Introduction and Cynthia Allenu2019s Background

For the. Welcome back to this episode of the Reversing Marcel Activation and Histamine Intolerance Summit. I'm your host Bethel here with Marcel 360 and today we have a colleague and one of my movement mentors, Cynthia Allen, with us today.

And I'm so delighted to have her. And she's going to take us through how to move safely. When you're dealing with mass activation and things like EDS and actually do some experience, you'll learn and show us some movements as well.

So I think you'll find this one to be really interesting and fun. And I want to share a little about Cynthia's background for you. She's been working in wellness practices, health care management, organizational consulting for over 35 years.

And in 2001, she became a certified Feldenkrais practitioner and more recently, a senior trainer in Movement Intelligence. She's the co-creator of Integral Human Gait Theory and the creator of Feldenkrais Awareness Summits and other online programs designed to help people move and feel better.

She's offered workshops throughout the United States at universities, hospital rehabilitation departments, and even corporations like and including Procter and Gamble, and her work has been published on the film Price Method and Pain and Trauma.

So the Alternative and Complementary Therapies Journal, as well as the online Chronic Pain partners. In her private practice, she has the privilege of working with many people who struggle with chronic pain, hypermobility and challenges such as earlier stand loss.

And that's actually how we met. I was really struggling to do even very basic rehabilitative physical therapy after a bad car accident and muscles weren't firing correctly.

So I was referred over to you and you helped me start move again. And I have so much gratitude for that. Welcome and thank you so much for joining us.

Oh, thank you, Beth. It's a pleasure to be here with you in this way. And so excited for how you've really developed, your practice to target an audience that really has not had a lot of options.

And, and so thank you for, for doing that. That's so true. And what what was game changing? Learning to work with you was a couple things. One was the different types of of movements, but the other was that you really taught me how to move slowly in a way that was challenging for me.

And and I wasn't new to movement. I had studied yoga since I was 19 and I had done so much stuff. But going from somebody who, at least for a short period of my life, I could stand on my head and I could do backbends.

And then to be somebody who couldn't even carry a purse was very challenging. And between the eds, the information. So can you share? You work with a lot of people with massage activation and EDS.

What kind of movement challenges do you see people facing? Yeah. So I think it's a couple of of different things. And, and movement challenges. And one of them is actually and people may not think this is a movement challenge, but it is a movement challenge, which is learning how to, regulate themselves as they go into a movement or a action.

And so even like this interview, I would call a movement for me, you and I doing this. And if my, if my system, does

not know how to regulate itself and I just become so stressed over this interview and then I stay stressed from days before and days after, then this is not a very helpful movement for me.

So I think it's really important to be able to recognize that movement is not what we think it is like. We limit it to just like, oh, an exercise. We often take movement, exercise.

I feel the word movement like, oh, well, I can't exercise safe like, so I can't do this work. But movement is the way we digest. It's the way, we blink our eyes.

It's whether we, feel our heart racing, not racing. Does it know how to calm down all of those things. So one of the really key, issues is to help people learn how to regulate themselves.

So first you have to know in the first place, can you since early. Oh, I'm starting to get agitated. I'm starting to feel stress. I'm starting to feel a difference in my breath, a difference in my heart rate.

My skin feels a little funny and clammy. You have to be able to pay attention to those kinds of things. And then once you can pay attention to those kinds of things, you can learn strategies for helping you move forward into excitation and then back from excitation.

So excitation is not a bad thing, right? We need it in our lives. And in fact it can be exhilarating at times. But we don't want to be in a chronic state of excitation.

We want to be able to glide smoothly. So that's probably the first one that I'm really particularly interested in. And then the second one is that, people are are tend to be hypermobile in the part of the EDS population that I work with, have worked with.

So I should just say I'm actually not right now seeing private clients and so but, but I've years of doing it and, so there's many types of Ehlers Danlos syndrome, which is often associated with mast cell, inflammation.

So, but the one that I'm familiar with and is the most common is one related to hypermobility. And so when someone is hypermobile then there is often a lack, especially in EDS.

There's often a lack of good proprioceptive information. So they don't really feel that they've moved until they're like at the end of the, the range of movement.

And we need to find what appropriate Septa means. A lot of people may not know that word. Sure. So yeah. So there's two, two intelligences that we want to be able to sense.

One is the internal or the internal feedback we get within our musculature, a fascia and the joints themselves, that ball in the socket that tells us where these parts are at in relationship to each other.

So they actually would not touch in a healthy system. They're kind of floating like this. But as they float in relationship to each other, you should be getting some good proprioceptive information that says, hey, I feel that ball.

I feel that socket. Oh, they're moving this way. They're moving that way. I can feel how my, my, my limbs are going in space. And then also being able to take that information further as to how I'm moving in space.

So not just what's happening internally for me, but also how I'm moving in space and how far I am even from seeing how far you often things are. You probably have to.

Yeah, I used to run into things all the time, for example, and didn't have a sense of where my body was in relationship to anything else. Now, partly I didn't really have a good sense of my body, either.

Movement Challenges in MCAS and EDS

So getting a good sense of our bodies moment to moment, something that we don't have to track consciously all the time, but something that allows us to go, okay, here I am, I can I can just turn a little bit sooner to go around that corner.

I don't have to hit the corner all the time to know where I'm at. You know, I sometimes in a grocery store, I see people with their carts running into things.

And I think, and I'd like to see that person walking because I have a feeling that person has poor proprioception in their own body, and then it just translates into even how they drive their car or their cart around.

So that's the the first, you know, that's the second piece of it is it is growing that proprioceptive sense so that we have choices other than to lock out our joints and hang on them.

Because when we choose a joint to lock out and hang on and it's not good for anyone, but for somebody who's hypermobile, it's really not good. It's meaning not super extending that elbows, the knees, the hips.

That's right. You can you can take the joint actually beyond, what we would normally consider to be healthy. And sometimes when you have hypermobility, I know that I didn't even get a sensation of stretch or even being able to strengthen until I had gone that far in my joint.

The what should be touching in the joints where we're touching there was getting some feedback. So you really taught me to find other clues. Yeah, to get feedback so that I didn't have to go all the way to that past the normal, healthy range of motion.

Exactly, exactly. So I think, you know, as we grow that intelligence is then we start to begin to go, oh my gosh, you mean my thigh bone and my lower leg bones could stack on top of each other and sort of hanging back off the end, back into the joint?

Oh my gosh. When they stack on each other, my low back becomes neutral. And I'm not I'm not hanging off the sacrum. So there's these relationships in the body that, that are biomechanically, that are meant to, give us a lot of reliability and uprightness to be able to maintain our balance and lose it and refined it.

And when we are in that more locked out space where we feel like the knee is really pushed back or the elbow almost reverses itself, like I said, something I could do, but I haven't, you know, a lot of people can do that, really.

It's a be an indentation here. My indentation would always be here, but their indentation would be here like a scoop. And it would be like that all the time, pretty much.

I would then being able to come to a, a stacked arm or elbow, it's very hard. They immediately go into that locked up space. So these are two really important ways that I'm not I don't know if I would say it's entirely different than how I work with other people, but it's more on my mind.

There's a much stronger emphasis in my mind on how I need to help this particular person prioritize some of these strategies. And just with this stacking, this is one of the things that helped me so much.

You would have me lie on my back, and then I would have all this tension in my pelvis and my legs trying to hold my legs up with my knees bent, lying on my back.

And you would take me through just experimenting and sensing the difference of if my foot was here and my ankle here in relation to my name. What about if it's closer to my hip, farther away from my hip?

And we go through all these possibilities until we found this place where the bones could line up and hold my body. And I didn't have to tense, not seem so simple, but it was, oh, it's such a body.

It was revolutionary in terms of releasing these areas of gripping that were causing muscle and facial pain. So even

when I came on with you, I was remembering that lesson and and going, oh, I can move my heels a little differently to line up under my knees.

Now I've got this freedom because my my bones are holding my legs. And that opened up this whole stacking. Now of my spine. And I'm sitting with much more ease and comfort just with that, that lesson.

Yeah. And so I really love how you say this. My, my bones were holding my legs and, and that is the sensation for sure, because up till now you've been using excessive muscular tension to try to hold the legs in place.

And then suddenly when you find the sweet spot where the sort of like the bone can rest in the socket for the, the tibia can rest in the socket in the ankle joint, and then the knee rests the femur rest in the socket in the hip joint, the excessive muscle tension goes away.

We still are using muscle. We actually are still using muscle, but we're using it really effectively. Now. And the sensation then is like as if, wow, it's just my bones doing it.

Wow. That's I mean, what is that? And so what you learned in that breath is a quality, a really two things. You learned a quality of listening. And that's so important because we do know that people with, say, Eds actually have less proprioceptive, firing.

There's not as much proprioceptive, rich information coming in through their tissues, through their joint capsule as someone with, that does not have EDS, Ehlers-Danlos syndrome.

So the quality of listening becomes even more important for this person to go. What am I sensing? What? To know what you're sensing. You have to be able to tell the differences between things.

And so using this Feldenkrais strategy of, hey, what's it like when your foot is here and your heel is turned in or your heel was turned out, or your foot is closer to the pelvis, or the foot is further away, or it's over here closer to the midline, or it starts to gradually walk out and we stop each place and listen.

Listen to the sensations within. And gradually then the person begins to go, or there is a difference. One of these feels like less work. One of these feels very familiar, but not so much fun.

And another one feels less familiar, but. Oh, almost like I can rest here. We'll second rest here. So that developing that experiment station process is really connecting to your brain, to the listeners brains, to my brain and saying, hey, did you know that this placement right here can be associated with the particular sensation at the bottom of the foot and all the way through the system?

And then here you can find different sensations. And this is really taking advantage of neuroplasticity. Now. Now we're saying to the brain, hey, let me give you some rich movement food to chew on for a while instead of just doing the same old, same old thing, we're going to do some things different.

So the brain is going, what? What what what? Ooh that's better. That's not so nice. But I like that. It's it's paying attention and and that paying attention is really key.

Really. And I love how you're starting to weave this now in with the nervous system. Because with hypermobility, it's not just the connective tissue in these joints.

That's the issue. And as we're talking about this proprioception, it's so key both Wilson hypermobility but also pain and chronic pain. And both of these are from our common really common muscle activation syndrome.

We have all these nerve endings in these joints that are telling us not just where we are in space. People don't realize it's not just the eyes and the brain.

It's where your joints are and the feedback from the joints telling you where you are in space. And then there's this

nervous system component that's involved in both chronic pain and Ehlers Danlos and that feedback that's going back and forth.

So I found that learning this type of I'm going to call it, and I think you call it this movement awareness. It's not just exercise. It's a movement awareness helped me one be less injury prone because I always had bruises on my shins from running into things.

And I mean simply, you know, how much I had worked on awareness of my body and how many years I spent on that, but I still I would pay ten times more attention to anybody in new driving, and it still hit the curb and scratch up my hubs and rams.

And I'd had, some really mild accidents where I just couldn't tell to stop soon enough and I would tap a vehicle, and that was embarrassing. You know, consumed like I wasn't paying attention, but I was trying so hard and that improved greatly for me.

But also the pain, even with doing the stacking the chronic pain off and having the back of my neck starts to release because this whole facial reorganization was happening.

Right? Exactly. So that a I mean, I think there's lots of different reasons we may have chronic pain, but, one of them is when muscles just fight cold all the time and never get a break.

So that means they're chronically contracted in an area trying to hold you together the best they know how. They're not going to get good circulation.

I mean, anything, that's how, like this. It's harder to get the the blood and the fluids and the lymph through. Right. So as that starts to rebalance, it can get better circulation.

And it's not becoming fatigued from constantly trying to hold it all together. So we really can get a lot of pain relief just from that. But we can also get pain relief from this quality of listening.

Again, because of the way neuroplasticity works in the brain. So neural plasticity means the brain's ability to keep changing in form and function. And so we we know that the brain is not some static thing.

As a we know that as children, but we we're kind of weak on understanding that as adults. Until about 20 years ago, science finally confirmed 2025 years ago confirmed.

Oh, your brain keeps changing your whole life. Well, this is fabulous news because, the brain is primarily what is going to decide whether you have pain or not.

And when we have to work so hard all the time and we aren't getting good fluids flowing through the system, we're not getting enough differentiation or novelty in our movement.

We're much more likely to end up in a chronic pain pattern. And unfortunately, both fortunately and unfortunately, the brain gets better at doing whatever it does, so it actually gets better at producing pain.

It actually gets better at it. And it's actually there's now studies showing that there's these little, little cells that go out, receptors that go out and fish for pain because they've gotten so good at that, like looking, looking, looking, looking.

And this is meant to help you in survival so that, you know, we need pain for sure to know the burner is hot. That that way I stepped off that curb is a problem and I need to tend to my ankle.

But chronic pain mostly has worn out its welcome and there's no longer really value what's not giving us any new information for us to take action on usually.

So we want to give the brain different things to pay attention to. We want to, we want to see if we can release a stranglehold on just noticing pain. And as we do that with all these different ways, we're asking people in group classes or private sessions to listen.

They are able to go. They're able to give their brain other jobs. And then this starts to release the starts to ask the brain to change in form and function.

It's like going, oh, there's there's a new game in town, the chronic pain thing over there. I'm going to start putting a little resource over here to the novel way that my foot feels on the table, or the way that my my lips seem to be softening and my jaw seems to be softening, and I don't have to hold it so tight or something in the neck.

So that's a fabulous piece that we have been using in the Feldenkrais work since Moshe, created it because he believed back in the 50s, that that in fact, the brain was malleable through a person's entire life.

But now we understand a lot more than he even understood about chronic pain.

Proprioception, Stacking, and Pain Relief

And that is, we can't leave our brain out of that function. It's not as simple for most people as having an adjustment or somebody fixing them in some way.

The the brain and the rewiring or reprograming of that brain is to notice more than chronic pain. To notice other things is vital. And this is so crucial for people with mast cell activation syndrome, because we know there are mast cells at all.

The nerve endings, they line the nerves. And any time we're in that chronic pain loop that you're talking about, we're we're in pain. The nervous system is looking for pain.

And then it's going to increase the perception of pain. It's also sending a signal to the mast cells. The mast cells are involved in responding to injury.

They respond to pain signaling. So then we're going to get this increase of mast cell inflammation that feeds into that loop as well. So this is a wonderful way that people can start to enter into calming down those mast cells, even without and then allow of having modalities for people.

Supplements and medications often are needed, but some people can't even take them. But we have these other entry points as well. And that's so, so critical.

And we talk a lot about the involvement of the nervous system with the mast cells. So this kind of movement even communicates to the mast cells. And now we're in a place that's safer to communicate that safety message.

One other thing that keeps coming to my mind is we have another talk with Doctor Joe Smith, who's a fan, and, chiropractic neurologist on head injuries and the role of head injuries and chronic pain.

And I know I had had so many head injuries and I had a concussion when I came in to see you as well. So my muscles weren't firing properly when I would go to lift my leg.

Shouldn't have, but I should be able. I should be lifting with my quads, but my hamstrings are engaging, which shouldn't happen. But that's what was happening because the signaling so affected.

Can you speak to that some more in terms of what's going on with people with pain and EDS and maybe head injuries? Well, I don't know if I really know what's going on with the head injury in relationship to muscles firing, to be honest.

I see those problems are in people's lives, but I see them in people's lives. And they also haven't had a head injury.

So I don't know that I want to try to go into an area I don't understand that much.

But what I do but what I do certainly, see, is that there there's a I would call it a lack of intelligence within the system. So instead of instead of thinking about it as a diagnosis, in my work, we're thinking about where, in what ways could this person beef up their intelligence, their movement?

Intelligence. Well, yeah. But again, I want to go back to the word movement being extremely broad and not just about lifting my arm in space. You know.

So how can we beef up the person's movement intelligence. And that's something that anybody can do regardless, you can be an Olympian and you're still looking to beef up your movement intelligence if you want to have that competitive edge.

So no matter who we are and no matter what our diagnosis, usually you're able to continue to improve your movement intelligence. And I'll just say usually because, it might be a little bit more challenging with someone, say, in a coma.

But there are Feldenkrais practitioners who work with someone in a coma to help build up their movement intelligence. So it's it's it's available. It's available for us.

And it's not only available, it is what you're you were meant to do. Before anything else was to become intelligence enough first to roll over, to creep, to crawl, to sit up, to walk.

Because these are things that relate to survival. And the better ones balance is, the, the that means the more coordinated all the musculature is right, the more coordinated this firing is.

And then the brain is going, oh, she's safer. I don't have to produce those mass cells and all these alerts. She's safer. Like she's not in as much danger of falling as she was yesterday.

Today she's in good shape. I, I, I think we've got this. So it's a really deep, signaling that the brain is doing and feeding back. So the muscles are feeding up, down, up, down.

And mostly what they're asking all day long is, am I saying that's a question they're asking continually. And so if you have poor balance, poor firing of the musculature, for sure the answer is going to be keep coming back.

No, not so much. And then you get into that chronic mess of it and the system is constantly on that high alert. So if we go back to that firing pattern again, we have to come back to can you can you tell the difference between this and that?

Could you initiate the movement from different places? And we don't talk about initiating it from this muscle or that muscle. What we do is we set up different kinds of movement experiments for the person to try that are more likely to make the firing of a different pattern available.

And as the person's awareness grows and they're listening, they're listening grows and they're able to go, not just move kind of unconsciously, but but in fact, notice and listen and interpret.

What did she ask me to do? She asked me to move my left foot away from the midline, but I moved my right. I didn't move my left. I moved to my right. So it can start in that kind of even basic way, really, even knowing what is left and right in different kinds of circumstances.

And lovely to met with safety again. And I tell my clients and everyone does nervous system work. It's I say it's 50% of our healing process, at least when we have mass automation syndrome.

And the the key, the goal is to be shifting into a place of this deep sense of safety in our bodies, which I have yet to have. Anyone who came into the clinic who had that, and I had to learn that, and I have to practice it every day.

It's one of my top goals. Every day for my day is to feel safe and calm in my body. And one of the ways that you really helped teach me this was teaching and, and and I was learning how to slow the movements down, because even in yoga, I was coming at it in terms of I really want to come from this position of strength, or I was coming my physical therapy in terms of even a little more of an Arabic kind of exercise wise attitude.

And I kept reentering myself and I couldn't move forward. So this this was a key change. And it's something I've even just asked my clients to do, like how slow movement, which is when they go get a drink, just slow it down and feel what's happening and go about half the normal speed.

Do you have lots of specialized ways of doing that? Yeah, we talked more about the slowing down and what that's doing, why it's important. Right, right.

Yeah. So for sure I think slowing down it's it's a it's a combo. Right. We slow down. When we slow down, we can begin to sense things that we can't sense when we move quickly.

So if, for example, and, and people who are watching this might want to do this, but please, I'm going to do it as a demo that you may not want to just watch and be sure that you stay within a safe range.

So if someone if there's a sound, for example, off to the side and I quickly look right very quick. And that's the thing I wouldn't want you doing, but I quickly look, and then then I come back.

Now, if I didn't have any hurry, maybe it didn't really alert me, alarm me. And I was start to move at about half that speed. Now I start to see things along the way.

I had no idea what I saw on the way the first time, but now I start to see things along the way and then if I move it even slower, let's say it's maybe a quarter of that.

Now I feel my butt on the chair as I'm moving. I'm noticing I'm not breathing as easily as I could be. Breathing. And also within that slowness, I begin to feel where's the moment where the muscles are saying, I don't like this, this, this kind of hurts.

Did you notice that? That you got a little pinchy been going on right there? Something did you notice that? And then I start to go, well, maybe I don't want to go past that movement.

Maybe I don't want to. And but I still need to look over there. Oh. Well, what if my shoulder turns? What if my pelvis helps me? So there's a lot that can happen in the slow to improve the quality of the movement.

And then the more that we practice that it becomes that when we start to turn quickly, we might not just jerk on the neck, we might start to go, hey, there's other parts of our body available to go with me.

So I think we know that if we want to learn something new, we need to go about it slowly. I don't think anyone actually thinks that they're going to learn to do calligraphy fast.

I think people will go, oh no, I'm going to I'm going to really try and I'm going to be trying hard to get that right. But we don't think about it in our general daily movement about why it could be important to have the ability to move slow.

And the reason I say ability is because for many people, no matter what I say in the beginning, could you move half that speed? Could you mute for quarter that speed?

There's still moving, always at the same speed. They actually they think they heard it, but they only have one speed. They have a basically an on off button and that's it.

So being able to have gradation, being able to titrate is extraordinarily important in health. Again, it's the difference between always being in high alert for always being, sort of mushy and going, I don't know if I can even motivate

myself to, to take a look up here at best and just make eye contact.

There's, there's either on or off. And we want to have like a huge range in between. And we don't really want to be moving much at these extremes. We want to be be playing with the field in between.

There's a fluidity and I and as you were talking about that, I realize too, this is part of being building resilience. I mean, this is moving beyond just our physical plane and a nervous system to having resilience and life resilience to things that come at us and I, I notice there are people who come in that I work with one on one.

And dealing with mass activation syndrome, dealing with EDS is very challenging. It's one of the hardest conditions. I've had people who had MCAs who've had EDS, and then they've had cancer, and they said that the cancer was easier, and there's this resilience that's needed to be able to navigate what's required to heal from these chronic inflammatory conditions.

And this is a way as well, just realizing of building that resistance, which is very exciting about resilience, which is exciting as well. It really is.

And I would say that is primarily with the work is about is resilience, emotional resilience, physical resilience, maybe even spiritual resilience. We could say so that instead of, well, first I would back up maybe a little bit and say when people are in chronic pain, they tend to be irritable.

They don't have a lot of room. Right? Because they're always and they're always kind of up against the wall already. And then something comes along. Our child says something.

Our husband, the dog pees on the floor. Something happens and we we we just lose it. We don't have any gap in there. So this is very important. Is that we can learn to, can use this work to start to manage and increase the gap between, stimulation and reaction.

So if we can increase the gap between the stimulation and the reaction. Now we have a lot of choice points here. When we were like this, we had no most no space for a choice point.

Slowing Down and Building Choice Points

So the same thing that we do in the physical movement where you begin, we begin to play with, well, when you turn your head to the right, Cynthia, where did you initiate that from?

So we start to go, well, let's slow it down. Let's see, where do you think you initiated it from? And I'm like, I think it was from my ear, actually. I think I wanted to hear because it was a sound.

So I kind of started thinking of the ear then I think it was my eyes next. And then I think, and then I think it followed from there. And then we could say, well, what if you initiated it from someplace different and we start to give different places to initiate from?

Now that turns out that that same process works for handling, challenges all day long. It can go, okay, I, I feel myself starting to lose it over where the dog peed.

What are my other choices? I can feel you start to feel yourself further back in the cycle, and you can go, I don't have only one reaction to this now.

I could choose to do something else, except that the thing that I've always been doing. So there's such a beauty in a freedom in that. Of course, it takes time to learn it.

And I would say it also takes a little bit of willingness to learn it. Not so much on the physical plane. I feel most people learn that part quickly, but the willingness to allow it to start to transform.

Also, your emotional life and I think also expanding that into all of the the difficult things people have to do in their healing. In terms of mold remediation, this one is the most challenging that people with mass activation, they have to do it.

It requires so much of them exploring Emfs cleaning up the personal care products. There's an emotional resilience is needed. And I wrote about going down to our furnace room and turning off the furnace switch for a minute, and water started pouring out of it, and I've had severe mold toxicity, and I could feel the panic rising, and I.

But I had a choice point. There was a choice point before I went into a full blown meltdown where I said that that's that path is going to hurt you. So let's pull back.

This is obviously not ideal. And it took me back into being able to think about solutions instead of just going into a full down meltdown. And it was like, oh, 11 p.m.

self needed to be winding down for bed. My husband was already asleep. I didn't want to run in there and, you know, wake him up and get him all set. So this type of work, this is one of the ways I learned how to make those choice points and, and shift and go, well, I'm going to clean up the water on the floor.

I'm going to turn the switch back on because the pressure is keeping the water from the condenser line from pouring out of the furnace. And in the morning I'm going to I'll call somebody to come in and fix it.

And it got handled. And and were there problems? Sure. We had to clean them up. But yeah, because life is unpredictable. Right. And so because it's unpredictable, we absolutely need to have some wiggle room in there.

Get some plasticity about how we respond. And it's understandable that when we're at a certain level of threshold, this most simple thing can put us over the end.

Totally understandable. But it's also comes, unfortunately, back to us to solve that. It's not something anybody else can really solve. So when we use a method like the Feldenkrais method or movement intelligence foams for life that I also use where we are, we are recalibrating, if you will, the entire system, we, as we lower the pain threshold, as we see that coming down, people then have more choices, even more choices.

But but I would say that once that space starts to happen, like for me, I noticed, oh my gosh, I'm not as grouchy now that I don't have as much pain. I just thought I was a grouchy person.

I didn't even know that. It turns out that it was mostly related to chronic pain. That was such a surprise to me when I was taking the Feldenkrais work in the beginning.

But then something really interesting started to happen is that when I would have a day where I did have that pain, I could actually say to myself, Cynthia, you're not feeling good today.

You're going to need to be really careful about how you interact with people. I would actually hear myself having these conversations with myself and still today, sometimes when I'm teaching, especially in a long, immersive format, I can feel my irritable ness rising, and then I can talk to myself about it a little bit and say, what do you want to choose about that?

You know, how do you want to be with people this afternoon? Do you want to let yourself get snappy and snooty because you don't feel good? Or do you want to hold the reality that you don't feel great and still keep up?

Keep, the quality of interaction that's really better for me and them, right? It's better for me and them. But that was not available to me from before I did the Feldenkrais work.

I just pretty much only had reactivity as it related to circumstances. That's beautiful. And that's what also helps me check in and say both. What do you need today and to take care of yourself?

Maybe I need to slow down. Maybe I need a nap. Maybe I need to go spend more time taking care of my nervous system, and I can make those choices. Whereas, you know, ten years ago, 15 years ago, I wasn't great at taking care of myself.

And I've had to learn that. So I need some movement. You want to share with us and give people an experience so they can start to apply what we've been talking about.

Yeah, I do, and the first one I'd like to share is one for just calming the nervous system. And so the listener, if you wanted to lie back for this, it would actually be better for you.

You just only need the sound of my voice. I will show you, the movement that we're going to do now. I'm going to take off my glasses because we're going to be putting our hands over our eyes.

So the right hand would go over the right eye, and there's a cup there. And so we're not going to be pressing on the eye. The eye is going to sit in the cup and then the fingertips are on the forehead and it's nudged up against the side that side of the hands up against the right side of the face.

And then the left hand would just go over it. Now it if for you you want to have your left hand underneath and your right hand on top, totally fine. Now you can bring your hands down for just a moment and get yourself really comfortable so that you could just lean back against something, something where you don't have to work so hard.

So I'm going to be sitting up because I'm teaching you. But this would best be done lying down for a moment or two. And you could also just do this later, right?

We play it and do it later. So as you're sitting or lying first, just close your eyes and begin to notice what's the quality of color behind those eyelids.

And you might notice that there's some spots that are darker and some that are lighter. You might feel like there's activity like little flashes or blotches of white here and there.

And so when a nervous system is really at rest, these would be very darks, would be very dark behind here. And also when you're lying and resting, your eyes will kind of widen and go back towards the edges of the eyes.

When you're sitting up and you're looking out in the world, they're trying to focus on things. So there's a resting state for the eyes, and the eyes are closed.

It can be really important, but let's see if we can lower the excitation in the nervous system with this cupping of the hands. So in my case, I'm putting a right hand over the right eye and my right fingertips are on the left side of my forehead.

And then I place my left hand on top, over top of the left eye, and my left fingertips are over the right, kind of facing left. And then I'm just gradually just checking how can I rest my arms a little bit better?

And the position that I'm in and also I'm not pushing anywhere on the hands, but I'm kind of molding them around my face and nose so that the least amount of light gets in.

But I'm not obsessive about it. I don't want it to be anything that clenches. And then I notice, oh yeah, it's a little bit darker. Maybe it's for you too, but there may still be some areas of light.

So let's use our imagination and let's cut out a paintbrush. And let's begin to paint from the eyebrow underneath the eyebrow down. And you might say, well, which I but just think about the field of vision there with these eyes closed and just begin to take the paintbrush like a cross from one eyebrow to the other.

And what kind of paint? The paint is a velvet dark black. So begin to imagine that you can use a velvet dark black to start to slowly go across that vision across the back of your eyelid.

Back and forth. As you breathe easily. And take your time. You notice the curves. It's not a flat painting surface, is it? It's got some arcs to it. Maybe some folds.

And then perhaps you start to come down into the area of the eyeball itself. That's if you could just paint this beautiful imaginary velvety black color left and right.

The breathing can be easy, goes right and left, left and right. Slow. Simple. Perhaps you can imagine the feeling of this really gliding, velvety color being laid down.

It's very safe, it's very comforting. And if it's not, and this is not something for you to be doing right now, you can just take a little break until we go to the next movement.

And so this is a very small snippet of what would be an entire lesson that we might want it to go as long as 30 minutes or so, with different experimentations.

But now I suspect that you do experience that. There's a little darker field there, and maybe your breath is getting a little bit easier. And then you could slowly, with your eyes so closed, bring down your hands.

And if possible, when you open your eyes, don't look straight at this camera or the screen that you've been staring at. Because it's got too much light in it, right?

So slowly open your eyes. So not looking at the screen. And not not being attached to seeing anything specifically. Just like a very soft gaze. And then you can turn around to the screen again.

And if you had glasses off for that, you could leave them off for a little bit so you don't have to put them back on right away. Now, this is like the beginning of a lesson that starts to really lower that excitatory tone and the nervous system, the, the, the fingers, particularly the thumbs and index fingers, their mouth and your eyes are like superhighways to the brain and anytime that you do something that starts to relax those areas, you're really starting to bring the brain down into a like more meditative state.

And meditation can be a fabulous thing. But I have found that meditation sometimes for people with chronic pain challenges, it's too much. They need a little bit more, need more things to focus on.

And so I really love these kinds of lessons. These is just one kind of lesson in the Feldenkrais Method. This is and again, it would go on for a longer period of time.

So we just keep building layering these opportunities for the nervous system to go, okay I can rest here, I can be safe and I can rest here.

Calming the Nervous System with Eye Cupping

And there are a lot of variations people can do as well. I noticed I still have a little trouble with the shoulder and holding my hands for that long, but I was thinking, gosh, this would be so nice to do.

I could lie down and use my mask, excuse my mask, and it's not the same, but I yeah, you could use an eye mask in the beginning, but it will not be the same because there is a heat and again, a superhighway to the brain.

But but I absolutely would do that if it was hard to have your arm there. And then also, I wouldn't keep your arm again. You would be lying. You could use props.

You could lie next to a sofa where the arm is. It's hard to have. So there's lots of different things you could do to make it a little bit more likely to be possible, but it might not be for everybody because of arm issues.

And so there's a million other things that we could do as well. But that gives you just a tiny little taste of sort of the way we would use, some movement experiment, some movement lessons just for the quality of beginning to teach.

Oh, there are layers to excitation, to calm, to quiet, you know, there's layers there now. One, we have the nervous system is a little bit more available for quiet.

That means that it can go up and down a little bit more easily. That's really not enough. We need to know how to move in ways that don't immediately set the whole system off, right.

So we don't want it to be, oh, as long as I lie here with my hands over my eyes, I'm great. But as soon as I stand up, I'm in trouble. So there has to be something more than that.

So that the beginning, I would say we're really looking to help people slow themselves down, quiet the nervous system, and then we need to have movement experiments that start to challenge the system a little bit, to start to ask it to notice more while in action.

So if we take this one that I kind of, you know, demonstrated earlier, if you would just sit at the front of your chair, for example, and we'll and you want to sit the front of your chair so that your thighs are more free from the chair, if possible, if that's not comfortable for you and you need to be laying back, sitting back against something, that's fine.

But when your butt is on the chair and your legs are free, it gives some mobility and freedom of your pelvis to be part of the movement. And now again, do nothing at all that even the hint of a stretch.

Don't do something. That's even the hint of a little bit uncomfortable right now. That's hard to choose if you're used to always being in pain and also used to the traditional way of movement, but it's vital.

It's vital. So now you're going to begin to turn your head slowly so that you know when you might want to stop to whichever direction you would like. You get to turn it either left or right to look.

You're turning to look, you're turning to look. So maybe you begin to turn and you go, oh, I can start to feel just the tiniest little bit of muscular strength in an area you want to stop.

Actually, before that, you definitely don't want to move beyond that. So if you only move a quarter of an inch, it's enough. If you move two inches, it's enough.

You do not need to see anything over there in this imaginary lesson, right? Of seeing. It's not important to go for range. It's more important to go for quality.

And then you could turn your head the other direction and you're feeling sensing. Is it easier to turn this direction harder? What do you see again staying in that easy range.

And you could compare one side to the other. And I can feel really clearly for me. Hey, I got a lot more range going to the left than I do to the right at this moment, so that's a beginning.

Make up. That's what I've got here at the beginning. But let's start to change the way we do the movement. So now we're going to imagine that the nose and the lips are kind of and the chin or kind of somehow like maybe somebody took a giant popsicle stick and glued it between our nose and our breastbone.

So that means our head and our breastbone are going to have to move together. We're going to have to move in what we call it undifferentiated pattern.

So if they're going to move in an undifferentiated pattern, and we still would like to see that it's going to be a very different movement than just turning the head and the neck.

So now we want to look to the right, and we're going to keep this undifferentiated movement, and we're going to allow the head to ride on the breastbone.

The spine, the shoulders, and even the eyes. Do not look further ahead. Keep your eyes pointed where your nose

is pointing, and then you come back to the middle.

That's beautiful. And then you, when you pause for a moment, you notice, I'm breathing. Okay. I'm not holding my breath. Next time, can you move that same slowness, same undifferentiated movement, and see if you can breathe easily through the movement?

Again, we're not going for size here. Not going for size, the size the range will normally improve by us not pushing for it. Let's do two more movements that way and just, you know, it's very interesting.

Can I keep my eyes focused where my nose is going, or do I shoot forward or to the right or to the left with those eyes? I'm breathing easily. Now. Beautiful.

And when you come back to the middle, just pause for a moment and I hope you have your feet flat on the ground. If you don't look at to see if that would be possible for you, maybe your hands just on your thighs.

And now we're going to do something different. That was a non differentiated movement. Now we're going to differentiate it. Now we're going to take the shoulders to the right.

While the head and eyes look a little bit to the left. And then both come back to the middle. Shoulders go a little bit to face a breast that was a little bit to face to the right, while the head and eyes look a little to the left.

Now, when we add a different, difficult movement of differentiation like this, there might be tempting to try harder, but stay small, stay small. Can you find your breath?

And then we don't hold an end range. We aren't trying to stretch. We just gradually move one direction and back. Okay. And then release that. And sometimes when you release a movement, you realize, oh, I was, I was I was like holding on tight, maybe in the belly or in the shoulder or the glute.

That can be interesting information. Now what if your head and shoulders go to the right, but your eyes go a little to the left? And then if your head and shoulders go a little to the left, let your eyes go a little to the right.

So this is another level of differentiation. And this is getting harder isn't it, to do to coordinate. And you might feel it's impossible. And if you feel it's impossible, could you find that funny?

Would that be an available reaction to you? That is funny. It's humorous. Instead of frustration or nasty little messages you give yourself like this is something you should be able to do and see.

I'm messed up there. It's okay. I lost my way. I can find my way back. Home and then pause again in the middle. Now let's see if we could come back to a movement where we let the pelvis be part of it.

So now could you imagine sort of the pelvis, the breastbone. They had an eyes kind of all one unit. And could you slide the left knee forward and space and the right knee back and the head and the eyes and the shoulders just ride on that.

And then when you come back to the middle, you slide the left the right knee forward in space and the left knee kind of slides back. This turns your pelvis, doesn't it?

And now we can connect the two directions right and left knee going forward. Turns me a little to the right. The right knee sliding forward turns me a little to the left.

So there's so many variations that we can do with this. And we would normally want to layer about 15 minutes worth together 15 to 30 minutes in order to get more sense of change.

But I'm thinking that already you and I are going to have a change, Beth. And anybody who's watching. So let's go ahead and turn to see. Oh, that's nice.

That's much nicer for me. I didn't have the I didn't have that little pinch so early. And you can look the other direction that was on that one got really easy for me.

00I can let more of myself be involved too. I don't have to just stick with pulling on my neck.

Differentiation, Pelvic Movement, and Heel Bouncing

I could let my collarbones move. I could let my pelvis move. Oh. That's novel. So it seems so simple, Cynthia. But when we first started looking this way, this is the site I have more challenges with.

And before I got the discomfort offered, I had very little range. I could only go by here and we went through those. They weren't. They weren't painful at all, but they certainly were not in my comfort zone.

And they were. I could feel my body wasn't quite sure how to move, and I was having some struggle with moving that slowly with it. But then when we came back, I mean, my my range of motion now is going that way so much freer.

So it's very interesting and it'll be it'll be neat to see how through the rest of my day it feels. Yeah. And so there we is an example of now we're not staying with just only the quieting of the nervous system.

We are still saying slow to give that sense of ability to listen, to pay attention, to choose, to be quiet. But we're adding challenge and we need to be able to have challenging moments in life and know how to respond to them and not and challenges and and moments of rest up to your rest.

And I wanted to share to one of the other things you helped me integrate because the know the nervous system dysregulation. I've had that I also had to discern when I've had enough.

Yeah. So that I didn't get because we can we can go into what's so unfamiliar. Then the nervous system will start to have this pendulum swing, there's this freedom, and then even the freedom is a little scary and we can snap back.

So to be really monitoring that as well. And when the nervous system say, okay, that's enough for today and that and that's okay. And for some people that might be 20 minutes for some days.

For me that was 2 or 3. And then I had to wait the next week and I could add an extra minute. We can build slowly. Absolutely. Yeah. And then and the bonds for life work that I do, we're more interested in axial movements and how pressure travels through the body.

And I really like it for people that have hypermobility because, it tends to organize the, the what people often think of as the core musculature, of the body in ways that help them to stand and walk easier in life, to feel the joints, and that when we have a what we call a really been a bet, have bread and butter, not bed.

I think that might be okay. I don't like it with bread. It's for the moment bread and butter movement called bouncing on heels. And this is a pretty short share. Do we have time for it?

Yeah, let's do it. Okay. So I'm going to stand up and I'm going to move my chair out of the way. And by the way, you'll see that I have a firm chair. And really I encourage you not to have overly cushy chairs.

And this chair actually doesn't even have rollers on it. So it's important for people to not just get into chairs and collapse all the time. And cushy chairs, chairs that tend to angle the pelvis one direction are more difficult.

Now for you to do this safely. I, it's going to be very important that you tune into those knee joints and that you allow yourself to have just a little bit of bend in the knees.

Okay. And so your habit might be to lock them back and out. And if you do that, your habit, you might feel like, hey, when I lock them back in out, my tail sticks out, I get a bigger arch in my low back.

And when I suffer them, I soften my knees. Something changes in the low back. I don't have to have my butt sticking out at the bottom, tilted so it's an anterior tilt of the pelvis.

And that's a key relationship to learn to understand. And then as you're standing with these soft knees, just feel the footprint of your feet on the ground.

You know that Earth. It's it's sensing you. I like to think of the Earth is alive and it's sensing you. This sky. Oh, hey, there's something again. I feel her footprint, right?

I, I know her, and then we're going to be doing a little double tap. If you put your right hand on your heart and you just double tap, it's kind of mimics a heartbeat.

And then we're going to use a vocalization called pum pum pum pum pum pum pum pum pum pum pum pum pum. But we're going to do it with double taps on our heels.

Okay? Very small like you. Just enough for you to put a piece of paper under your heels, that's all. Not a big boom. It's tiny, like quick. And it's going to start to vibrate the bones of your body.

So here we go with that same vocalization, because that's going to help you keep the movement small and quick, so that we can vibrate up through the legs and into the spine without causing a problem.

At the same time, you've got to start with those soft knees very important. Pum pum pum pum pum pum pum pum pum pum pum pum pum pum pum pum pum pum pum pum. Last one.

And then just feel the sensations rippling up and down through that. Tell you I've just been doing something, And the foot put on the ground. Footprint on the ground might already be changing.

And then this will be our beginning movement. And from here we would start to learn things about aligning the neck, aligning the lumbar, using a hand on a chest to help us, using a hand on the belly, putting a hand on the low back or the neck and spreading the fingers so it becomes more sophisticated as we go along.

But it starts with this very basic, like bouncing on heels so that we're looking at how to put, pressure through the axial systems. And this is super valuable for people with hypermobility because they're, they're getting a clear sense of how transmission of force can go through in a way that would create a beautiful domino show.

Right? Boom. As opposed to if you put the pressure through and it goes into the knee joint, it stops there and gets stuck there, it goes into the low back, it stops or gets stuck.

It goes into the neck, it stops and gets stuck. So we're gradually helping the helping people through a variety of different kinds of movement experiences, including ones that are lying down with feet on the wall.

I think you did feet in the Wall and Hands on the wall, Beth with me. And those are beautiful movement processes. So those are just, a little bit of difference between the two works, but very compatible.

Those are really nice. And I remember in the Facebook Live, if people want more, more of this, they can go find the Facebook Live that we did. We worked with their hand on the chest and yes, and coming in and then lifting up and back and and I found, you know, we worked with this for a while and I was able to find this nice balance point again that opened up my shoulders, my neck.

Such slow, gentle movements are really powerful. And I found particularly in these kinds of issues, whether you're talking about the head injuries, the chronic pain, this where people have been even chronic fatigue.

We haven't touched on chronic fatigue yet, but chronic fatigue so common. And it limits people moving in terms of what we think is traditional exercise.

But this, even when I was severely fatigued, was available to me to be able to start to work with this. And it would move the lamp and lamp and help my nervous system and help me in all these areas of life.

We've been we've been talking about. Absolutely. Yeah. So, like, can I just tell you, I, I so I do have a Feldenkrais series that they can sign up for. Yes.

This is a this is an unusual kind of an unusual series maybe for it might seem like a little unusual series for your group, but, I think it's a fabulous series.

It's called book in the foot, and you lie on your back and you will. So if you if I were lying on my back, you might have your arm in the air and you would begin to explore different kinds of rotations and movements of the wrist and the hand and the shoulder.

And it has a really beautiful, subtle way of being led that gradually you understand more about the mobility, the availability of these upper parts. Then it goes to the foot.

You put the foot in the air so you lie on your back and you know, you have a foot in the air and you're doing similar kinds of motions with it. And then, and you can stop these lessons, pick back up again, very important that you go as best set at your own pace.

So if you get in five minutes and you go, hey, I'm good. Five minutes, that was enough for me. That's totally good. The next day you might come back and do five minutes and add another five, you know, or maybe later in the day you would say, I want to continue on with it.

And then, by the end, you might surprise you what you're doing, because we then start to put a book on the hand. Not a heavy book, but just just something that we have to manage the weight of.

Now, when we are managing some extra weight, it starts to highlight for us, oh, I want to stack those bones differently. If I lock them out, I'm not really going to be able to hold this weight in the air very long.

And the same thing with the book on the foot, you'll start to feel like, oh, if I if I hyperextended my knee, that's not going to get me where I want to get.

So we're using an external, feedback that in this case the book, to help you gradually learn to coordinate the movements of your body better, it's a kind of a robust series by the end, but you don't have to get to the end.

Right? There's nothing that says that you need to get to the end. One of the choice points that is important to develop is to know, when should I stop.

And we really do leave that up to people in the Feldenkrais work, because you have to know how to do that through your whole day. You don't want a teacher walking around behind you going, stop, stop.

Did you stop? Are you doing too much? Stop, stop. You want to develop that internally in your own sensation? So I think if you just take your time with it, have no ambition about needing to finish the series.

Or not just you just do exactly what feels like the right amount for you. You will really, really enjoy it and get a lot out of it. And that's a free offering people can find in the bonus gifts.

So that's available free in the downloads. And I just want to show it for people with joint issues. I actually started with, you know, something very small like this is very, very lightweight.

It's very lightweight. Don't have to have a, a novel, you know. No, it's just a tiny little 75 page book. Yeah. Wonderful. And then I so I know you you mentioned before, you don't take private clients anymore, but you do have online series.

How can people find you if they want to dive in more? Yes. They can come to future life now. Dash or hyphen online.com. Com future life now. Hyphen. Online.com.

The future life now hyphen. Online.com I also know if you search Cynthia Allen Feldman. Christ, it's easy to find you or Cynthia Allen bones for life.

Yeah. Yeah. Absolutely. Sure. We would love to have you. And yeah, I do have quite a few people in my classes online classes that struggle with these issues.

So you would not be alone in your you know, I've worked with so many people, Cynthia, as as well meaning and as experienced as they were, my body is quite complicated.

And you've been one of the few people that could work with me without me getting injured. That means quite a lot who want to thank you so much for the work that you do in the world, how much that you help people and all of your generous sharing today. Thank you.

Thank you for having me. I really enjoyed it.