

The Feldenkrais Method for People with Chronic Pain

BY MAREK WYSZYNSKI, PT, GCFP

The Feldenkrais Method is an educational system that connects learning with human health and function. The system was created by Moshé Feldenkrais, DSc, and consists of lessons that use movement to improve self-use and development of awareness. Today there are more than 1,000 distinct Feldenkrais lessons available, most of which explore everyday actions, such as reaching, getting up from a chair, turning, bending, and walking. Many are simple to perform, and were especially designed for people for whom movement is a challenge.

In each lesson, a certain movement pattern is chosen and studied. Students first have a chance to become aware of their own way of doing a particular movement, such as bending forward. They experience the quality associated with the movement (i.e., ease or difficulty, smoothness or jerkiness, strain or effortlessness), and they can observe how much of their skeleton is involved in the movement, whether the movement is confined to 1 or 2 joints or extends throughout many bones and joints. During the lesson, which typically takes 45 to 60 minutes, several variations of the original movement are introduced. Some of these variations facilitate improvement of the original movement (synergistic patterns), while other variations make the movement difficult (constraints).

Exposure to these movement variations creates a potential for new learning. Students gain insight into their habitual patterns of action relating to the specific movement and general modes of self-use (i.e., applying excessive force, holding breath, clenching teeth, rushing). After the lessons, students experience a general lightness and ease, improved balance, and better breathing; elevation of mood often accompanies new awareness of an internal shift in thinking, sensing, feeling, and moving.

Typically, Feldenkrais teachers avoid giving formulas for “proper” or “correct” ways of moving. Instead, we strive to create safe conditions that lead our students to self-discovery. Therefore, there are no models to imitate,

no mirrors, and very few rights and wrongs. We encourage slowing down, reducing effort, and we direct students’ attention internally. As the kinesthetic distinctions are perceived with greater clarity, corrections occur spontaneously. This type of learning resembles the process that we engaged in during the early stages of our development, when we were learning to roll from side to side, crawl, stand, and walk. Feldenkrais lessons can be done in 2 separate formats:

- **Awareness Through Movement (ATM)** involves structured movement lessons, performed individually or in a group setting, in which students follow verbal instructions of the teacher. Typically, the participants begin by lying on mats, although the lessons can be taught using a variety of positions, including sitting on chairs or standing. In ATM lessons, students learn by doing and paying attention to the movement sequences.
- **Functional Integration (FI)** is a one-on-one, hands-on approach where the information is communicated through the use of specific, precise, and skilled manipulation and passive movements instead of verbal directions. The approach is individualized for the client’s particular needs. This modality may include some soft tissue work to relieve excessive muscle tension, spasm, or myofascial tightness.

People with mild aches and pains can begin with either individual or group ATM sessions. Individuals with more complex injuries and chronic pain, however, are advised to start with the FI session, which begins with an interview and a thorough examination. One-on-one sessions allow the practitioner to design the lessons to address a person’s particular difficulties. As the client’s symptoms improve, ATM lessons are introduced. Here the importance is in learning how to perform the ATMs

in order to derive the best results. Individually supervised ATMs are optimal because initially students may have a strong tendency to perform lessons using old, habitual, and often ineffective patterns. The teacher can help students recognize these patterns and come up with more efficient strategies. Finally, students are ready to participate in group classes and can also perform lessons on their own from audio recordings.



To illustrate this process, a patient with persistent pain in his neck that radiates down his arm was diagnosed with a cervical disc herniation, and for over 12 months had tried numerous treatments without relief. During my initial examination, he said that his pain increased when he turned his head to the right. Upon examination, I found a marked discrepancy in the turning movement. When he turned to the left, his left shoulder moved back and the right one moved forward. The movement of turning spread through his rib cage, pelvis, and legs. His weight slightly shifted to the left leg. He maintained a clear axis of rotation over his left leg and the spine. Even the medial longitudinal arch of his left foot lifted a little during the head turning. Turning to the right, however, was quite different. His right shoulder moved forward and his weight again shifted to the left. In other words, no matter which way he turned, his right shoulder moved forward and the weight of his body shifted to the left. Although the difference in his movement strategy was quite obvious, he was not aware of any difference except for the pain. He was actually getting quite impatient and annoyed when I asked him to notice various body parts.

We proceeded with the FI lesson in which, through gentle touch and manipulation, I explored what he was doing so well—turning to the left. This process included only minimal work with his cervical area; the rest of the time I spent clarifying rotational movement of the individual vertebrae of the thoracic and lumbar spine,

movements of the shoulder blades, individual ribs, sternum, turning of the pelvis, and the movements of the skeleton of the legs that relate to turning. This time, however, I did not ask him any questions. I spoke only to acknowledge some of the positive changes I was perceiving—spontaneous deep breaths, releases of the excessive muscle contractions, moments when his movement became easier—or to make remarks like “now your pelvis moves when I turn the ribs.”

At the end of the lesson, I spent a few minutes introducing the movement to the right. When he got up after the session, he stood taller, and his face was softer and more relaxed. He told me that he felt lighter and more at ease; to his surprise, the pain had subsided. There was improvement in turning of the head to both sides, although it was not completely symmetrical. Over the next few FI lessons, we worked with similar ideas in different positions—lying on his sides, supine, sitting, and standing. During the third lesson, I introduced some elements of ATM, and in the following week he started to do the complete ATM lessons. After about a month of individual sessions, 3 times a week, he joined our group ATM classes. He is now virtually pain free.

Therefore, there are no models to imitate, no mirrors, and very few rights and wrongs. We encourage slowing down, reducing effort, and we direct students' attention internally.

Basic Concepts and the Principles of the Feldenkrais Method

Dr. Feldenkrais' work was created through rigorous and scientific observation and meticulous self-studies. In order to better understand the Feldenkrais approach, we should define some basic terms like “good posture” and “good movement.”

What is good posture?

Dr. Feldenkrais defined good posture as the state from where a person is able to move in any direction, at any time, without hesitation or preparation. Posture is viewed as a starting point for our movements and actions. With good posture, we are able to move forward, backward, to the right and left, move down, or

jump up without the need of any adjustment. Posture, therefore, dictates our movement potential. Dr. Feldenkrais proposed a new word, “acture,” which he felt would better represent his way of thinking. This concept applies in working with clients no matter what age, state of health, functional or fitness level. Better acture can benefit anyone—from a martial artist, goalie, and basketball player, to an office worker, car driver, or bedridden patient.

Good posture also allows the skeleton to hold up and support the body without expending unnecessary energy despite the pull of gravity. Conversely, with poor posture the muscles are doing part of the job of the bones. With poor skeletal support our muscles must remain contracted to prevent the body from falling. The presence of such contraction will limit our freedom of movement. The martial artist will not be ready to respond quickly to certain attack; the goalie and basketball player will become slower and hesitant with their defensive moves; the office worker may develop neck and back pain due to the strain; and



the bedridden individual may have difficulty turning to one side. It is also easy to imagine the influence of posture on a person’s emotional state, and the overall sense of well-being and confidence that good posture can produce.

What constitutes good movement?

The most common assessment of any action is whether it achieves the intended purpose. Such crude determination however, provides no information about the quality of

One of the general benefits of the Feldenkrais method is increased freedom of choice and reduction of compulsive behavior. Spontaneous flow of attention and ability to maintain focus are hallmarks of true health.

action, its consequences and the person’s experience. Dr. Feldenkrais’ principles allow us to evaluate the quality of movement in greater detail. Here are few fundamental concepts that we apply:

1. The skeleton determines ideal paths of action. The shortest and most efficient trajectory is dictated by skeletal connections. It is very useful to imagine a skeleton without any muscles or other soft tissue, where ligaments connect bones to each other. How would such a skeleton respond to movements, for example, turning of the head? Would the movement involve the rib cage, clavicles, and sternum? How would the shoulder blades move? Will the pelvis respond at all? The development of understanding and the ability to perceive the transmission of force through the human skeleton is a cardinal aspect of Feldenkrais training.
2. Most properly organized actions are accompanied by the lengthening of the spine. Ideally, force passes through the body lengthwise and we become taller. Force applied at an angle to the main path of action often leads to damage.
3. Movement in space depends on the interaction of body parts with supportive surfaces (push-off force). The clearer the interaction, the more precise and efficient the movement becomes.
4. Good balance is achieved when the center of the body mass is carried above the base of support.
5. The function of the big muscles is to perform heavy work. Smaller muscles should be used to provide direction and accuracy. The largest muscles of the body are attached to the pelvis. The pelvis, as the power center of the entire body, should be involved in most of our movements. Strain occurs when the smaller muscles are utilized for heavy work.
6. Reduction of effort, lightness, and ease characterize well-organized movement. Under such conditions, even hard work is pleasant.

7. Ideal movement is coordinated with uninterrupted and easy breathing. Held or restricted breath is a manifestation of strain and an internal tug of war.

In practically every Feldenkrais lesson, these principles are communicated and practiced. Each lesson converts these abstract notions and concepts into concrete experiences.

Issues Related to Chronic Pain

The following is a list of the common problems of people with chronic pain and ways of addressing them.

Loss of mobility

Restoring movement capacity and preventing deterioration of function are main goals of pain rehabilitation. It is obvious that pain can alter posture and movement patterns through compensation, substitution, and avoidance. What is less apparent, however, is that an inefficient movement itself is enough to cause pathology and pain. For example, disc herniation can cause postural shifts, misalignment, and difficulties with movement of the spine. Many people stop investigating, however, when they receive a diagnosis (i.e., the cause of the pain is the disc pressing on the nerve). The possibility that the herniation of an intervertebral disc was caused by years of overuse through excessive movement and accumulation of compressive and shearing forces may seem too complicated to accept.

Feldenkrais practitioners pay attention to inconspicuous patterns of everyday actions, such as how a woman takes off her shoes, reaches for a cup, and her posture while filling out the forms. During the lessons, the practitioner and the student analyze movement patterns in great detail, noting that the slightest differences in how force is transferred through the skeleton can lead to restoration of better posture and movement. Finding paths of easy, comfortable, and well-organized movements are essential to rehabilitation.

Misperceptions

A healthy organism is able to detect subtle sensations of discomfort and responds accordingly. For example, when we sit for a long time, certain parts of our body (buttocks, thighs) press into a chair. Some muscles can become fatigued because of the constant contraction, while other tissues can become overstretched. A person with good kinesthetic sensitivity would respond

immediately to these early signs of discomfort by shifting position, readjusting, or even getting up and walking. Such a change of position, when introduced early, breaks up the pattern of strain, and recovery of homeostasis is almost instantaneous. These changes and adjustments most often occur spontaneously, bypassing conscious decision processes.

People with chronic pain, however, often misperceive these sensations; the early, subtle signals go undetected. Prolonged and accumulated strain leads to physiological changes such as ischemia, muscle spasm, or onset of inflammatory processes. At this point, simply shifting weight and getting up is insufficient to release the strain; the person experiences exacerbation of pain and needs a longer time—sometimes days—to heal. I believe this process is quite similar to the mechanism of bed sore formation. Unrelieved pressure applied to the skin can lead to decubitus ulcers and poor or lack of skin sensitivity (i.e., neuropathy, diabetes, and neurologic disorders) fails to inform our nervous system of a need to relieve the pressure by rolling over; we remain in the same position that leads to tissue destruction.

Over the years, I have observed that many people with low back pain sit with the pelvis in a posterior tilt, which causes overstretching of the lumbar tissues (paraspinal muscles, tendons, and ligaments) and uneven compression on the discs. This prolonged stretching can result in a protective muscle spasm, which is a natural response to prevent tissue rupture. Such a person may experience low back pain and difficulty straightening up when rising from a chair and is usually unaware of the mechanism that caused the pain.

Feldenkrais lessons help people to improve kinesthetic and proprioceptive sensitivity. These practices constantly challenge students' ability to discern subtle differences in movement and posture. Improved sensory acuity leads to spontaneous action in search of comfort and relief from strain. In addition, a greater awareness is formed, so a person can develop clarity and therefore be aware of more choices—"if I sit like this I will have the pain as I get up, but if I sit like that there will be no pain."

Flow of Attention

Chronic pain impairs the ability to direct one's attention. Studies have shown that people who have severe chronic pain have a significantly reduced ability

to perform attention-demanding tasks (1). Practitioners can observe patients' attention often getting "stuck" around the pain. How many times have we witnessed a person telling us in great detail how their pain felt 5 days ago in response to a simple "How are you?" Patients often perceive the world through a pain prism, which may contribute to social alienation and even more suffering.

During each Feldenkrais lesson, students shift their focus and attention to the details of their own experience. In ATM lessons, it may be in the form of noticing the contact of the body with the floor or attention to various kinesthetic sensations related to movement (i.e., sense of their own skeleton, tonus of muscles, length and width of the body, timing, and coordination of movement). In FI lessons, the practitioner's touch directs students' focus and awareness. Student's emotional state is discerned as they become aware of their thinking and feeling. One of the general benefits of the Feldenkrais method is increased freedom of choice and reduction of compulsive behavior. Spontaneous flow of attention and ability to maintain focus are hallmarks of true health.

Stress, Tension, Anxiety, and Depression

Chronic pain can have significant psychological ramifications. Dr. Feldenkrais recognized that our self-image consists of 4 components, which are included in almost all actions: movement, sensation, thought, and feeling. The following strategies address the psychological state of our students:

1. Creating a successful experience for students—an internal shift and a new way of sensing, feeling, thinking, and moving.
2. Creating a safe and comfortable environment for learning where students can gain new perspectives, lessening their state of urgency and desperation. Most of the lessons have calming and relaxing effects.
3. Focusing on breath—diaphragmatic vs. paradoxical breathing patterns. Breath is a reflection of a person's internal state. A properly chosen and well-paced lesson improves students' breathing within the first few minutes.
4. Centering attention on finding what is easy for the student and exploring where the student moves most easily and most simply.

Conclusion

Many of the movement choices we make seem automatic, yet how we sit, stand, walk, turn, and breathe affects the state of our health and quality of life. The Feldenkrais Method offers simple yet concrete exercises and awareness training through which movement patterns as well as thinking, feeling, and mental states can be positively altered and chronic pain relieved. ■



MAREK WYSZYNSKI, PT, GCFP, is a licensed Physical Therapist and a Certified Feldenkrais Practitioner. He is Co-Founder, Managing Partner, and the Clinical Director of The Feldenkrais Institute of New York; President of Physical Therapy and Feldenkrais NYC, P.C, a member of the Hospital for Special

Surgery Rehabilitation Network; and Vice President of The Feldenkrais Research Foundation. He was a former supervisor for the New York Pain Treatment Program at Lenox Hill Hospital. He studied and worked with the world-renowned physician Dr. Hans Kraus, the pioneer of trigger-point therapy and President Kennedy's back pain physician. Since 1991, he has worked with people suffering from acute and chronic pain. He is also a former national fencing champion (Poland) and coach.

Wyszynski is an author of: The New York Pain Treatment Program Protocol: a structured physical therapy approach for treating the muscular components of chronic pain syndromes. *J Back Musculoskeletal Rehab.* 1997;8(2):109-112.

Contact information: Feldenkrais Institute of New York
134 West 26th Street
2nd floor
New York, NY 10001
Tel: 212.727.1014
Fax: 212.727.2787
marek@feldenkraisinstitute.com
www.feldenkraisinstitute.com

REFERENCE

1. Eccleston C. Chronic pain and distraction: An experimental investigation into the role of sustained and shifting attention in the processing of chronic persistent pain. *Behav Res Ther.* 1995;33(4):391-405.