[This article appeared in the Fall, 2010 issue of *The Feldenkrais Journal*]

THE STORY OF REN AND MERE
Using the *Feldenkrais Method*® with Someone in a Coma

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On Monday morning, I got a phone message asking me to come to Grady Hospital, Atlanta's huge, public, teaching hospital, to work with someone in a coma. I was immediately interested, and also very cautious. I called a fellow practitioner, who echoed my concerns about entering a hospital intensive care unit to do the *Feldenkrais Method* of movement education. I was assured that friends and family were already exercising this person's limbs with the acquiescence of hospital staff, however, and I felt strongly that our work could be helpful. I decided to go.

It turned out that the young man in the coma was actually someone I knew. Ren* is a friend of my son's; we had met briefly a couple of times. The previous Thursday, he had been in an accident at work: he was pinned between two shipping containers, the kind that go on tractor-trailer beds or train flatcars. On arrival at the hospital, Ren was unconscious with a Glasgow Coma Score of 3 (the lowest, meaning no response). He had two collapsed lungs and an anoxic brain injury – loss of oxygen to the brain. His pupils were reactive, the only sign of his not being brain dead.

When I arrived at Grady, Ren's wife Mere told me the family felt that Ren was "deciding" whether or not stay in the world. That seemed accurate to me – I sensed that he was very present, and considering of his situation. But aside from blinking and a response to pain (e.g. on being suctioned), he had no movement. The question of continuing or withdrawing life support hung in the balance. Ren had had a *Feldenkrais* session some time back and loved it, and that is what led Mere to look for a practitioner.

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Day Five of Coma – Lesson #1. Ren was lying slightly rolled to the left, propped up by heavy-duty foam wedges and thus quite unmovable. He had compression cuffs on his legs (to reduce the chance of a blood clot) and a blood pressure cuff on one arm. He had bilateral chest tubes, tubes in mouth and nose, IVs in both hands, and electrodes on head and chest. Ren had broken ribs on the right side. Avenues for movement were extremely limited, and I was extremely cautious on this first visit. I began with his feet and, per Mere's instruction, talked to him throughout the lesson. I talked to him about the brain healing itself, told him that if he didn't have full function when he woke up, he could still learn, restore function and make progress in an infinite way. Mere told me that he is a perfectionist and she felt he might not want to come back if he wouldn't be fully functioning. I loaned the family *My Stroke of Insight* by Jill Bolte Taylor, a neuroanatomist who suffered a massive stroke and documented her recovery in this excellent book about the regenerative nature of the brain.[1]

[1] For another excellent book on neuroplasticity and the ability of the brain to heal from severe trauma, see Norman Doidge's *The Brain That Changes Itself*.

I moved from Ren's feet to his left arm and ended with his right arm – his most damaged, traumatized side. I talked to him about the trauma, acknowledging its severity and affirming his right to feel great anguish when I approached this area. With a very soft pillow, I traced the diagonal paths between left shoulder and right hip and between right shoulder and left hip, thus helping Ren begin to make connections: between his left and right sides, between his upper and lower halves, and between the two sides of his brain. I also showed Mere how to do this. She told me that Ren is a pianist and a dancer. I talked to him about how those functions could be restored – that they might be changed, but that new avenues could be opened up. At the end, I told him that my son sent his love and healing. At this Ren yawned, and then he started to cry. He hadn't done either of these things before. My sense throughout was that Ren was listening, and that at the end that he didn't want me to leave. I felt he knew I was able to offer something that he deeply needed: a conversation in the language of the brain – comprehensible, feel-able and sense-able, because embodied in movement. That night, Ren continued to yawn and began to stretch; he lifted his left hand and started biting on his feeding tube.

Day Six – Lesson #2. Ren had been given antibiotics for pneumonia since Day Three; on Day Six, he seemed to have withdrawn, perhaps in order to deal with the infection. But he was lying neutrally on his back and therefore much more accessible. I continued my approach of working with his right and left legs, then left and right arms. Because of his position and because I felt more confident, I moved up from his feet and began to roll his legs. In general, he did not have exaggerated muscle tone but did tend to draw feet and knees inward. I supported the muscular patterns in legs and arms, enabling him to feel what he was doing, and the muscles released. In the first lesson when I worked with Ren's right arm (the traumatized side), there was virtually no "availability" of musculature – I couldn't find any direction in which the muscles wanted to go; it was as if his right arm was simply not present. At the second lesson, the musculature in his right arm was significantly more available. While I was working with his left arm, he moved both elbows in and out.

In addition to re-tracing diagonal paths, in Lesson #2 I introduced "Bell Hand." This evolutionarily primitive movement of slowly, rhythmically drawing fingers and thumbs towards each other and away (like a kitten kneading) evokes an organizing response deep in the brain. (Mere consistently did Bell Hand after this with Ren, as well as trace diagonals and many other movements I showed her.) The medical staff wanted Ren to squeeze someone's finger, and the Bell Hand movement is a precursor to this; one finger at a time, I worked with Ren on the idea of squeezing. I stood his elbows and lifted his forearms to work with rotation, and circled each fingertip with thumbtip. He stuck his tongue out and turned his head for the first time. When I went to his right arm, Ren started crying. He opened his eyes, mostly the right: his eyes did not seem to be working together. I felt he was seeing me, but his right eye looked sad and distant.

Day Seven – Lesson #3. Ren was again neutrally on his back, not rolled to either side. I continued the same approach but took it further. I lifted both legs and rotated them, and moved his legs in circles at the hip joint. Again, they released from being drawn in, although later they drew in again. I told Mere that was fine, that he had information about the possibilities and would release his legs when he was ready. When I went to Ren's left arm he opened his eyes. I saw on his face emotional anguish, physical pain, and then a smile. Ren seemed tremendously in

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* *Names changed to protect privacy.*

tune with what we were doing. With Mere lifting an arm and me lifting a leg, we brought opposite arms and legs towards each other on diagonal paths. Although challenging to get around all the tubes and pillows, I lifted his shoulders for the first time. His left collarbone connected in movement to his shoulder; the right did not. Again employing the strategy of supporting the pattern, I inhibited the movement in his right collarbone as I lifted his right shoulder, and the collarbone began to participate. I also began to connect Bell Hand with breath, first closing the hand on each inhale, then on each exhale. The more "natural" way would be on the exhale – as the hand folds or closes the whole body may synergistically do so, and exhaling is more about folding – but by experiencing both options, Ren's brain would be better able to clarify and select the optimal.

Day Eight – Lesson #4. When I arrived Mere told me that Ren's brother had asked him to give the "two thumbs up" sign the previous night. Ren didn't do it when asked – but one hour later, his brother saw both thumbs in the air. He also lifted his arms that night. I revisited legs and arms, and this time we physically connected them – the left hand and right knee through a towel which Mere and I held in place. On the other diagonal, the right hand and left knee could reach. Ren seemed very taken with touching his knee with his own hand. I could also see that his breathing was changing pace: it was at times faster and at times slower, which clarified to me that he was breathing on his own and not solely on the even tempo of the respirator (the respirator at this point was being used as backup). At my suggestion he began to breathe more slowly and deeply. Mere felt strongly that beginning to connect Bell Hand and breath the day before was very significant to him; it probably began to strengthen his ability to breathe on his own. Having had his breathing done for him by the respirator since the accident, he now began to consciously reclaim the autonomic function of his own breathing.

The musculature in both arms felt very much alive. In addition to connecting his hands with opposite knees, I connected his two hands to each other and connected each hand with his chest and with his face (despite breathing and feeding tubes), "closing the circle of contact" so that he could re-know and re-claim himself. Both eyes opened wide, simultaneously, early in the lesson. He was using his eyes to express himself and respond, and they were working together. While he was looking at Mere I asked him to blink, and he slowly closed his eyes. It wasn't a rapid eye movement but it was purposeful, and he did it two more times.

The next day I didn't see Ren; he had his second EEG, and the tubes in his mouth and nose were replaced by tubes in his throat and stomach. The EEG showed a slight increase in stimulation responses. Ren had had an MRI of his brain on Day 6, which showed damage to both sides of the thalamus and to both sides of the basal ganglia due to lack of oxygen. The thalamus processes information, relaying sensation, spatial sense and motor signals to the cerebral cortex, along with the regulation of consciousness, sleep and alertness. Wikipedia says that "damage to the thalamus can lead to permanent coma." On Day 8, when Mere was talking to someone about my working with Ren's hip joints, he suddenly drew his knee up towards his chest, as I had done for him…

Day Ten – Lesson #5. For the first time, Ren's face and head were free: no tubes, no electrodes, no tape holding tubes in place. In addition to revisiting legs and arms, I worked with Ren's face, which had been so taken over by equipment. I felt that reclaiming his eyes, mouth, nose and ears would be important in regaining his orientation and communication with the world. As I traced his jaw, telling him that he would be able to eat soon, he started opening and

closing his mouth, clacking his teeth together. I worked with the muscles of his cheeks around the sinuses, and talked about breathing. Suddenly I noticed that he was flaring and unflaring his nostrils. He opened his eyes, and I asked him to close them if he could see me: he did so, clarifying that he could both see *and* hear. Then I felt my elbow bumped – Ren's right forearm flew up in the air. Mere thought that he was saying "hi" to me. I held his hand closely in response for a long time, then placed it on his leg so that he could feel both his leg and hand. I brought Ren's hand to his face so that he could feel both face and hand, and to Mere's face and head so that he could feel both her head and his own hand, touching.

This would be my last time to see Ren for 11 days – I was going out of town. I spent a long time explaining that I would be gone, but that he had the tools he needed to continue to make progress. I talked to him about the aquaculture project that he and my son had been involved with, telling him that Brian had caught the first tilapia out of the pond in my yard. I told him that the tilapia was a beautiful blue color and held my hands up to show him how big it was. As soon as I started talking about the pond, Ren's eyes flew wide open, and he seemed very excited. His left arm also moved.

Ren continued to make progress while I was gone. He frowned, smiled and responded to commands. He appeared to recognize individuals. He turned his head and seemed to try to speak despite the tracheotomy tube. Mere continued to do *Feldenkrais* movements with him daily. His lungs were healing, and he was coughing up mucus. He mouthed the words "yes" and "I love you" to his wife. His lips fully pursed to kiss her three times. When his mother left after two weeks, he indicated that he really did not want her to go. Before she left the two of them had a great time playing and smiling together.

Also while I was gone, Ren rolled his head left and right to respond "no" to a question; Mere says it has historically been hard for Ren to say no. She says that Ren is a mover and shaker, and believes he feels shame at lying still and idle for so long. During this time Ren was evaluated for a rehab facility. Mere was told that the criterion for admission to any rehab facility was Ren's ability to "wipe his face with a cloth" – perhaps directed towards the ability to bring hand to mouth and feed himself.

Day 21 – Lesson #6. When I returned to town, Ren had been given morphine for two days – which I questioned. He was much less alert and present than he had been. But he was lying neutrally on his back, and his legs were not turned in. His left foot was in a boot to prevent foot drop (the boot was changed to the opposite leg every four hours). When I removed the boot his left leg did turn in, but I felt encouraged that the right leg lay comfortably open. We worked with folding, or flexion. Our previous work of connecting arms and legs on the diagonals was diagonal folding, crossing the midline, but our work today was directed toward bringing hand to mouth and all the synergistic aspects of folding. I brought each knee towards his chest, his hands to his face, and then with Mere's help added bringing his head towards each knee and each hand. In keeping with the idea of global movement being much more easily recognized by the brain than isolated movement, it was much easier for him to move his head towards his hand or knee when his hand or knee was also moving towards his head. We worked with the action of nodding "yes," and rolling his head "no." I talked to him about the importance of being able to say no, to have choice.

I brought a cloth and had hoped to put the cloth in his hand while moving head and hand towards each other, but because of the morphine this didn't seem possible. He couldn't take in too much that day. I had also hoped to work with eyes right and left with head rolling, but again, it was clear to me that he wasn't able to do that. However, these were things I could begin to approach. His ribs were healing and he no longer had the chest tubes; there was now the possibility of working with ribs and chest, including these in flexion. Just before I returned, hospital physical therapists had begun to work with Ren. This was an encouraging sign to the family; it indicated that the doctors now thought Ren would make it.

Day 24 – Lesson #7. When I returned to the hospital three days later, Ren was both off morphine and out of ICU. He was very much awake and tremendously expressive, indicating both delight and interest – he was truly no longer in a coma. Ren made small sounds twice during the lesson – "Uh." He was able to not only roll his head left and right, but nodded "yes" twice. He followed my hand left and right with his eyes. He also squeezed my fingers slightly, bending the first joint of all four fingers, then lifted both arms together at the elbow a couple of times. I stroked his arm and face with a cloth, put it in his hand, and brought it to his face. I also brought in a long-handled wooden spoon, put it in his hand, and helped him tap the spoon on a book as on a drum, talking to him about the piano. Ren seemed very pleased. He was very alert for most of the lesson, but closed his eyes and turned his head away in the middle and at the end. Now that he was not sleeping all the time, rest and sleep would become very important. He would need time to process.

Day 27 – Lesson #8. On this day Ren was mostly sleeping – he was not very expressive and only opened his eyes a couple of times. Mere reported than the previous day, however, he had moved his head and shoulders forward, as if trying to sit up. Today I added movement of the chest and ribs into flexion in bringing hand and head towards each other. Working with his chest prompted Ren to bring both arms off his lap. It was as if he had been waiting to have his torso addressed. I also worked with his pelvis for the first time. It was very difficult to access as he was turned to the left and propped up with foam wedges, but his pelvis released a little bit. Working with him flat on his back was going to be important in helping Ren access movement through his whole self. I helped him squeeze the washcloth, leaving out one finger at a time to clarify all the fingers as being important to a fist. He responded with tiny movements of his fingers.

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As of this writing I have given Ren 15 lessons. We have been working on rolling to his side, and rolling up from side to sitting. The physical therapist began this, bringing Ren up by physical force. I am providing clues on how to do this, working with his spine, ribs, pelvis and the relationship between his head and spine to clarify verticality. It is much easier to bring him up to sit, although he can't hold his head up for long. He has dealt with elevated blood pressure and a urinary tract infection and still needs a lot of sleep, but part of the time he is very awake, very aware, and looks like "normal" person sitting up in bed. I have removed his pillow part of the time to give him more freedom of his head; it is quite a revelation for him. He keeps his mouth closed now – a big difference. He is lifting his knees and arms, squeezing our hands, and trying to roll to his side on his own. He is doing a lot of squirming, demonstrating significant differentiation in his chest, shoulder blades, collarbones and spine, much like a baby in its extraordinary learning process.

Recently the physical therapist had Ren in a wheelchair, "walking" with his feet, and the occupational therapist has reported that Ren is responding beautifully. He is now able to bring a cloth to his face. The tracheotomy tube has finally been removed. With much company and activity, Ren was tired, but still very alert and active when I last arrived for my most recent visit. He was making sounds, and will be better able to vocalize and speak once the opening in his throat heals. He made beautiful movements to roll to his side and I assisted him to come to sit several times. He held his head up quite easily. When I reminded him about his hip joints he sat even better, coming off his tailbone onto his sitting bones. I supported him from behind, moving his chest in and out of flexion with the movements of my own torso. When I peered around to ask if he was tired and wanted to lie down, Ren mouthed the word "no." Between times sitting up, I worked with differentiating Ren's ribs, which have been a solid block. Toward the end of the lesson, Ren searched with his hands on the bed for something, we couldn't quite figure out what. We finally realized that he wanted to hold our hands. When I left Ren mouthed a word. I made several unsuccessful guesses; Ren appeared satisfied when I finally guessed the word "Thanks."

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While it was at first intimidating going into ICU to work with Ren, there really was no problem there. The hospital staff was constantly in and out, but respected what we were doing; they saw it as exercise, and tried not to interrupt. It was hard for me to get medical information, and what I was told was sometimes confusing and contradictory, but I just continued and worked with caution. The work with Ren was really quite straightforward and simple. In some ways it was easier than working in a normal setting because consciousness didn't interfere, although, of course, our goal was consciousness. I was calm, slow, and very present, and I always told Ren what I was doing – so many things were being done to him without explanation. In an intensive care situation life is in the balance, and there is a great sense of urgency among medical personnel, friends and family. There was a strong feeling that Ren needed to "respond to commands" in order for those around him to be confident that he had a future. There is reason for this, but I believe that the approach of "making requests" helped give Ren the freedom to make his choice.

Necessarily, the family as well as the medical community has had a strong attachment to outcome. I have been able to offer something different, which I believe Ren needs. He has needed (and still needs) to process, learn, and re-learn in his own time and according to his ability at any given moment. He needs to be able to make his own choices. As *Feldenkrais* practitioners we know that there is no freedom and no learning without choice. My role is to help him become aware that he has options, and that learning would always be possible if he decided to stay in the world. It seems very clear that he has decided to stay. Other practitioners worked with Ren – he had energy work and chiropractic, including network spinal chiropractic; friends and family held prayer circles and exercised his limbs. I believe all of this helped; Mere feels that Ren's response to the *Feldenkrais Method* was dramatic, immediate and the most clear. She has worked with Ren diligently between our visits, and displays a keen understanding of the Method.

Medical practitioners were skeptical about what Ren's developing movement and facial expressions meant, whereas Mere and I saw them as Ren understanding and trying to connect.

The medical view was that these were only "random" movements without intention or purpose; that what we saw as crying was just a change in the musculature of the face. As a *Feldenkrais* practitioner, I know that just as a baby's early random movements represent its learning process, whatever neural pathways Ren can piece together right now represent learning and his path to regaining function. I feel confident that his potential for learning is infinite, regardless of medical prognosis, because the brain's capacity for regeneration is profound.

I hope that *Feldenkrais* practitioners will not be intimidated by the hospital setting should they receive a call to help. We offer the kind of hope and learning that no other discipline is currently doing. My feeling is that Ren is flying, learning and growing by leaps and bounds, and that he will restore full function. I don't know for sure that that is true, but that is my feeling.

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Louise Runyon has been in *Feldenkrais* practice in Atlanta since 2000, and completed Bones for Life® training in 2003. She works with a wide variety of clients including musicians, people with neurological conditions, and people with chronic pain. In addition to *Awareness Through Movement*® and Bones for Life classes, Louise offers workshops on the pelvic floor. She is a dancer/choreographer and a poet, and has published two books of poetry. For more information, see www.FeldenkraisAtlanta.com.