

THE FUTURE OF RESEARCH IN THE FELDENKRAIS METHOD

Stacy Barrows, P.T., C.F.P.
Century City Physical Therapy

First, let me clarify that I am an observer, not a researcher, and that my perspective on research comes from my experience as a physical therapist who uses the Feldenkrais Method in a clinical setting for sensory motor learning.

As Feldenkrais practitioners, we are quite comfortable discussing the benefits of our work with clients and colleagues, but many of us find ourselves at a loss when speaking about the benefits of the Feldenkrais method to the larger community. And it isn't just us...those who are neither Feldenkrais practitioners nor clients of the method have equal difficulty understanding what the work is capable of. The language of body awareness is in many respects still being developed, so the direct link between self-awareness, movement efficiency and functional outcomes is difficult to express. Despite many well-designed and executed clinical studies that demonstrate the effectiveness of the Feldenkrais Method, we can talk about subjective outcomes much better than we can quantify the results of our work.

I became very aware of my own limitations in communicating the benefits of this work when a workers' compensation administrator asked me to describe the objective measurable changes that a client had made with the Feldenkrais Method. I had reported in her medical chart how she was able to be more social, explaining that her reduced pain allowed her to do more leisure activities. I was happy to report that the client was now meeting with her psychologist to discuss returning to the work-force and that she wanted to direct herself toward her goals for the first time in years. She was now less afraid when her pain flared up and stated that she could tell when the pain would subside with rest, or if it would linger for a few days.

Despite these profound changes in her life, I found it very difficult to discuss her improvement with others outside our profession, especially the workers' compensation administrator. The patient understood her own progress and so did those close to her, but her improvement was not measurable by conventional methods. Conventional assessment tools would document her improved range of motion, greater strength or decreased level of pain on a 1 – 10 scale. Unfortunately, there is no box that can be checked off on a medical form for "greater body awareness" or "better quality of life."

I believe that part of the difficulty of trying to communicate the intent and outcomes of our work to those outside our profession is that the Feldenkrais Method, unlike most other disciplines, is not a deficit- or task-oriented *treatment approach*. It is not an end in itself or a "modality" (to use the language of physical therapy) with a single specific result. For the practitioner, it is a way of observing others and recognizing less than optimal movement -- a

way of helping others think about and sense their intimate relationship to gravity, their own body and the space they move through. For the student, it is largely a self-directed learning process that begins with movement awareness and aims at continual improvement in overall well-being.

Needless to say, different people and different practitioners describe their observations in different ways. And perhaps this is where research can help.

To communicate effectively with those outside our profession, we need a common language of observation and better ways of “measuring” our results.

When we use the descriptive language and assessment techniques of conventional medicine or other well-ingrained disciplines, we often draw direct attention to the negative effects of an injury or problem rather than positive improvements. We risk seeing the glass half full rather than half empty. Moreover, we limit the outcome; why should the goal of therapy be “pain-free movement” and not “better self-image?”

Practitioners who have medical training and/or research scientists at universities could be tremendous resources for developing and standardizing measurement tools better suited to describe optimal movement and self-improvement from a Feldenkrais perspective.

Perhaps they could conduct a study comparing positive body relationship analysis with standard self-measurements that are in widespread use: i.e. pain maps, pain analog scores, fatigue, perceived disability, etc.

Alternative assessment scales that pose self-observations in a positive light could provide a starting point for analysis and the development of more useful language:

Comfort Scale:

- Where do I feel the most comfort?
- When am I more comfortable?
- Rate comfort on a scale of one to ten
- Describe other words for comfort

Stamina Scale:

- I have the most energy when...
- I can do most of my errands when...

Sleep Scale:

- I fell asleep easier when...
- I slept through the night when...
- I felt well rested in the morning when...

Functional Scale:

- Perceived ability
- Because of noticing how I move, I can now
 - get out of a chair...
 - get out of a car...
 - get out of bed...
 - walk up a hill...

As researchers refine the language of self-awareness and further demonstrate its link to self-reliance and well-being, practitioners will be better able to talk to clients and to other professionals, and they will be better equipped to talk to us.

One outcome of finding new ways to discuss and encourage positive body awareness may be that we expand the dialogue to new groups of people and broaden the integration of Feldenkrais into other disciplines. And someday, perhaps sooner than any of us think, we will aim at the loftier goal of promoting early body awareness through the educational system...an important first step on the path of life-long learning for everyone.