

One FI with Margaret

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WHERE WE START

Margaret is a woman in her mid twenties with a vivid sparkling in her eyes. Today is the second time she sees me since she fell in the dancing crowd of a punk concert and the right side of her rib cage was stepped on 10 days ago.

Her doctor diagnosed her as having contusions to her ribs. Today, Margaret says she is coughing which hurts her bruised ribs. Margaret says she is scared that she might get pneumonia, as her doctor told her the risk is high for that in her present condition. I observe that Margaret is excited, breathes shallowly and quickly.

PLAN, START AND SETTLING

I ask her if it is ok with her that I give her a Functional Integration in which she takes an active part, in which I will guide her awareness and movement. She agrees.

I am thinking to work with the function of breathing in this lesson and to include parts of the ATM Gluing in the Lungs, so she gets gentle access to her bruised ribs and can do something by herself to keep away pneumonia and her fear of getting it. In this ATM lesson, you systematically expand different sides and parts of the lungs from inside with the help of awareness, imagination and small movements.

I want to work with her breathing, which is possible in many positions, so I ask her to lie into the position that is most comfortable for her. I do so because I would like her to feel well and to have as little pain as possible. She chooses lying on her back. I put a roller under her knees, ask her, if this is even more comfortable, and proceed after she affirms.

She is still talking about this and that, gesturing with her hands, seeming excited. So at first I touch her iliac crest in order for us to get an impression of the pelvis, its shape, weight, its giving into gravity. I stay here for some breath cycles as to settle into the sensation. Not moving her, rather waiting for her to settle and for the two of us to perceive her pelvis, and from there the rest of herself. Then, I very softly move her pelvis in micro movements, so we both find out about its tendency to turn.

As I find out her pelvis is turned slightly to the right, I check underneath her low back and feel that it is lifted higher off the floor to the left.

I want to support the back with my fingers along her spine so she can settle more. In order to get my hand underneath her back from the left side, I want to lay her left arm onto herself. As I take her left thumb into my hand, I think of the distal connection it has to her ribs, collarbone and sternum. I take my time to find a path free of resistance in order to bring the hand on her ribs, changing the place at which I am holding her hand along the way, always thinking and sensing the proximal part of the hand, and at the same time trying not to heighten the tonus in my hands but to move it from my centre.

Once her hand rests on Margaret, I support the left side of her lumbar vertebrae with my fingertips. The left side of her low back has already lowered a little since I last checked and continues to release as I support it.

By now she is talking less and seems to be more attentive to sensing herself.

PROCEEDING

I now ask her to feel how the air enters her nostrils, if more through one or the other, through her throat into her lungs. A little later: to think that all this air enters her left lung, lengthening it downwards towards her left hip joint.

I touch underneath her left hip joint to give her a feeling of where it is and also in order to guide her awareness to her back. I also touch the front of her left hip joint for a short time, in order to give her a three-dimensional feeling of her hip joint and of her low back.

I start with the left side, as the ribs on her right side are painful and I would like her to enter this investigation without being distracted by concerns about pain.

After letting her rest, I then suggest to her to let the incoming air lengthen her left lung also up to her left collarbone. I trace this bone for us to get clearer.

From time to time through the lesson, I ask her if she feels fine and no pain. As today, the pain in the ribs and the fear of pneumonia seems to be most present with her, I want to make sure that these two "threats" calm down and give way to comfort, curiosity, interest, confirmation of her abilities and with that confidence in herself.

Then I let her rest. I guide her awareness towards her spontaneous breathing, to allow it to happen, to observe what moves, and if she perceives any difference between her right and left sides.

At some point I tell her the story of the Feldenkrais Trainer who, in a car accident, broke many ribs along the seatbelt, survived but had a lot of pain and, through similar work as we are doing right now, kept on working with her ribs from the inside, ultimately healing much better than any doctor would have hoped. I tell her this story to encourage her and to frame the work we are doing right now.

After the rest, I proceed to do similar things to the right side as we just did on the left.

Then, I let her think of both lungs at the same time.

I then go back to her pelvis. The turn I noted at the beginning is almost gone, the low back feels much softer and is closer to the table. And now, a sideways tilt of the pelvis became obvious. So I go with the tilt, bring her legs to the left so she is in a side-bended shape, shorter on her left and longer on her right side. I ask her again to lengthen the right, then the left, then both lungs, utilizing her breath and imagination. Then, I let her rest in the middle.

I proceed to standing her legs, bring the knees over her hip joints and ask her to again lengthen by consciously using her breath once the right, then the left side of her chest. I accompany her breath by tilting the pelvis (distally with the legs) slightly right and left, as to encourage the side, which she lengthens into, to lengthen.

After this, it's more possible to tilt the pelvis towards shortening the right side (before, that side preferred simply staying long).

I want to bring the head into the picture and proceed to it. Softly and safely, I lift it up, feel through the spine, look in mini tilts how available the right and left side is. It is not especially free, and the connection to the spine has a little bend. I decide to leave more work of the head and neck for a next lesson, as for today, I want to leave her with a strong impression of the lungs, and their ability to fill and lengthen. So I just hold her head, thumbs softly touching the top of her head, and feel/think down the spine and the spinal connection from head to coccyx and ask her one more time to lengthen one lung, then the other, then alternating, and finally both at the same time. By asking her to go back to the theme of the lesson holding her head and feeling down her spine, I integrate the head into her breathing Self.

She hasn't coughed once since she has entered my office, so I wonder if she has taken any medicine to stop it. She says no. Also in response to my question, she says didn't feel any discomfort throughout the lesson.

I encourage her to do parts of "gluing in the lungs" before falling asleep. I am not a doctor but my understanding is that the pain and resulting out of it the holding of her chest would make it harder for the part of her lung covered by the bruised ribs to exchange airs and that through this diminished exchange of air or holding back coughing, infections couldn't heal as easily as without bruised ribs, and I explain this to Margaret.

I give her this explanation because she is a clever woman fearing pneumonia and this fear, I speculate, might make her hold the chest even more that I don't consider helpful.

As she sits up, she says breathing is painful in the bruised part of her ribs.

I suggest to her not to breathe forcefully but to just guide into both sides an amount appropriate to her comfort. The pain disappears. Once more I suggest that she do the "gluing in the lungs" lying down before falling asleep, as this half-imagining approach could help her cough and ribs heal.

Margaret's is breathing more deeply now. Her facial expression seems somehow more hopeful and I can see the movements of her breathing.