A Systems Approach to Learning and Change

Cindy's Story

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Introduction

As a practitioner of somatically based learning, I had the rare good fortune of being the teacher for a year and a half of a woman whose entire way of relating to people and the world changed as a result of our work. She was labeled as being seriously retarded, with an IQ of 41–65 and several diagnoses of serious neurological disorders. When I began to work with her, I didn't know that for roughly 10 years, her counselors and teachers had been trying to evoke certain specific changes in her ways of being with people:

- to use complete sentences,
- to talk audibly,
- to look at people when she spoke with them, and
- to take a leadership role in a group.

None of these had happened. The goals were written over and over again in her learning plans. I began working with her roughly twice a week in July 2000, and within six months, staff began to comment on how differently she was acting. She began to speak in complete sentences, used a much louder and firmer tone of voice, began cracking jokes, helped by pushing others' wheelchairs, and took the microphone in a group meeting of the entire Cerebral Palsy Center community, saying, "I want to say something . . ."

This article is a case study and primarily tells the story of the actual work we did. It is based on extensive notes made at the time. Theoretically, somatic education work is intended to enable profound change in a person's sense of self, as well as to facilitate more concrete and "superficial" changes like the development of easier movement or the reduction of pain. In Cindy's situation, the changes in her manner of being-in-the-world were so dramatic that all staff at the learning center where she spent her days noticed and commented on the differences.

I believe that this is a profoundly interesting case, as it is rare for any of us to get to practice in a situation that seems close to ideal from a research point of view. In ideal research, nothing changes except for what one is studying, whereas in real life, most people have lots of things varying simultaneously. People tend to initiate many changes more or less at the same time. As far as the staff of the Cerebral Palsy Center was aware, nothing else changed in Cindy's life. Because of this, all attributed the changes that they perceived in Cindy to the Feldenkrais work that we were doing together.

I am nationally certified as a practitioner of the Feldenkrais Method, a form of somatically based learning that that shifts one's way of moving and holding oneself through movement and touch. I became a practitioner because I sought ways to change how people move through their lives. I was drawn to study this particular approach to learning because Moshe Feldenkrais, with whom I studied personally from 1979 to 1981, emphasized that it was about the mind and the self, not just about "pushing bodies around" (Feldenkrais, 1981, 1985). From the very start of my study of the method, he approached the body as a physical representation of something more that we were trying to touch—perhaps the mind, perhaps the self. I thought of the body as being analogous to a computer keyboard, in that we are not interested in the keyboard, but in the programs, the thought processes. I learned to experience and observe movement and touch in this context: as a way of accessing something more.

What was exciting about this work with Cindy is that this unassuming and profoundly "limited" woman probably learned and changed more than any other adult I have seen who has come in contact with this work. It seemed that her very sense of herself shifted, so that she became comfortable in ways she had not known possible. Cindy's extraordinary learning process changed me in turn: her eagerness to learn and the way she allowed it to transform her eliminated my pre-existing beliefs about the importance of IQ in learning. This experience allowed me to touch a powerful creativity in myself, as I saw Cindy blossom and open up to people and was told by observers that they believed I was playing a key role in this change. It also deepened my humility, as I saw that in order for me to do powerful work of this nature, I needed someone like Cindy to evoke this capability.

Meeting Cindy
Developing a Strategy for Growth

I am telling Cindy's story because she cannot. As much as she learned, she was not able to write or even talk about what had changed for her. But her life was transformed and, in turn, her transformation gave others such hope and excitement that her story deserves to be told, thought about, and used to help us learn about the process of learning itself.

My first impression of Cindy was of smallness, retreat, and almost absence. She was a short woman of about 45 years old, who looked down and did not meet my eyes. She spoke in a mumbling voice. I was told that she was overly likely to do what I wanted, rather than what she wanted. Her sentences got lost in the middle, starting out with a focus on something present and actual and turning into a series of loosely connected words, often about her mother. She wore glasses, had a very noticeable scoliosis, and walked with great hesitation, moving quite slowly with baby-sized steps and a decided limp, while holding onto the wall.

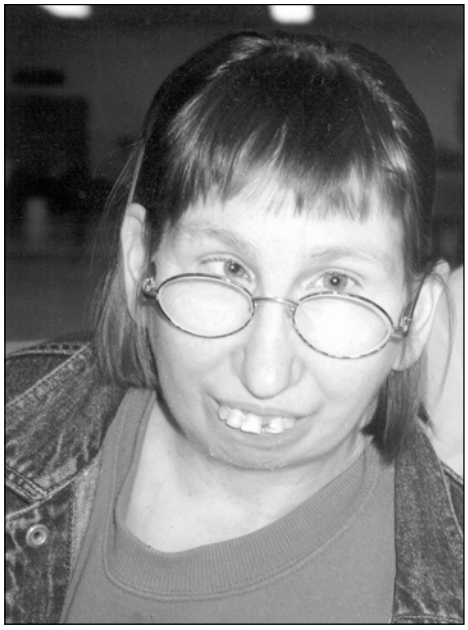
When I met her, I had no idea whether I could be helpful. This feeling increased as I worked with her, because she would often lie on the table mumbling to herself most of the time. I could not tell what she was aware of. As soon as I'd ask her to feel or notice something (a practice that typically is central in Feldenkrais work), she would sit bolt upright and indicate that we were done. It was quite uncomfortable for me to work with her and sense her being somewhere else. She would lie there, talking and talking, sometimes to someone named Kenny, who was supposedly present, and sometimes just talking. Some of the words would form sentences, but often they just trailed away.

Two things made me want to continue trying: 1) nothing else was helping her to move out of this way of being, and 2) after an early session, she touched my arm and said, "I want to tell you something." "Yes, Cindy?" "You have to go slow with me."

Now, by most people's standards, I was "going slow." I was doing Feldenkrais work, which involves tiny, slow movements and light, gentle touches. However, Cindy clearly felt the slowness of her mind and her need for time, in order to process experiences, and that seemed crucially important. The fact that she was aware of her needs and could describe them provided a solid foundation for work together, despite the fact that she so often seemed to be in a different world.

I had several ideas about how to proceed. One was based on an experience videotaping another practitioner's client, an eight-year-old girl named Lucy who was diagnosed as being autistic. In many ways, Cindy reminded me of this little girl. No one mentioned a diagnosis of autism, but their behavior seemed so similar that I decided to work from that assumption.

In addition to being in what appeared to be a world of her own, Cindy also repeated certain phrases mechanically in a louder voice than she used when saying most other things, something that Lucy had done. Lucy used to repeat these phrases loudly many times during a session. As time passed, she would still say them, but less and less often. Lucy's main phrase was, "You're not going to let me fall, are you?" said at times when there was no particular likelihood of falling. Cindy's phrase was, "I did it. It wasn't easy, but I did it!" said almost anytime she would do anything, whether or not it seemed easy or hard. When I thought about the similarity in speech patterns, the mumbling to herself, the way she would not look at people when talking with them, and the sense of fear, all of this seemed to add up to an informal, non-medical diagnosis of autism.



Cindy Hogan

Lucy's practitioner had mentioned that when she first began working with her, Lucy could not talk from the "I" perspective. She also mentioned that Lucy could not lie on her stomach and that her neck was extremely tight. Cindy could not lie on her stomach, her neck seemed like a wooden board, she never looked up or down, and she often referred to herself in the third person.

My overall strategy became to attempt to interest Cindy in things in the world around her and help her focus on them, to create more ease in her movements (particularly in her pelvis, hips, and back initially), and to get her to engage with me. Taking a cue from my studies in working with children, rather than the typical ways that we work with adults, I began to create games in which Cindy could participate. Although I had an overall strategy, every session evolved from what she seemed interested in. One day we made rhythms on the table with our hands and feet. Another day I'd work with her as she was lying down, and I'd sing, with her occasionally singing along. We'd sing nursery rhymes, Christmas carols—whatever she liked. Then, when we were walking around the room one day, she noticed a small stuffed bear. That seemed to interest her considerably. She bent over, staring, with her face near the bear. She stood bent over the bear for

quite a while. From there, I began looking for objects that would interest her and found another, larger, softer stuffed bear and brought it into the room. She had named the first bear Susie. She then named the second bear Timmy. Timmy grew important as time passed and became a key helper in her learning.

My strategy grew richer with his help. I helped her to form a relationship with Timmy the bear, who was perhaps stuffed, but was clearly real and present in the room, in contrast to the invisible and probably not-real Kenny. I used Timmy in many ways over time:

1. Cindy could just hug him, as a way to feel good and to notice (without our talking about it) how nice it felt to feel loving and good;

2. Talking to Timmy rather than absent beings seemed like a more grounded and present activity; and

3. I introduced the practice of having her give lessons to Timmy. This had several distinct benefits. It was interesting for her to learn something and then teach Timmy. It caused her to move in the ways I aimed to help her develop without being boring for her, as a mechanical, merely physical lesson might. Instead, she was learning in order to teach someone else. As Feldenkrais practitioners know, one can't give an individual hands-on lesson without moving well oneself. The same was true for Cindy, although she didn't know it. For example, I would have her help Timmy rock forward and back, and in the process, Cindy had to rock forward and back herself, a movement I felt would help her walk more freely. Sometimes I would simply give her a lesson, telling her that then she would give it to Timmy, and would work with her lying down. In the Feldenkrais Method, we use touch and movement to teach many things to people while they are lying down about actions that normally take place standing, because this removes the difficulties brought on by gravity.

The overall learning strategy had several other themes.

1. I always asked her what she wanted: "Do you want to lie down on the table today?" "Should we give Timmy a lesson today?" "Would you like to go outside? Wouldn't that be fun?" "There's a piano in the other room. Would you like to go there and learn how a piano works and sounds?"

She was free to answer yes or no—and did. Sometimes she didn't want to lie on the table; other days she did.

2. I tried to enlarge her world and expand her interest in concrete things: Initially, going outside was frightening for her. One day, we walked across the parking lot to get something from my car—a big adventure. It turned out that she was intrigued by the convertible. I would have taken her for a ride if I could have, but I was told that insurance considerations made this impossible.

I took her to look at and touch plants. I felt that making physical contact with the texture of the plants would be interesting. I invited her to look up at the tops of trees, because I wanted to work on looking up whenever possible, since it was outside of her movement vocabulary. We'd bend down and touch things near the ground, alternating between the "down" and anything as far up as I could find—to work on flexing and extending and causing new movements. As time passed, I found that she had developed a new pattern: after lunch most days she would go and sit outside by herself for a while.

She continued to talk with and about the invisible Kenny, who she told me was her son. Sometimes he'd be bad and she'd scold him; sometimes she'd just converse with him. I wanted to develop understanding about the difference between what we generally think of as real and not-real. I began talking with Kenny too, asking her permission and complaining that I couldn't see him. I'd ask him to stay away and leave us alone so we could play or work. Then one day I had her feel real plants outside and artificial plants in the room, and I talked about one being real and the other being pretend. After that, when she started to talk about Kenny, I'd ask if he was a pretend person, like the plants.

I don't know what contributed to the gradual shift, but I heard less and less about Kenny. She still talked with or about him occasionally, but infrequently.

3. I built on what she could do, rather than focusing on correcting limitations: Near the beginning of our work, I spent considerable time trying to help her tie her shoes. I would show her, go slowly, help her, do finger movements—everything I could think of. Gradually, I decided it wasn't worth emphasizing this task, because it just didn't give her a sense of success. She got the general pattern of movements, but nothing I could do helped her to make a bow tight enough to use for walking without my help in tying it. So I moved on to other things.

4. I helped her experience actions with a greater quality of ease: At first, she couldn't easily lie down by herself. She'd try to lie down straight backward, stiffening and holding her breath and holding onto me. Repeatedly, I would suggest by touch that she could lean on an elbow and bend towards the side, but this concept seemed not to reach her. She didn't bend forward at all. So I sat in front and had us gently touch foreheads, then the top of our heads. Initially I had to move toward her, but gradually she began to move as well. Then I sat behind her, so she could lean her elbow on my leg. I could feel her comfort as she began to lean, and then bent her knees and legs on her own.

I wanted her to move more easily and strongly, to be able to lie down and sit up with ease, to look around more (instead of keeping her head fixed and usually down), to have more freedom in all movements. I wanted her to make choices and relate to people who were present with her. I hoped for her to get interested in more and more things outside of herself. And all of this was happening to a sufficient degree that the people around her began to notice.

"Look at her trucking down the hall," someone commented. "She just goes, now." "Cindy's begun to make jokes," another said. "And she'll just walk into a room and begin talking with someone. For example, she'll say, in a loud clear voice, 'Hello Joe! How are you?'"

My lessons grew out of what I'd notice her doing or what I could interest her in. If nothing much happened, sometimes she'd ask to lie down on the table. If so, at first we had to work only on her left side, because the scoliosis made it very hard for her to lie down the other way. As I worked along her spine and helped her move her pelvis more freely (not completely freely, but more so, since the degree of limitation was very great) and her shoulders began to move in a differentiated way, we arrived at a point where I felt comfortable asking her to roll to the other side—and she did.

Over time, there was a major change in the nature of our work. At first, it was almost all short "games."

She'd get bored quickly, and I was compelled to adjust what I was doing frequently to keep her interested. We'd go from singing to making rhythms to walking, one after another. There was no way to ask her what she felt. If I tried, she'd sit bolt upright from lying down and indicate that we were done. I looked forward to our sessions, because it was fun to sing and play and be challenged to make things up out of nothing.

One day, as she was lying on the table, she said that her body had been in a cast for a long time. That was all she said. I couldn't find out more.

Then one day I realized that the nature of our work was different. She would lie quietly and let me work as I do with most adults. We hadn't played rhythm games in a long time. She was lying down—and sensing and feeling. I believe that it was important that she remembered and spoke of the body cast, but there's no way to be certain.

In continually attempting to introduce new and useful movements and to develop more flexion and extension, I came up with the notion of jumping. I was sure she had never jumped. She was so unsteady and stiff that jumping did not seem like something she would have discovered by herself. I suggested that we could dance. Once previously I had suggested dancing and she refused, quite definitively. This time she liked the idea. I said, "Let's do the bunny hop!" not quite remembering how. "The bunny hop?" she asked. So I did some movements more or less like the bunny hop, which she followed, until we reached the "hop, hop, hop" part, at which point she stopped moving entirely.

I went over to a table and we stood next to one another, holding onto the table. I suggested that she lift one foot and then the other. This, in itself, was a major activity. Foot-lifting and balance were new.

She looked down at her feet. Nothing.

She tried to jump, with both feet staying on the ground. Then she'd lift one foot and look at me. It was a lot like a toddler—except she was far taller and not soft or near the ground and far more aware of the possibility of getting hurt by falling. So I suggested, "Stand on your toes." And she did, a little, and then more.

Then we showed Timmy what we were doing, and had him jump. Then I showed how I first bent my knees and then jumped. Again, she lifted one foot and then the other. Then she stood on her toes. We had Timmy jump again. Then we did the Bunny Hop. "Da-de-da-de-da-da, da-de-da-de-dum dum-de-dum-de-da-da, one-two-jump"—*and she jumped*! Just a small jump, and one foot left after the other, but both feet left the ground!

The Feldenkrais lessons seem to have catalyzed a learning and maturation process that helped her move through a series of developmental stages.

We didn't return again to jumping for a while, but when we did, she was able to jump while holding Timmy, with very little prompting and higher than before. Sometimes she just came in and jumped for fun.

It was interesting to me that although she couldn't learn to tie her shoes, her memory was excellent and she seemed interested in things not directly relevant to her own life, like my car and my activities. After the day when we walked to get things out of the car, she'd ask periodically, "How is your car?" About ten days after I mentioned going away to Lake Tahoe, she asked, "How was your trip? How was the lake?" After the first few months, this seemed like a constant: an interest in my life as shown by asking questions about things a long time after I mentioned them. So I showed her photos of my family and husband, and then she asked about them periodically.

About eight months into our work, she asked the staff at the learning center whether she could participate in a program they ran that involved going into Oakland to learn about activities of living in a city. They were pleased and surprised at her request, and granted it, so her life expanded still further.

There were many evidences of involvement in the "real world" and of improved functioning. One day, someone saw her helping to push someone else in a wheelchair. As time passed, she started conversations with other participants at the center. The assistant director commented that she now spoke in complete sentences although she never used to. Her walk became more even and bolder. Her voice grew more consistently loud, where before it had been barely audible. Increasingly, most conversations made sense to others, not just to her. She transitioned from going into the city every other week to going weekly. When I introduced her to someone new, she went toward that person, said hello in a loud, clear voice, and shook hands, looking at him or her.

Towards the end of our work together, she generally came by herself to our sessions when I paged her, rather than having someone help her walk through the center until we saw one another. Once, she appeared at the door, saw me at the far end of the room, and called out in a loud voice to me, "Look who's here!" (In the past she seemed not to notice things until she was quite close to them. I had wondered whether her vision was worse than people thought and that perhaps she actually couldn't see beyond six feet or so. Now I had evidence that vision was not the problem.)

A staff member commented that on a field trip some time earlier, she had seemed to be on the verge of hyperventilating the whole time and held onto the staffer's arms for dear life. More recently, Cindy had gone on a similar trip with no problems at all.

She still communicated with the bear and liked to have him with us, but she announced that she was changing his name. He would no longer be Timmy, but would now be Tim.

To me, that change was a way of summing up what was happening for her in her life. The Feldenkrais lessons seem to have catalyzed a learning and maturation process that helped her move through a series of developmental stages. Timmy grew up—and so did she. Moshe Feldenkrais (1979) gave a definition of "health" as "the ability to fully live one's unavowed dreams" (p. 26). That is what Cindy began doing—learning to live her own unavowed dreams. The scoliosis and "different" mental functioning were still with her, but so was an expanded life.

What Were the Dynamics?

When I step back from my work with Cindy, I can see that I developed a number of themes that I explored repeatedly over time. Some of these

themes were:

• distinguishing between holding tight and letting go, learning about being soft

• encouraging variety of movement and pace, novelty

• looking up and out

• using humor

• experimenting with rhythm

• distinguishing between actual and pretend objects/people

• using the relationship with the stuffed bear to learn about relating, and to have her "give lessons" that let her thereby get a lesson because of the way she had to move and think

• expanding her world

• inviting her to makes choices

Some of these are predominantly physical, others are a combination of physical and cognitive/emotional. We explored all of them through both physical and verbal interaction. In the initial stages of my working with her, she exhibited almost no reflection or intentional self-observation. As the months passed, I could ask her to feel something and it would intrigue rather than frighten her. But at first, any request to feel or notice would lead her either to sit bolt upright and say, "No more table," get lost in mumbling to herself, or else become frightened and move towards tears and hysteria.

Overall, I can see a number of phases in the work with Cindy.

1. "You have to go slow with me": Very slow, very tentative, in a world of her own, mumbling to herself as we worked, she was very withdrawn, stiff, tight, fearful.

2. Games and rhythms, singing—no sensing: She started to be perceived as being different than before by the staff. She made jokes and initiated conversations with people. Timmy entered her world.

3. New experiences: Experiencing real versus make believe, plants outside versus artificial plants, Kenny (make-believe son, but human) and Timmy (real teddy bear), she was growing curious about the world and people and asked to join the city program.

4. Whole actions/whole sentences/new moves: She learned to hop and jump. She looked up at the ceiling, and would look me in the eyes. She surprised us all by playing a simple song on the piano.

5. Sensing/feeling: She could lie on the table in new ways: on her left side, on her stomach. I could ask her to pay attention and notice something without frightening her.

6. Less play—more adult: "You're acting silly," she stated to me.

7. Self-initiated choice, with high levels of awareness of people and timing: I asked her, "Would you like to stay in cooking class or come and do Feldenkrais?" She responded, "How about after lunch?" In other words, not only could she make a choice, but she could generate a third alternative and bring in the element of time. This is a far higher level of development than simple choice, and even the simplest of choices were terrifying for her when we began. In seeing me and another person, she asked, "Kathryn, have you met Louis? He's new here. Louis, this is Kathryn." Not only was she able to go outside of her own immediate needs, but she was sensing the needs of others to connect and helping this to happen. Again, this is a high level of development compared with mumbling sentences while looking down.

Staff at the learning center began to comment about her: "She looks at you when she talks with you." "She stated that she wanted to join the women's group—and she speaks up when she's there." "Shirley used to hold her hand

to pull her; now she pulls Shirley."

When we met, she was a person who never said what she wanted, lost track when she attempted to do so, and barely ventured outside of her room, mumbling to herself most of the time. By the end of our work, she'd walk into the room, go straight towards Timmy, and ask me in a clear voice, "What are we gong to do?" When I asked her if she'd like to see my other stuffed animals or did she just like Timmy, she answered, "I like Timmy—he's a good bear." Another day, she walked in and asked, "Can we do the bunny-hop and show Cindi?" (Cindi was her counselor at the Cerebral Palsy Center, whose office Cindy generally visited at least twice a day.) At the end of the session, she noticed one of the staff and called across the room to him, "Freddie, I want to show you something" in a voice that could easily be heard across the room. In other words, she could now see and notice people at a distance, know what she wanted, and articulate it clearly in complete sentences, including a "please."

It was a fascinating process of learning for us both. The change in scope and nature of her life was huge. It was exciting to see that the subtle "dance" of movement, awareness, and learning evoked not only change in movement habits, but a significant development in personality as well.

A Sudden End

Cindy died suddenly after we had worked together for almost two years, but in a way that affirmed the profoundness of her learning. One of her favorite things in life was going to camp once a year, in June. She would speak about it for months beforehand. This last time, she stopped eating while she was there. Counselors told her that she would have to go to the hospital unless she started eating again. So she did. She began to eat again, and got to attend a talent show that she really wanted to see. She went to the show, went back to her cabin and went to sleep—and died in her sleep. The diagnosis was that she had a weak heart. For someone who could not choose between two foods, or between sitting in a chair and lying down, what learning could be more profound! In a sense, she was able to influence where and how she died, by choosing to eat again after her body told her to stop, so that she would not have to go to a hospital. She died at her very favorite place in life. In the last months, more and more often she had said, "Ooh, I feel like an old lady . . . ."

I don't know for certain—this is not the scientist in me speaking—but I like to believe that she was satisfied with what her life had become and was very tired, and chose to let go in her favorite place. I had wanted to help her learn to choose, but even I have not yet learned what she may have: how to choose when to let go of life and move on.

Self, Identity, and Somatic Learning

What is a self? Where is it? What makes it fixed or fluid? The Feldenkrais Method would suggest that we can change our sense of ourselves by changing how we move, how we hold on and let go at myriad places in our bodies, and that this in turn will change our attitudes about life and what is possible (Feldenkrais, 1981, 1985). Through work with this method, children with severe cerebral palsy and other neurological problems often are enabled to have much more "normal" lives than they or their doctors believed possible. Because one's sense of oneself as "normal" or "disabled" impacts one's life so fully, changes in this arena profoundly affect a child. The difference between a toddler having a paralyzed arm or not is huge in how her self-image will evolve. Imagine how different one's self would be if one were in pain all the time and could not balance to learn to walk! The Feldenkrais Method has helped children with difficulties like these become so close to "normal" that no one would perceive them as disabled. This involves a distinct change in the way that a sense of identity would develop.

Moshe Feldenkrais endeavored to create physical patterns that help people discover for themselves that which he knew they needed to learn. As he wrote (1977, p. xiv):

"There is the learning of a skill; there is the kind of learning in which we enlarge our knowledge or understanding of what we already know. And there is the most important kind of learning. . . . By this last I mean learning in which quantity grows and changes into a new quality, and not the mere accumulation of knowledge, useful as this may be. . . .

"Most truly important things are learned in this way. There was no method, no system in our learning to walk, speak, or count, no examinations, no prescribed term in which to complete the learning, no present, clearly expressed aim to be attained. This apparently aimless method produces practically no failures of learning in the normally constituted human, and under its conditions we become mature persons . . . ."

Dr Feldenkrais called his approach "organic learning." The certified Feldenkrais practitioner is trained to work creatively with people, using mainly touch and movement, to help them discover how to do the things they want to do. When people like Cindy, whether children or adults, have missed large portions of normal developmental interactions with people and the world, it cannot help but impact how they learn and who they are.

In addition to being a Feldenkrais practitioner, I have also been a certified clinical sociologist for twenty years. Within sociology, in reflecting upon the development of the self, we often go back to the work of Charles Horton Cooley. Cooley spent considerable time observing his daughter when she was an infant and published a paper discussing his observations of the development of the use of "I" in 1908 (Cooley, 1969, pp. 229-247). His view of the nature of the self was grounded in his interest in child development. Sociologists often refer to his notion of the "looking glass self," described as having three elements: "the imagination of our appearance to the other person; the imagination of his judgment of that appearance; and some sort of self-feeling" (Schubert, in Cooley, 1998, p. 22). He viewed the mechanisms that mediate between self and society as being the activities of communication, introspection, and understanding (Schubert, in Cooley, 1998, p. 23). His reflections on the plasticity of human nature (Cooley, 1998) are similar in focus to Feldenkrais's thinking. Both emphasized the importance of the fact that humans require vast amounts of learning in order to function, in contrast to animals. Both also thought it important that this led to diverse ways of carrying out similar actions or intentions in humans, in contrast with animals.

Relating this to Cindy and the Feldenkrais Method, I am curious about how it would impact the formation of one's identity to be noticeably

slower than most people and have a body that is not shaped like that of others, and then to spend the formative teen years in a state hospital, at least part of it in a body cast. This would profoundly impact the quality of communication. With only a child's capacity for introspection and reflection, yet a teen's years of experiences, and the constriction of a body cast, what would happen to one's sense of self? Cindy was never able to articulate what happened, but from the scattered comments that she made, I gather that the impact was profound.

Fogel (1993) also focused on the importance of communication in the development of the self, but shows the differences across cultures as well, something that I am not aware of Cooley doing. Interestingly, although their concepts have considerable overlap, Fogel does not cite Cooley. His book describes mother-infant interaction in different cultures in a way that vividly paints a picture of how they vary. He focuses on the role of embodied cognitions in infancy as the basis for a person's sense of self. He wrote, "I believe that many . . . scholars have forgotten that action and thought in adults are lived in a real physical body, not only in the mind" (p. 15). He emphasizes a particular kind of interaction and communication referred to as co-regulation, in which individuals' actions blend to achieve a unique and mutually created set of social actions. He regards this as the source of invention and creativity.

I consider Cooley and Fogel's work to be foundational in linking practical insights from somatic learning to existing behavioral science theory. It will be important to consider this within a constructivist framework, looking at the self as formed by the stories we tell and those told about us (Fambrough, 2000).

Conclusion

Theoretical and Practice Implications

With regard to practice, this story shows that the Feldenkrais Method is effective in eliciting a transformation of a person's life, not only in the way that person moves. It suggests that we cannot easily decide who can learn and who cannot. This is not a trivial conclusion, as admission to schools and universities is based on assumptions of this nature. It also suggests that methods of somatic learning are most potent when the practitioner understands that the work includes all aspects of the communication between the practitioner and client: what is said, what is not said, and the nature of relationship one creates with the person, as well as the structured touch and movements that may be more narrowly viewed as the "method" itself.

With regard to theory, Cindy's story suggests that the Feldenkrais Method can be described in the context of narrative and healing within clinical sociology. In essence, it was the combination of the way we conversed with the use of touch and movement that shifted her perspectives and transformed her way of being-in-the-world. There are various lenses through which we can reflect on the easily seen changes in Cindy. From that of somatic learning, we might validate Feldenkrais's concepts about the relatedness of anxiety, early learning, and cognitive development (1949, 1981, 1985). We might look at her learning as symbolic interactionists do and see how the development of her self required people to interact with her in ways that allowed her to fully engage with them, and that doing so enabled her mental "age" to progress. In other words, when people used a learning approach (even with good intentions and much kindness) in which specific, very limited adult aims were established and addressed repetitively, she did not learn. When instead I engaged with her as one would with an autistic child, she had fun, began to experiment and develop new actions, and what Feldenkrais called "organic learning" began to take place, almost on its own, as he would have predicted. By combining concepts from the Feldenkrais Method and symbolic interactionism, we have a way of understanding Cindy's learning.

Although Moshe Feldenkrais and other creators of the major approaches to somatically based learning believed that it transformed not only movement but the whole person, we rarely see as dramatic a change as Cindy's. It is rare that life provides anything approaching a situation where one can safely say that little else changed in a person's life during the given period of learning, yet we have such a situation with Cindy. The learning and personal transformation of this shy and "learning-limited" woman provide a foundation for describing and clarifying the power of the Feldenkrais Method of somatic education in a way that few other stories can match.

Appendix: Documented Problems and Learning Objectives

(*Cindy's file was viewed and summarized with the permission of Cindy's family.*)

I did not ask to see her file before we began work. As a matter of policy, Feldenkrais practitioners generally do not want access to detailed information about others' perceptions and diagnoses, unless there are medical issues involved. We want to be in the present, in contact with the person, and working with what we sense, not with what we have been told. However, I obtained permission to access the file afterwards, as the data document the extent to which this work was effective. The following areas that are documented in the file changed over the course of the Feldenkrais work:

• Communication. From inaudible and not carrying on conversations to a clear, loud voice and initiating conversations, introducing people to one another, and making jokes.

• Vision. From a sense that she could not see well enough to do most things to her seeing people across a room and calling out to them, and seeing a cat out of doors from inside, a distance of at least 20 feet with poor light conditions.

A psychologist documented her learning disabilities in 1982, using multiple tests for assessing intelligence. He believed there was an organic brain syndrome. The assessment report provides considerable detail on the intelligence testing, showing that all the results pointed to pre-kindergarten levels of performance. The psychologist had previously (1977) "speculated on the possibility of emotional factors playing a large role in her adaptive functioning," but at this later assessment, he believed that mental confusion was the main problem.

The file documents some of the problems that Cindy had, as well as presenting the learning objectives that were established for improving her communication, as follows:

Her semi-annual review and individual service plans for 1992, 1993, 1994, 1997 all state a similar objective in communications, with very slight modifications: that she should look at the person with whom she is speaking. Sometimes the objective said that she could be prompted to do so, and sometimes it asked that she do this without prompts. Often the objective was only partially met. The baseline was described in November 1992 as "Cindy looks down at her lap or the floor when she is speaking."

She was given an "Initial Speech and Language Evaluation" in June 1992, because "in classes her voice is frequently inaudible." The report suggested placing her in small groups "when possible to increase her confidence in speaking before a group."

Her semi-annual review for November 1997 states as an objective: "To increase her communication skills, Cindy will hold a one-minute conversation with the person of her choice . . . ." The baseline is described as: "Cindy does not engage or participate in conversations with her peers any longer than a few seconds and generally only one or two comments." At the same review, the Consumer Input Form had the following under the category "Staff input": "Cindy spoke in a very soft voice and needed prompting to answer simply 'yes' or 'no' to all my questions. She usually remained silent when asked why she liked something."

It was evident that the underlying behavior had not improved sufficiently, despite continuing attempts on the part of staff, from 1992 to 1999.

There is at least one suggestion of possible problems in her relationship with her mother, but although her mother is alive, I did not want to question her because of the sensitivity of bringing up painful issues about her daughter. However, the records show that Cindy had been in Sonoma State Hospital from 1961 to 1967, which would have been from the age of nine to the age of fifteen. It states that she was in the hospital initially because of a perceived need for spinal fusion when the parents couldn't afford it.

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Kathryn Goldman Schuyler, Ph.D.

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