Text 3

Felden-WHAT?

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Translation 1998, Caro van Iersel

There it was—that moment, the dreaded moment. I was at my friend Marcello's birthday party, enjoying the Brazilian music, when one of the other guests struck up a friendly conversation with me. We talked about the usual things, like the weather and how we knew the birthday boy.

Peter had just told me about his research in engineering sciences when it happened:

"What kind of work do you do?"
"I'm a Feldenkrais teacher."
"Felden-what?"
"Feldenkrais—a method of movement education, named after the man who developed it, Moshe Feldenkrais."
"Felden-krice?"
"Close, but not quite. It's Feldenkrais: F-E-L-D-E-N-K-R-A-I-S. It rhymes with 'mice.'"
"Feldenkrais?"
"Exactly. Feldenkrais is a way of learning movement. I work with people who have physical limitations, such as chronic pain or neurological problems, or with people who want to improve their performance or skills, like actors, musicians, or people in sports. I also teach at the university in the Physical Education department."
"What do you teach?"
"Most students come to me because they experience a limitation—something that gets in the way in daily life, or that blocks their progress or performance. Whatever the problem is, my first task is to find out how someone moves, how that way of moving is related to the problem, and how to change the moving so the problem can't keep existing."

"That sounds interesting. Is it some kind of exercises? Or do you show people how to correct their posture?"
"Well, that's easy to answer, because what I teach people—and how I teach—is actually quite different from exercises or posture. Both of those are based on similar assumptions: if you're weak, you should exercise to make your muscles stronger. If you think your problem is caused by bad posture, then you should correct it and stand up straight. Both assume the body is a thing that must be molded into a new shape, with everything put in its place. Neither approach gives you the opportunity to see that what you do might be contributing to the problem you're facing. Neither considers how you move and how that might relate to the problem you're experiencing."

"Are you saying people shouldn't exercise?"
"No, I'm not saying that. I'm saying that exercises alone aren't enough. The idea behind exercise is that you aren't strong enough—that your muscles need better conditioning. Exercise programs aim to improve muscular capacity. I think that's often the wrong approach: an attempt to solve the wrong problem. Because the problems I deal with—chronic pain,

neurological problems, obstacles to performance—don't have to do with how strong the person is; they have to do with how the person moves as a whole. You could say I'm interested in how people can move more intelligently, not more powerfully."

"You're telling me the way we move can cause problems?"
"Exactly. Each of our ways of moving can cause problems. What's interesting is that sometimes we aren't aware that the origin of the problem lies in movement."

"What do you mean, that we aren't aware that movement is the cause of the problem?"
"Most of us aren't aware of how we move. We pay attention to where we're going or what we're doing—not how we're moving. For example, think about how you stand up from a chair. How do you do that? What happens? What moves when?"

Peter stands up and sits down a few times and says, "I see what you mean. It's more complicated than I thought. Normally I think 'stand up' and the next moment I'm standing. I've never really paid attention to it."

"That's what I mean. We usually don't think about our bodies until we feel pain or have a problem. But that means we may have been moving in an inefficient or risky way for a long time before we notice something is wrong. In this case, 'If it works, don't fix it' doesn't apply."

"But why is that? Why don't we notice?"
"Because our movements become habits—automatic. We repeat the same movements again and again without thinking or perceiving. When something happens repeatedly, we stop noticing it."
"Does that mean we learn to move inefficiently?"
"Yes."
"Why?"
"Because we can only move the way we've learned to move—and we learn movement by trial and error. Many things influence how we move: our development as children, adaptations to past injuries, the demands certain activities place on us (like sports, playing a musical instrument, or movements at work). And finally, because we don't really understand how our bodies are built to move, we often move in ways that don't match how we're put together."

"Can you give me an example?"
"Sure. People think the body hinges at the waist, so they move as if that's true. Unfortunately, the lower back doesn't allow that kind of movement; neither the muscles nor the joints of the back are meant for that. The design of the hip joints, on the other hand, allows the trunk to bend forward and backward."

"I get it. Moving as if your back were meant to hinge at the waist can lead to strain and back pain."
"Exactly—you've got it. But anyway, I've talked about this long enough. Sorry—I lose track of time when I talk about my work."
"Not at all—this is really interesting. It's much better than the standard birthday-party small talk. My mother has had chronic back pain for years, so I'm curious about what you do. I was just about to ask what you might be able to do for her."

“That’s not easy to say, because I’d have to see how she moves.”
“Can you say what you normally do when you start working with someone?”
“Yes. I can tell you how it would go if your mother came to see me. I would begin by observing her movement and asking her to turn left and right, bend forward and backward, and bend sideways to both sides. I would use my hands to feel which muscles are working, which aren’t, and which muscles won’t let go. I would look for a habit or pattern that interferes with other movements.”

“I’m not following you. What do you mean by ‘a pattern that interferes with other movements’?”
“What I mean is that sometimes it seems people get stuck in a movement—or unconsciously in a certain posture. For example, if you injure your leg, you change the way you walk and you start limping. It makes sense to limp right after an injury while the leg heals, but the limp can last much longer than the injury itself. If the limp continues longer than necessary, it can directly lead to pain, stiffness, and other problems. And there are more examples: you can ‘limp’ with your shoulder, your neck, or your back. In fact, you don’t even have to injure yourself to develop such a way of moving. You can acquire it by playing a musical instrument, by doing the same movements day after day at work, by participating in certain sports, and so on. The point is that you develop a movement pattern you remain stuck in—a pattern that shows up in every movement and forms an obstacle for any activity in the opposite direction.”

“Go on.”
“Recently I worked with a bus driver who had recurring back pain. When I looked at how she moved, I noticed that the muscles in the lower part of her trunk were chronically tense, so her back was locked stiff. Even when she tried to stretch, she couldn’t let go of her lower back. It was as if she no longer had control over those muscles. She believed her back was supposed to be straight, so after her first episode of back pain—many years earlier—she taught herself to keep her back flattened. When she moved her trunk, she overused the muscles in her upper back, and they began to hurt constantly. Although the doctor couldn’t find a disorder, the bus driver still thought something was wrong with her back. I was able to show her that her way of moving was causing the problem.”

“Once she saw that, could she change what she was doing?”
“Not immediately. You see, over the years she had lost contact with what those muscles were doing out of habit. She was, in a sense, on autopilot and had forgotten how to return to manual control.”

“So what do you do about that? I think it would be incredibly frustrating if you understand the cause of the problem but can’t do anything about it.”
“That’s where the method comes in. I work with people in two ways: in hands-on individual lessons and in group classes. Both approaches are based on the idea of teaching people to become aware of how they move now, how they could move, to expand their options, and to feel better. In group classes I give verbal instructions and students follow a series of gentle movements; in individual lessons I use my hands to move the student.”

“Does that hurt?”
“Not at all. Feldenkrais is a gentle method. The idea is that you change most easily when the new movements feel better than the old ones. I like to say our motto is: ‘no pain, MORE gain.’”

“Is it like massage, or what a chiropractor or manual therapist does?”
“Not really. The similarity is that we touch people, but beyond that what we do is very different. In massage, the therapist works directly with the muscles; the chiropractor works with the bones. Feldenkrais works with your ability to coordinate movement—which means I work with what happens in the nervous system.”

“What do you mean?”
“Think about the bus driver I mentioned. Her muscles were tense because her nervous system told them to tense. The muscles didn’t decide on their own to tighten; muscles don’t think independently. The brain tells them what to do. My job is to help her become aware of what she is doing, so that she can learn to regain control over her muscles. I do that through very gentle guided movements, always staying within the limits of what feels pleasant and easy for her.”

“Unbelievable. Do you really think people can change without pain?”
“Absolutely. That’s one of the reasons I love doing this.”

“But wait—my mother has some kind of problem with her intervertebral discs. Would Feldenkrais heal her?”
**“In Feldenkrais, the goal isn’t to heal or fix people. It’s not medical treatment—it’s an educational approach. It’s about helping people regain control by helping them understand why they feel the way they feel, and by teaching them how to move differently so they feel differently. Even when someone has a physical problem or an illness, I can help. For example, when I work with people who have ‘worn joints,’ my job isn’t to get rid of the disease; my job is to help these people move in a way that reduces stress on the affected joints and helps them find more pleasant and safer ways to do what they need and want to do.

The same applies to a structural problem—even disc problems. The question is: how can the person move in a better way, so that they improve their well-being and prevent future problems?”**

“Oh look—they’re lighting the candles. Hey, can we keep talking after the festivities….”