Rather than searching for what's broken or wrong, I am curious about what's happening—how Harlan moves—and how his way of moving makes his problem necessary. From the moment he entered my office, I looked at how he moved, noticed an asymmetry in his gait, and saw how unevenly he moved as he sat. At the beginning of the evaluation, I observed his way of moving, looking to confirm or deny my initial impression. First, comparing his muscles right and left and then contrasting his movements side to side, I correlated what I saw with what I felt, fathoming a pattern, a stubborn consistency in the midst of all the fluid changes of everyday movement.

No matter what, Harlan sits on his left hip. Having determined this, I now have an idea of how Harlan's pain and immobility relate to his movement. I have found an **invariant**, a constant pattern, a consistent manner of moving and not moving that makes him more limited than his skeleton requires him to be. Only the beginning of the evaluation is complete—I have some idea of what he does involuntarily and, thus, can't help doing.

This is only the beginning of the evaluation because understanding how Harlan's habitual pattern causes his predicament is not enough. Experience has taught me that what is most obvious to me as observer—what I can't help noticing—is invisible to the mover. Blinded by the familiarity of his habitual movements, he is condemned to repeat the conditions that make his discomfort inevitable. My job as teacher begins by understanding the student's problem in terms of the pattern of her or his movement, that is to say, in terms of the way movements are limited and constrained. But change can only come when the student changes his or her perception. Until Harlan is aware of how he is moving, he will have no choice in the matter, he will not be able to do—or not do—as he wishes. Unless he becomes aware of how he is moving, unless he perceives how he is moving and of how else he can move, he won't be able to change.

In his book *Somatics*, my colleague Thomas Hanna suggested the metaphor of *amnesia* to explain when we humans become habituated to—and, therefore, unaware of—some aspect of our movement. The pattern is neither gone nor forgotten; some part of Harlan's nervous system continues to produce this behavior with remarkable consistency. Rather than forgetting the past, this psychosomatic process is more like an active disregard. Something is happening—Harlan is doing something intentionally but unconsciously—and, at the same

time, he does not notice that he is doing it. He is ignoring himself, blinding himself to his own intentions and actions. Perhaps the hypnotic phenomenon of *negative hallucination* is a better way to describe a form of intentional neglect: the subject does not perceive something that is there or, another way of saying it, hallucinates that something is absent.

How can I help Harlan become aware of his habitual pattern without contributing to his feeling that something is terribly wrong with him? Placing my hand palm down on the table, to the right of his right buttock, I slide it slowly underneath and reach under his sitting bone without resistance. On the left side, however, my hand cannot slide underneath his buttock.

"Do you notice how I can slip my hand under your right buttock here, like this?"

"So?"

"Notice how I can't slip my hand under your left buttock?"

"Well, I'll be damned. I never did notice that. How come you can slide your hand under my right side but not under my left?"

"Because you're shifting over onto the left side of your pelvis." Having said that, I bring my left hand to rest gently on top of his head. "This isn't happening by chance or by accident. And it isn't something happening only in your pelvis or your lower back. Let me show you."

I slowly tilt his head a little to the right. His right ear moves toward his right shoulder, his shoulder lowers toward his hip, and the hip rises ever so slightly from the table. His right side shortens; he shifts his weight further onto his left buttock. Now I begin to take his head gently to the left. His head returns to its home position and then something funny happens: as I continue to tilt Harlan's head just a little further to his left, his back stiffens. Leaving his weight on his left sitting bone, he keeps his back straight and he tilts his torso, as one piece, to the left.

"Hmmm . . . I do feel different when you tilt me to the right and to the left. The movement to the right feels easy. To the left, it feels more difficult, heavier."

This is a strange moment, one I cherish. Suddenly, Harlan's experience of himself is open to question. This isn't me as teacher telling or showing him something he didn't know. Instead a new experience of the self emerges from the shadows. Curiosity appears in our midst and, in that moment, the possibility for change is born. Whether he knows it or not, Harlan has made the transition from passive patient to participating student.

My hands find the spaces between the top of his pelvis and the bottom of his ribs. I sense how his back and belly muscles are taut and contracted on the right; while on the left side of his waist, those muscles are softer and inactive.

"Feel these muscles, on your right side, here." Harlan startles as I press into his tensed trunk muscles. "Notice how much softer the ones on the left side are. See, it doesn't feel uncomfortable if I touch these, does it?"

"Sure feels different on the right when you're touching me, like you're shining a light into a dark corner. How come I never noticed this before?"

"Well, you just got used to it. Where I grew up in upstate New York we had a saying: 'You can't smell the manure on the farm.' Psychologists call it **habituation**: when something happens over and over, you stop noticing."

"Do you think this might have something to do with my fall? All my hip troubles started back then. It's like I'm limping, keeping my weight off the side I fell on, isn't it?"

"Yes, that's right. You hurt yourself and, without thinking about it, you changed how you move. That change became automatic. Even though the injury has healed, you keep moving the new way without noticing that you are doing so. That kind of habit is what I call *unconscious and on purpose*."

"And that change in my way of moving and holding myself meant that I kept moving crooked. That's the root of my problem."

"Yes. Even if you had some kind of physical problem, the way that you are moving is only making things worse."

"How can I change that?"

"Well, you have already begun to change. You were moving in a way that you were unaware of and didn't have control over. Now that you have a glimmer of awareness into what you are doing, you begin to have the possibility of changing it."

"Before you helped me feel and understand what I was doing, I thought I hobbled around because of my problem or my age. Now I can start to feel that my way of moving has something to do with why I have pain. I am beginning to think if my movement changes, then what I do and feel might change."

"Exactly," I say, content that, once again, the evaluation process has done its job. Much like putting the edge of a jigsaw puzzle together first, doing an evaluation sets the frame for the session, giving us a big picture, and letting us know how the pieces fit together. The evaluation allows me to figure out how Harlan's way of moving makes the problem necessary and shows Harlan how his way of moving has something to do with his difficulty. As such, the evaluation sets movement as the context for our work together and creates a basis for common understanding, a foundation upon which the rest of lesson can be built.

"Harlan, how about lying down on the table, on your side," I say.

Harlan takes his shoes off, asking which side he should lie on. After I say it's up to him, he lowers his trunk slowly until his left elbow is on the table. Placing his right hand on the edge of the table, he lowers his left shoulder to within a few centimeters of the surface. After hovering briefly, his shoulder drops with a soft thud, his head touched down, his legs lift, his knees bend, and, a moment later, he is lying on his side with his right leg resting on his left. His choice of lying on the left side makes sense to me: this position naturally lengthens the left side as the left shoulder spreads away from the left hip under the weight of his body. This configuration allows the right side to maintain its habitual shortened configuration.

Sitting behind Harlan, I rest my left hand on his right shoulder, saying, "I am going to move you a little. I want to find out in which directions you move most easily. If I do anything that feels uncomfortable or that you don't like, let me know and I will stop immediately. The idea

in this kind of work is that *suffering is optional*--in other words, you don't have to feel worse to feel better."

My left hand forms to Harlan's shoulder, my palm resting over the blade and my fingertips curving around toward his chest. I move his shoulder girdle slowly forward a few times, feeling the viscosity of the movement. My hand asks, "How is it to move in this direction? Is he willing or reluctant?" I wait, without insistence, for his response. Next I bring the shoulder blade back, sliding the inner edge toward the spine. Even in these small motions, I can feel the pull of opposing muscles the instant they begin to limit the shoulder's range of motion. Neither in this direction nor the previous one is my motion much larger than the thickness of a matchbook.

Checking his shoulder's willingness to glide up toward the ear, I sense resistance, as if I was trying to run through water. In contrast, bringing the shoulder down toward the pelvis is easy, the motion well oiled. The shoulder glides toward the pelvis, more easily than in any of the other directions I check. Had I found something else, I would have had to rethink my hypothesis, but what I observe fits with the global pattern of the right side shortening.

With the fingers of my right hand touching the crest of his hip bone in front and my thumb reaching back around back, I inquire into the movement of his pelvis. After testing all the directions, I find that Harlan's pelvis is most willing to move in the way that fits with his overall inclination, that is to say, it moves up, toward the right shoulder. Keeping one hand on Harlan's pelvis and placing the other on his shoulder, I put these movements together now, bringing his shoulder and hip toward one another several times. When I contrast this with bringing shoulder and hip apart, the quality of the movement changes from fluid to halting, from willing to reluctant.

"That's the same thing I was doing sitting--contracting my right side. Funny, I'm still doing it when I'm lying down."

"Do you notice how these muscles feel?" I ask, pressing into the tightly contracting muscles that run along the left side of the spine from the shoulder down to the lower back and pelvis. "Can you compare them to the ones on the right? Feel here, on the left, they are yielding, softer, while the ones on the right are harder. This is the same thing we found in sitting. Why are your muscles working when you're lying down? In this position, they don't need to hold you up but they seem to be working anyway."

Harlan tries to stretch his right hip and shoulder apart. He struggles and stops, "Just makes me feel tighter. I don't seem to be in charge of these muscles anymore."

"Let me show something." I bring my stool to the other side of the table and sit in front of Harlan. Straightening my index finger, I extend my right hand toward his, saying, "Please grab hold of my finger with your hand. Yes, that's it, wrap your hand around and get a good grip. Now hold on as tight as you can."

Harlan has a powerful grasp, his large fingers engulfing mine and pressing my captive index finger into the palm of his hand with surprising strength. As I earnestly struggle against his finger's powerful grip, he squeezes harder and the tip of my index finger turns a darker crimson.

"What can I do to get out of this grip? I can try to pry your fingers off but you're pretty strong" I demonstrate the futility of my efforts. "Besides, struggling puts me in direct conflict with you, making this a contest of wills and battle of strength, like arm wrestling. But how about if I do this instead?"

I put my left hand around Harlan's fist, my fingers over his, and squeeze. I accompany and amplify Harlan's grip until, all of a sudden, I sense his grasp relax. My finger slides out easily.

"What happened? That was strange--all of a sudden my hand relaxed."

"What happened is that I did more of what you were doing and you let go." I bring my stool back to the other side of the table. As I continue to explore Harlan's movement disposition, I explain, "Before, the more I struggled against you, the harder you resisted my efforts. But when I took over the work your muscles were doing, they let go."

"Why does that work?"

"The idea is that your muscles are governed by your brain. They didn't decide to tighten up on their own. How tight they are depends on what's happening in your nervous system, on what you notice, and what you want. While I continue to touch and move you, let me tell you a story. Several years ago, when I was giving a lecture for the biofeedback department at San Francisco State University, I noticed that the students in the back row were pretty sleepy. The classroom was like one of those theaters where the stage is at the bottom and the rows rise toward the back. As I continued to speak, I realized that the sleepiness was spreading down the rows."

At the same time that I am telling the story, I continue to explore the ramifications of Harlan's pattern, investigating the micro-movements of his ribcage and spine. Each place I put my hands, I ask how this rib or vertebrae fits into the overall scheme of things, how its movement correlates to the overall bias that we found. I am not trying to change him, not trying to correct what I find. I am following the dictum, "*Think globally, act locally.*" In each locale, I accompany him, going with what is easy and looking for how to make it even a little easier, a little more fluid. By making manifest how all of him--right side as well as left, head and neck as well as spine and ribs, legs and feet as well as pelvis--is involved, the pattern becomes clearer and, somehow, as it becomes clearer, the pattern begins to lose its grip.

"I was beginning to wonder about my lecture's effect when it hit--the heat. The vent in the back of the room had been blowing out hot air without pause and the thick wave had finally reached my head. Wondering what to do, I watched as a student in the back of the room tried to adjust the thermostat but couldn't--it was locked to prevent tampering. So the student then opened the back door, allowing cold outside air to rush into the room. It seemed like a good idea, but it wasn't. The cold air rushed over the thermostat. This meant the thermostat registered that the room as too cold and signaled the furnace to keep working away."

Having facilitated the smaller movements nested within the larger constellation, I begin to correlate movement in place--for example, the pelvis--with motion somewhere else--the mid-back or shoulder. Each time another part comes into play, the right side shortens more easily and the movement begins to echo throughout Harlan. Again, I place one hand on his shoulder and the other on his hip. When I bring shoulder and hip together, I can feel everything participating; interestingly enough, when I return to the starting position, his shoulder and hip

keep moving, coming ever so slightly farther apart than before. As if the compulsion has released, the right side is beginning to show the first signs of being able lengthen.

"In my lecture I had been discussing how the brain governs the muscles, so I thought that the room's heat wave might provide a good analogy. I pointed out that in selfregulating systems it is impossible to change the behavior--the output--of the system directly. The more you try to alter its behavior, the more it resists. Since the system's behavior is a consequence of what it senses, one way to elicit change is to change what happens at the sensor and in this case it meant doing something to the thermometer. I asked someone to close the door and someone else to go the bathroom, soak some paper towels in hot water, and lay them over the thermostat. Once the box warmed up, the heat shut off."

"I get it. The hot towels do the same thing as squeezing my hand to get me to let go."

"That's right. It is also the same approach I've been taking when I move you around. Feldenkrais used to talk about using the muscles to fool the brain. After you follow the pattern by supporting the muscles in their contractions, doing the work for them, the nervous system senses that the muscles have nothing left to do. Now something new can happen. You might call this strategy *"following in order to lead."* As I say this, I begin to move Harlan's right shoulder toward his head while moving his right hip away from his shoulder. His right side elongates a little, easily, and the left side of his waist begins to arch slightly from the table.

"Hey, that's different. My back feels much better."

I slowly help Harlan come to sitting. After giving him a few moments to re-orient, I feel the muscles along his spine and repeat the side to side shifting movements from the evaluation. The muscles on the right side are now softer and his movement is more symmetrical. He is more symmetrical. I take a few moments to explore the movements that are now possible for him, especially bringing his shoulder forward and beginning to explore turning to the right. By accompanying and amplifying Harlan's habitual constriction we made a dead-end into an intersection.

"I'm sitting more evenly now. My right butt is touching the table."

"Try lifting your buttock and keeping your right side shortened. Can you feel all the work you were doing before? Good. Now let your hip down. It's no longer out of your control; once you can reproduce the tightness and intentionally let it go, you are no longer stuck."

"Well, I'll be damned."