FEAR OF FALLING - A CASE STUDY OF LILLIAN
by Angel Di Benedetto

I received a call from Lillian's husband stating that they were in South Florida for the winter season, and he heard that there was a local Feldenkrais Practitioner for them to see while here.

He stated that they were told by several specialists that there was a good chance that she may have Parkinson Disease. He had heard about the Feldenkrais Method from his daughter and wanted Lillian to have something to "occupy" her time and mind while they were in South Florida. So an appointment was made.

From my window, I watched them literally dance from their car, side by side, arm in arm to my front door. They were both in their 70's and seemed to have a nice rapport with one another. As we greeted each other, I fell into immediate awe with Lillian's presence. She was a bright and sparkling individual, with crystal clear blue eyes. Her smile was open and genuine, as if she formulated in her mind complete trust in me. She let go of her husband and reached her hand out, gesturing for me to assist her in stepping into my office while he continued to escort her to my table.

After an interview, I began my first lesson by having her sit at the edge of my table. I was interested in observing how she organized herself in this position, how it related to her standing by where she put most of her weight. My initial observation revealed that Lillian avoided putting weight on her isciums, she placed her arms and hands as props behind her and used them to stabilize herself. I also noticed her feet were extended away, crossed at the ankles.

When she lied down supine, she began to brace herself. Her brightness had vanished and her expression reflected extreme apprehension. Her hands and arms were curled and flexed over her ribcage, her head hovering two inches off the table. I was compelled to touch her stomach, where I discovered that the severe contraction of her abdominals brought her to lower her sternum and consequently keep her head from resting on the table. Her breathing was also restrained, as if she were about to force herself to get up. Her left shoulder blade was not touching the table, and her feet were turned in, toes clenched. Sensing that this position wouldn't be comfortable, I asked her to lie on her either side, she chose the right, and immediately supported those places that were lifted off the table with various pillows. While exploring her spine, I noticed unusual rigidity through her cervical vertebrae and torso. I felt through my hands that the slightest touch was somewhat disturbing to her, therefore I looked for places that seemed pleasant at first and gradually attempted to differentiate her spine, shoulders and neck, in relationship to her pelvis and legs. The results were amazing! As she returned to a supine position, she made more contact with the table, her head rested easily, her coloring had become rosy and her breathing seemed tremendously improved. I began to suspect that Lillian would mostly reveal herself to me by her facial expressions and coloring that she manifested.

In order to avoid disrupting her new organization, I decided to assist Lillian by lifting her up to a sitting position. While she sat, I stood before her and cupped her head and neck in my hands to induce a precise connection to her pelvis, exploring where and how she sits, which ischium makes a clearer contact with the table and how her neck and head were prepared for her to stand up. I noticed that she placed most of her intent to come up in her cervical vertebrae, and any deviation from where she placed her head and neck in space caused her arms to flail out, even while sitting. I then asked her to stand-up on her own and within moments she expressed great pleasure. She reported better awareness of her feet on the ground and therefore had an improved sense of balance in standing.

Then a rude awakening came to me as she called out her husband's name, and said, "I'm finished honey!" He promptly appeared to reestablish their familiar dance ritual. They both stood side by side, arms around one another, and glided out of my office to the waiting room as if they were ice skating to their own music. Without any further ado, I decided to not address this pattern for a while. Once payment and

reappointment was made, they proceeded to walk out the door, arm and arm as if it were the ending of some scene of romance movie viewed on the silver screen. An unequivocal bell went off in my head: Lillian never walks without her husband!

I began our next lesson with a discussion with both of them, delving into further understanding of how they developed this “dance walk”. Her husband said that over the last few years Lillian started loosing her ability to keep her balance in standing or walking which then became more and more frightening. He therefore helps her to get out of bed in the morning and in the middle of the night and ushers her to the bathroom. During the day he would bring her her clothes, serve her meals, etc. He stated that frankly he felt exhausted by this whole process. He was an active man who loved playing golf, visiting friends, going to bookstores and playing bridge. He now felt much too concerned to leave her on her own for fear that she would fall and break her hip.

As part of our lesson, I proceeded to have them walk side by side once more, noticing that Lillian’s gait was quite rhythmical. Although there was hardly any mobility in her pelvis, she stepped rather lively with him. I then noticed that her husband’s gait was significantly limber, extremely coordinated and kind of dancey in his demeanor and style. I interceded, as if I were someone asking a gentlemen if I could dance with his lady. With savoir-faire he stepped aside, and I proceeded without any interruption of their rhythm to continue the dance walk with Lillian. Although initially she was rigid and unsure, eventually she began to feel confident that I would not drop or abandon her and began to dance-walk in a similar way to how she walked-danced with her husband !

In our walking arm in arm, I observed that she had the ability to maintain a fair amount of balance, but verbally expressed a constant concern that she might fall. Gradually I moved myself away from our initial style of side-to-side step walking, and still keeping with the tempo, found myself standing and walking behind her with my hands on her hips.

I always kept physical contact with Lillian, for if there were one moment that I would disengage this contact, she would stop in her tracks and freeze. Now walking behind her with my hands barely on her ribs, we continued until I found myself side stepping on her opposite side. We laughed a lot, it was a fun game, but eventually I ended up standing with her face to face, holding her hands, arms width apart. This was a bit of a stretch for Lillian, and honestly I had no precise idea of where I was going, initiating this process only as an experience to further understand her.

She seemed confident and coordinated until I made eye contact with her, and then she seemed to loose her timing and balance. I grabbed a stool and asked her to sit and take a rest. After a short table FI that followed our exploration, I proceeded to gather further information from her husband, investigating her dependence to him to be mobilized.

I came away from this lesson feeling that Lillian’s mind was as clear as her eyes. She lacked some sort of confidence in herself through family and academic experiences. She told me that she was continually ridiculed since early childhood, and accused of being a klutz and consequently she began loosing a great deal of self-esteem and confidence. Her attraction to her husband was thus that he was seemingly agile and proficient with, dancing, ice skating or any given physical task that required spontaneous grace. It seemed to me that in time, as she developed this so called “Parkinson”, she lost further physical capabilities. She then allowed her husband to become her source of tempo, a link to a part of that world she always longed for in herself, for when they’d walk, he would verbally count out loud as if he were giving her a dance lesson: “OK honey let’s go. And -a-one, and a-two, that’s right, and here we go, that’s a good girl.”

Our following FI’s were focused on optimizing Lillian’s use of her pelvis and feeling more confident in her balance in walking. I gave her lessons that helped her to initiate early developmental foot and leg movements, crawling, rolling from side to side and coming up to sitting.

What was mainly present during our earlier lessons was her constant notion that she might fall. Her fear organized her movements in such a way that she was weak in her knees. If you could see a side view of her standing, you would observe that her knees were indeed bent, her coccyx tucked in, her hands and arms out to the sides, as if she instinctively was searching for some form of support, clawing her fingers stiffly. Her lumbar and thoracic spine were flexed, yet her cervical spine was in hyper extension. This forced her head and eyes when standing, to look above the horizon. Since she was constantly concerned with falling, she had a tendency to look down. But to look down, instead of simply lowering her head, she rigidly maintained that configuration which lowered her center of gravity away in front of her, giving her the feeling of falling down to the ground, onto her head, and head injury was her greatest fear. What was her habitual posture in standing, keeping in mind that she extends her C-spine and that her head juts back,if and when she attempted to walk on her own and chance the notion of looking anywhere else than away from the ground, she'd fall backwards in a startle reflex, bringing her head even further away from her trunk, arms flailing and grabbing whatever she could to regain balance. What astonished me was that the second she had her husband on her arm, her tremors, spasticity, gray coloring and expression of anguish would immediately dissipate. She would glow, smile, seem cheery and go on her merry way with him by her side.

This behavior all seemed so obvious, but how in the world could I address this in FI? If her nervous system exhibits self confidence whilst she is linked to a secure and stable person, how can I, as her practitioner, extend the competence that she possesses with him... while being on her own? How in the world can she seem to possess rhythm, tempo, pizzazz and self confidence with her spouse, but the minute he slightly attempts to disengage, she looses her power and stalls? Remember it wasn't as if she only felt confident with her husband, this same phenomena occurred when this dance-walking was transferred over to me standing as a substitute for her husband. Once she established that I was a reliable source for her mobility, she continued to perform quite elegantly. Once disconnected, this anxiety paralyzed her to the point of relying on external service for almost 24 hours a day! Should I recommend a therapist, does this fall within the domain of the Feldenkrais Method?

As Feldenkrais stated in BODY AND MATURE BEHAVIOR, there are 14 different inborn instincts, one of them being fear or escape, the only one out of the 14 he recognized that inhibits motion. He remarks that when an animal is frightened, its first reaction is to freeze or run away, a violent contraction of the flexor muscles occur, especially in the abdominal region. He states that this act inhibits the antagonistic extensors, or antigravity muscles. This reaction also brings into operation the stretch reflex extensors which are capable of greater effort and where more adrenaline content releases in the blood stream. (I thought to myself that this is a reason that a mother can lift part of a heavy car off the ground to save her trapped child). He goes on to mention that according to Charles Darwin, the attitude of fear, i.e. sinking of the head, the crouching, bending of the knees etc., are details of general contraction of all flexor muscles compatible with the act of standing. That no reaction that is sensed as fear by the adult can be elicited in a newborn baby, except by sharply altering its position in space.

In regards to Lillian.,the moment that her feet support her in standing, she braces herself and tenses up. I thought to myself, if she would learn to flex in her cervical spine, she might be less threatened in standing. I would need to eliminate the act of standing and bring her to her most secure position.

Placing her on her comfortable side, with pillows supporting her head and legs, I began to exaggerate her posture, rounding her more, shortening her front, especially in the areas of her anterior abdominal wall and intercostal musculature. Then in supine, I gently held her head and exaggerated her neck extensors, guiding her chin away from her sternum, increasing the curve in her cervical spine where eventually. I was free to take the tips of my thumbs beneath her collar bone and make contact with her first rib. She took a giant breath, it became easier to move her chin closer to her chest, her vertebrae extended in the back of her neck and gradually the idea of rounding generated throughout her whole skeleton. She experienced more length throughout her spine, and commented that the contact of the back of her skull to the table was significantly different.

In other lessons, I extrapolated this function to different planes of action, i.e. on her back with knees over her chest, lying over the table, crawling, and rounding like a ball with her hands interlaced around the outside of her knees. Once again, these lessons reiterated to me that I was on a positive path since her experience in standing became less and less frightening.

I remember a lesson that helped her equilibrium. In supine, I had her lie with a large firm foam roller along the vertical line of her spine, knees bent and feet standing on the ground. I gently rolled her head with my palm while she kept busy maintaining herself from “falling off” and seeking balance on the roller. Lillian began to comprehend that she could maintain control whilst her head moved right and left, and her eyes traveled along a horizontal plane. If she would stiffen in the slightest she would loose control and fall off the roller. I continued with this idea, moving her sternum both left and right, as she discovered that her head would need to turn opposite to maintain herself from falling off. I was then able to hold each knee and sway each leg individually until she felt confident in rolling her pelvis right and left. Eventually, we were able to cross one leg over one another, with on standing leg supporting both legs by and then crossed the other. Finally with all three sections (head, chest and pelvis) feeling quite mobile and differentiated, we experimented with one foot off the ground and then the other.

Once the roller was removed and she lay supine on the table, she admitted to still feeling the after affects of the movements she experienced on the roller, that she could clearly identify how she is no longer felt like a “stick” . Her self image was transformed immensely. Once sitting she felt freer, while in standing without my support she could shift from one foot to the other with confidence. Lillian then felt free to rotate to look around herself both to the right and left with her arms swinging. She was inspired, and frankly so was I. The roller became the game that was less threatening then standing and feeling so high up from the floor. Falling off of roller unto a table 8 inches below was somehow reachable, and through this experience she began to recognize that there was a distinct integration between her head, chest and pelvis, in lying, sitting and finally standing.

In standing, she still bent herself at her knees and her back was round. I thought it might be helpful at this point to established better use of her extensors. Initially I gave her lots of foot lessons, giving them a sense of life, use, articulation, freedom to bend, fold, pick up articles, discovery of her ankles and the artificial floor lesson. These helped her rely more in standing in the heels, and ultimately through her legs to her pelvis.. I chose these lessons so that she could make better contact with her feet to the ground and begin to differentiate the movement in her hips.

These lessons helped Lillian to feel more confident that her pelvis can carry her away from what she believed to be her center. She learned how to transfer the force of her feet by pushing them off the ground, through her legs,(when the femur is sitting in a neutral position in the hip joint it can bring her back into extension). to the big muscles of her pelvis(that do the bulk of the work), into the smaller muscles that can therefore be sensitive to direct that force through even smaller muscles and bones that are designed for sensing.

Her rather flat and weak belly and pelvis began to strengthen as she learned to thrust her pelvis forward and bear weight onto her feet. In standing she was better prepared to bring her arms above her head, feeling secure that she could look up at the sky and feel the support of her back without falling. She could then reach away from herself in all 6 cardinal directions without fear.

In the weeks that followed we had many lessons where she rolled off a table and chair unto the floor, falling off forwards, left and right bound. Eventually she felt quite ready to drop her arms and head heavily in standing and come down to the ground with ease and delight.

At some point towards the end of their stay in Florida, she began to express her desire to walk on her own. There were a few lessons where I had Lillian step onto a platformed box while facing a windowsill that she would use as a ledge. Before she stepped onto that platform she began to understand the need of transferring her weight from one foot to the other. When she began to take a step up she saw how difficult

it was to lift herself off the ground. She would need the support of the windowsill to push her arms up. Therefore our lessons focused on how with the use of her extensors she could come up in one easy sweep by carrying her force through her legs into her pelvis, up through her spine, and up to her head, which inevitably gave her a sense of length.

She gloried in our time together, and had an enormous thirst for learning. More and more I was convinced that her disability stemmed from a lack of motor learning, for she was never given the chance to explore herself in a such nonjudgmental, playful and practical manner.

Several times, I dedicated part of the lesson to a consultation with her husband. I asked him to slowly wean off in answering to her beck and call, I felt sure that Lillian would feel stimulated to walk on her own within the next few lessons. My sense was that if she had the yearning to satisfy her basic needs for water, food, toilet and daily hygienal needs, without his assistance, she might find the motivation to transpose the learning of our lessons into her daily routine. But if he continued to serve her every demand, the pattern and opportunity for transformation could then obstruct itself.

Walking on her own gradually came forth. However, she would skid her feet along the ground which still gave her the feeling that she might fall. Lifting her feet to take a step was a long process for Lillian to comprehend.

One day I noticed that in the “dance walk” she shared with her husband, he would place his foot in front of hers at times to give her the signal of stepping over an area on the ground that had a slight elevation. I made note of his action and set it aside for a while.

Consequent FI Lessons were about standing and balancing on one foot and then the other, whereby she felt stable in each individual leg. Learning to balance herself over each standing leg became fruitful. Allowing herself to drop her arms and feel her weight down through her feet comfortably was a revolution. Stepping safely from one foot to the other, shifting form the act of marching to a more graceful promenade was paramount in her process, and once we both felt confident in her initiative to go from a modality of “walking-in place” to a “going-somewhere”, she began to feel quite hopeful. We walked forward, backward, sideways and in circles.

Recalling how her husband placed his foot over hers to enable her to lift her feet, I eventually created an obstacle course with sticks and small rollers that lined the floor along the path of Lillian’s promenade, until she found a way to step over them with ease. The carpet in my Feldenkrais room had never experienced such wear.

We had the most profound time together. Through her generosity and trust I felt great permission to experiment with some rather bizarre ideas. Each lesson was a small miracle in itself. I felt inspired, she felt like a new person. I also sensed that I was helping this individual to gain freedom in her world of preconceived ideas and from her conditioning that she was once a klutz. She really wasn’t.

Up until now our lessons were isolated alone in my office between Lillian and I At this point, she could only take a few steps here and there. She would then freeze when it was time to see her husband and be taken to the car. And even though we attempted to have her walk on her own once leaving my office, she would be too hesitant to do so without him supporting her. We would retreat and collectively have him help her in her exiting.

Alarms continued to go off in my head around the issue of her feeling incapable around her husband so we began to extend our lessons in the the waiting room area where her husband sat. Gradually she felt more confident in walking on her own with him observing. We even combined lessons where he would “dance walk” with her, slowly disengage, and leave her to follow on her own. She eventually ventured down the hall to the restroom, where all times before her husband would help her in getting there.

Our lessons eventually resulted in Lillian being secure enough to walk on her own to the car, down her apartment hallway, and, a most rewarding experience for a lady like Lillian to have, to walk on her own in a shopping mall!

The winter season had ended. It was time for these “snowbirds” to return back to Canada. Lillian and her husband flew away with much growth and appreciation.

Did Lillian have Parkinson Disease, lack of self- confidence or a fear of falling? She was medically diagnosed to have Parkinson. In my opinion, had she not discovered the Feldenkrais Method, she would have definitely deteriorated. She might have gradually descended into her shell of insecurities, she might have grown weak, and eventually required a walker, a wheelchair, a nursing home and possibly fade away. Her friends and family would have said, “poor Lillian, she died from Parkinson Disease”.

I haven’t seen them in a while. While writing this case study, I felt the urge to call their Northern home to get an update on their lives. Lillian is active in her day to day life. Although she doesn’t get around a lot, she is able to go to a movie, go shopping, play cards with her friends, get in and out of her car, greet and spend the day with her grand children and move around in her home and garden. He husband has stepped away from overprotecting her, he has dropped the need of providing her with his familiar rhythmic innuendoes and is thrilled to feel free to leave Lillian on her own to play golf . I am thrilled to say that they are doing really well, they are still very much in love and are currently going on small daily walks, sometimes hand in hand, sometimes not.