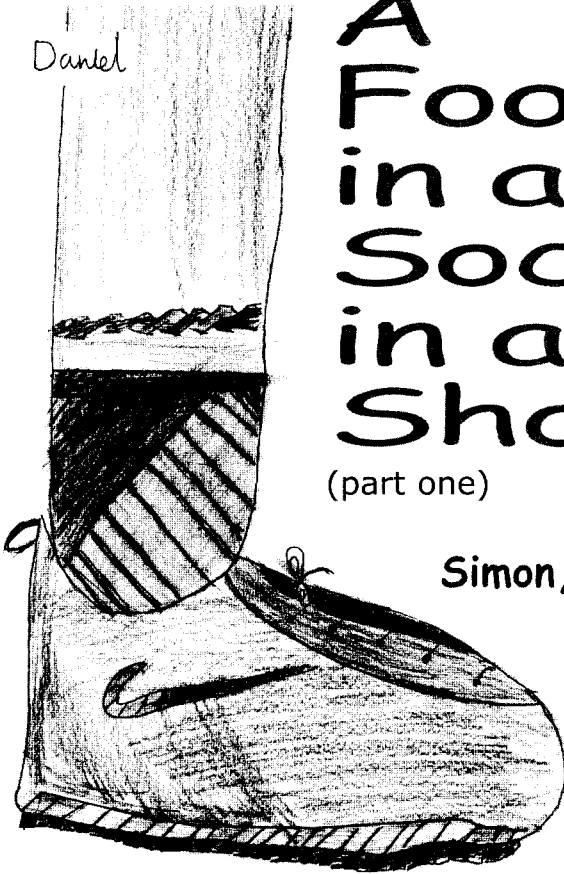


Daniel



# A Foot in a Sock in a Shoe

(part one)

**Simon, Jennifer and Lee**  
by Lee Saunders

**There is something that happens when you grow up working outside. The movement and rhythm of the day are determined by the animals, crops and weather. With the sounds of the birds and wind constant in my ears, I became aware of placement, timing, and center of gravity, while mirroring my father and uncle as we did the daily chores.**

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Anticipating the flow of movement between the tractor, bales of hay, and our family of workers, I developed a bird's eye view. Among the horses and cows I learned where and when to speak, stand, or move, in order to guide them along their way. And with a simple touch at a strategic point they would lift a leg, drop their head, align their spine, walk, stop, turn, stand, or lie down. Empathy and the resonance of life flowed richly between us and the other animals, as we assisted them to heal, give birth, be born, walk, grow, and die.

I grew up and moved away, became a professional dancer and studied anatomy, movement, touch and voice with Body-Mind Centering® (BMC®) founder Bonnie Bainbridge-Cohen and her team of teachers. The BMC® understanding of the evolution of movement from in utero to walking, and the facilitation of neuromuscular and perceptual repatterning through movement, touch and voice, resonated perfectly with my experience growing up on our farm. I took to Body-Mind Centering® like a fish to water and became a certified practitioner of the work.

Then several years later, like the cows returning home in response to our call, I moved back to the place where the seeds for my studies were planted, the family farm. It was January 1995 and it was a long and difficult winter. Several of my family were unexpectedly, seriously ill. Seeking emotional and spiritual support through this turbulent time I found a skillful guide and friend in my parents' minister. During the course of our numerous conversations

Albert mentioned that his daughter Jennifer in London, England, was a single parent with two children. Her oldest child Simon had autism. I told Albert of the work I did as a Body-Mind Centering® practitioner and somatic movement therapist and educator<sup>2</sup>, and offered my services if they should ever come this way.

Now several months later it is July, and I, Lee, am sitting on the porch swing waiting for Jennifer and Simon. It is our first meeting. They are here visiting family for three weeks. We have agreed to meet for two hours, see what happens, then take it from there. I will charge no fee. Jennifer's father helped me for free and I will do the same.

When they arrive at our home, Jennifer undoes Simon's seat belt and helps him out of the car. He is seven years old, slight, with short light brown hair. They hold hands as they walk towards me, the direction of their path veering slightly to the right, following the lean of Simon's body. He is bent to the side, as if his head, shoulder, spine, hips, and legs are braced against an invisible impact, and he looks out from the corner of his eyes.

Jennifer looks to be in her early to mid-thirties, about ten years younger than me. Still jet lagged from their transatlantic flight two days before, she is impressively competent, patient and calm in her communication with Simon. His voice is a humming sound that comes from the back of his mouth and as we walk to the house he drops into a squatting foetal position that stops all movement.

My overall impression is that Simon is not overjoyed to be here. I am used

to that response from young children at our first meetings, especially from those who have gone through a lot of medical or therapeutic care. Simon's lack of interest in my presence is oddly reassuring; it is a normal response to the situation. If I follow his leads to help him find a greater sense of comfort, and to help Jennifer expand her skills for assisting Simon in his daily life, he may have a therapeutic experience with me that is different from what he has had before. My value in their world will come through the fruits of our efforts, nothing more, nothing less. We must work together like a foot in a sock in a shoe.

It is a cool grey day with a threat of rain, so Jennifer and I decide to work inside. Jennifer explains to Simon where we are going.

I ask, 'Simon would you like to come inside?' and with my fingers I lightly brush the back of his hand, offering him my hand and he takes it.

With Simon in the middle, we walk up the stairs. As we approach the landing where the staircase divides, leading to the two sides of the house, he collapses into his squatting foetal position refusing to move, like a three year old in the middle of a mall. I know this is a recurring pattern for Simon that impedes his family activities. This was clear from the moment they arrived at our farm.

'Do you have a solution for this?' I ask Jennifer.

She replies, 'No not really, just a lot of gentle coercion or a battle of wills.'

'Would you like to try my suggestion?' I ask.

'Yes', she replies.

I explain, 'Simon is taking the lead here. So, rather than seeing this squatting position as a problem, it is an opening to facilitate his movement. He is giving us the chance to meet him where he is, rather than where we think he should be. We don't have to go upstairs to begin, we can begin right now.'

With the three of us balanced half way up the staircase, we continue to hold Simon's hands so that he does not fall. I ask Jennifer to place her free hand on the base of his sacrum while I place mine on his knees and explain that by focusing our touch on his bones we can reinforce Simon's sense of structure and stability and ground him in the moment.

'How do you focus your touch on his bones?' she asks.

It's like this', I say, then placing my hand on Jennifer's arm I lightly press the bones in my fingers along the edges of the bones in her arm.

'Can you feel how the bones in my fingers are moving on the bones in your arm?' I ask.

'Yes.'

Then, moving my hand to her sacrum I repeat this bone to bone touch.

'Like this?' she asks and places her hand on my arm mirroring my touch.

'Yes, that's it.'

Following my lead, she places her hand on Simon's sacrum and slowly, lightly presses it in an upward direction towards his head, and forward direction towards his knees. At the same time I slowly and lightly

press his knees in a downward direction towards his feet, and backward direction towards his sacrum.

As we simultaneously push our hands towards Simon's center, his navel, I speak with him in a friendly adventurous way, pausing between phrases to allow time for his thought process, and for the subtle sounds or movements that are his response. Occasionally I mirror his sound, humming in quiet affirmation.

'Simon, do you feel my hand on your legs? These are your legs. That's right, m-hmm. These are your legs. Feel how strong they are.' Simon's eyes begin to focus.

I place my hand on his feet and lightly push.

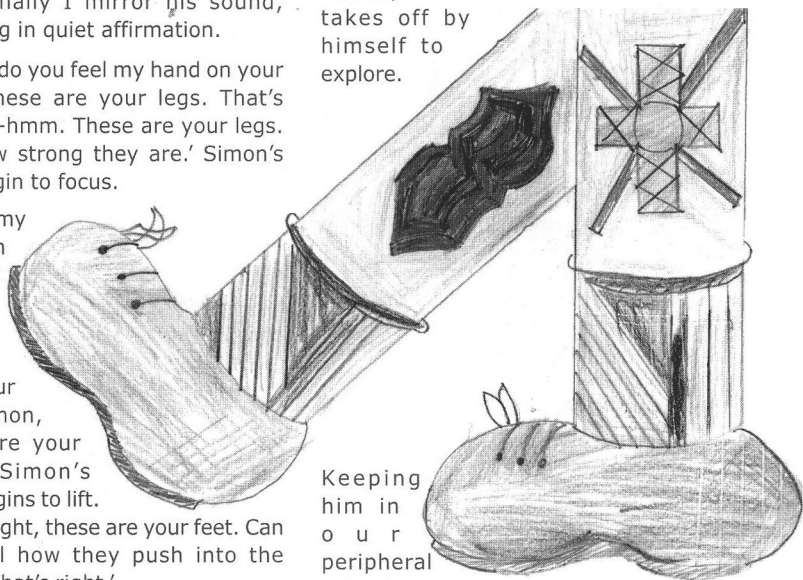
'Feel your feet Simon, these are your feet.' Simon's head begins to lift.

'That's right, these are your feet. Can you feel how they push into the stairs? That's right.'

As Simon's feet and legs push into the stairs his body begins to rise. 'Feel how the bones in your legs are helping you stand. M-hmm. That's right Simon, feel how you move.'

As Jennifer's hand and my hand draw closer, his sacrum and knees line up over his feet, and under his shoulders and head. Then voila! Simon is standing, surprised to be up, and more alert than when he was squatting on the stairs.

Next I stand behind him and place one hand on his navel with the side of my thigh supporting him at his sacrum. I lightly slide my hand from his sit bone down the back of his thigh towards his knee. He lifts his leg and begins to walk up the stairs towards the landing, holding Jennifer's hand. Curious and involved in the prospect of being in a strange house, Simon takes off by himself to explore.



Keeping him in our peripheral vision,

Jennifer takes Simon's role and I work on her explaining what we had just done. Then we switch roles and she repeats the process on me, receiving my guidance and verbal cues.

At the same time Jennifer tells me, 'In all my years of getting help for Simon this is the first time that a therapist has ever included me in the sessions. You've shown me how to handle him more humanely and efficiently. This is empowering, not

just for Simon but for me too. The other therapy sessions may have been an emotional therapeutic outlet for Simon, but they left me outside, unable to help him on a day to day basis.

As a professional musician in London I studied the Alexander Technique to help me with my body alignment, so I understand the principles about posture that we are working with today. It feels great to use what I learned then, to help Simon now. What is new for me is understanding how to facilitate his alignment and movement using touch.'

So Jennifer, you have an excellent foundation for understanding what we can do together. If you and Simon decide to continue working with me, this review process is a routine that we can repeat at every session and as your skills and understanding increase we will work more and more as a team. This will give you more skills to access when you are at home.'

'I would like that a lot,' says Jennifer. 'And I can tell by what we have just done that as an added benefit this is going to help me get back into shape. I must say I tend to neglect myself with all the demands of being a single parent.'

Jennifer calls Simon, takes his hand and we make our way to what she calls 'Lee's special white therapy room'. It is a simple space on the second floor, big enough for movement, yet cozy and small. The only piece of furniture is a dresser. Jennifer and I sit on the wood floor with folded blankets beneath us to cushion our bones. There is a thin futon for Simon that is the size of a single bed.

Standing facing the wall with his body about two feet from the surface, Simon rocks from side to side as he slowly travels around the perimeter of the room checking out the pictures, walls, window, and dresser. He doesn't touch anything. Occasionally he taps his head, smiles and makes sounds as if questioning or commenting on what he sees. When he becomes agitated, the rhythm and intensity of his movement increase and his voice takes on a more anxious tone.

As he explores the boundaries of the room, moving in a non-linear path from one point to another, Jennifer tells me their story. I listen and watch them both, and as their history unfolds the rhythm and tone of Simon's movement and voice travel between calm and irritation.

'My pregnancy with Simon was my first and it was not easy. I was touring as a classical musician, and my marriage was in difficulty. I developed gestational diabetes and by my ninth month I had edema that was so severe, I could hardly walk.

During Simon's birth I had what they called 'failure to dilate' so they gave me epidurals and pethadine. After twenty-five hours of labour they discovered that Simon had a posterior presentation. They lost his heart beat for about one minute and then it came back again. After 32 hours of labour they did a caesarean section.

At birth Simon had bruising on the left front lobe of his brain, the center for communication, and they had to suck fluids from his lungs to get him to breathe.'

'Was he able to nurse?' I ask.

'I had a huge blood loss from the delivery and then developed an infection in my uterus. I could not nurse because of the antibiotics in my blood so he was bottle fed.'

'And how did he do?'

'He had no problem feeding. When they tested his reflexes at birth his APGAR was 10, which is pretty normal. After his first inoculation at three months he developed a high fever and was almost unconscious. After that I noticed that he began to look from the sides of his eyes. When I spoke to the doctor about this he brushed it off. At nine months after his second set of inoculations he started having night terrors and eerie rhythmic screaming, as if something neurological was firing off in his vocal cords. Then he started fixating on his hands and twisting them in repetitive movements. Again when I spoke to the doctor, he took little interest. My husband and I were too inexperienced to question his response. So Simon had his third inoculation at twelve months. He had a large localized reaction to the jab and after that he had his first in a series of seizures that got worse and worse over the year.

Between his first and second year, he was diagnosed with (infantile spasms) epilepsy. When I spoke to the doctor about the connection to the inoculations and Simon's difficulties he refused to admit there was a connection. Up until the third jab Simon's developmental milestones were there at the right time, but they never seemed to be sustained.'

The impulse was there but the integration wasn't,' I suggest.

'Yes,' she says and then adds, 'in hind-sight, he should never have had those shots, but we didn't know that then. I was young, he was my first child and we trusted the doctors' opinion.' She pauses. 'Now it is what it is and we have to move on.'

'Simon's dad could not deal with Simon's injuries, and our marriage continued to falter. When Simon was two years old, his father left. At age five Simon was diagnosed as having pervasive developmental disorder and autistic tendencies. His dad continues to see Simon but his presence in his life is sporadic and vague.'

As their story unfolds Simon's level of agitation increases. He paces sideways around the room slapping the right side of his head with the flat surface of his hand, making moaning sounds that match the rhythm of the slaps. I ask Simon if there is something bothering him, then ask Jennifer for her opinion.

'Yes, he woke up this morning with a headache. I can tell by the way he slaps his head.'

I ask, 'Do you think he might be upset by what you are telling me?'

'Yes that's possible,' she says. 'He has had a very hard life and then on top of that, divorce is difficult for all children... so it makes sense that he would be upset.'

Watching Simon, I consider my next step. I feel deep empathy and understanding for his pain and life struggle. Why, because as a result of a birth injury and several accidents, pain management and physical rehabilitation are a constant part of my life.

I have improved my condition, and contradicted my doctors' prognosis that I would be debilitated by pain forever. So now in this moment I wonder, how to bridge the gap between Simon and me, gain his trust to let me work on his head, share the knowledge of my experience and help him find a way out of his pain? I let go of my reservations.

Moving to squat beside him, I mirror Simon's movement. We are about three inches apart. Over his sounds of discomfort I begin to speak, pausing for him to absorb the meaning of my words. 'You know, Simon, I have had a lot of pain in my life with headaches... I can't say that I have the same headache as you but I know what it is like to live with a headache all the time... When my head hurts I have someone put their hands on my head and hold it... This has helped me a lot... Would you like me to do that for you?'

He is quiet and still, no movement, no voice. I ask Jennifer, 'Do you think he would like that?'

She asks, 'Simon, would you like Lee to hold your head and see if she can help your headache go away?' He makes small gentle hand movements on his head and equally small sounds. Then Jennifer says to me 'Yes, go ahead.'

I gently cradle his head between my hands and feel the force of his living, his vitality, the texture of his hair, the heat of his body, the meeting of my skin with the skin that covers his skull. Simon puts his head in my lap. It is far too heavy and hot for someone so young and so small. Silently I grieve for the weight of his injury.

Through my hands I feel the bones of his head. They are landmarks indicating the trauma of his birth, and a container for his present pain. They are the recipients of his hits and the specific message that each hit carries. Focusing my attention inside his skull, I feel the cranial sacral fluid as it circulates around his brain. There is a restriction of its movement on the right, in the region that Simon hits. This restriction reflects a torque in his structure that begins with compression in the bones of his skull and travels down through his body to his feet. No wonder he veers to the right when he walks...

In response to my feather light touch I feel the area of restriction around his brain begin to unfold, his cranial bones release and the fluid circulates more freely. Simon crawls into my lap and curls into a foetal position. His body relaxes, his breathing is slow and even, and he is still. It is less than ten minutes since I first put my hands on his head.

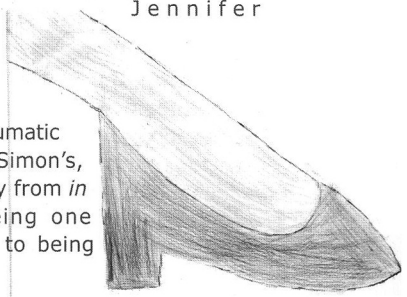
Jennifer looks at me and says, 'I have never seen him do that with anyone other than me before. Never.'

We sit in stillness and absorb the impact of our meeting. Quietly holding Simon in my lap with my hands on his head I explain to

Jennifer

what  
we have  
just done.

'With a traumatic birth like Simon's, his journey from *in utero*, being one with you, to being



born and separate from you, was not completed on all body-mind levels. And then there is his reaction to the inoculations. Simon's movement patterns and vocal sounds indicate that developmentally he is still trapped in the birthing process somewhere between the comfort of your uterus and life outside your womb. Consequently he is separate from both worlds. Therefore, the meeting place for us is where he last knew a sense of wholeness and wellness: *in utero*, at one with you. When Simon is overwhelmed, he squats like he did on the stairs and that squat is a foetal position.

'Combined with gentle interaction through touch and the mirroring of his sounds and movement, I could meet him, hold his head and reduce his discomfort. Hopefully, by continuing to meet Simon at his developmental place you and I can help him create a neurological bridge that will enable him to literally move on in his life.'

Jennifer responds, 'Before today, no one ever mentioned that Simon's reactions to stress were foetal. In fact, many practitioners have looked at his obsessive and self-hurting habits as an 'issue' that had to be dealt with. I think it's a literal assault on the sensibilities of neurologically injured children like Simon to expect behaviour from them that is convenient. I feel such unbelievable relief to hear you describe Simon's movements as his way to communicate normal reactions to life, and to communicate the frustration he must feel from living with his injury and its limitations.'

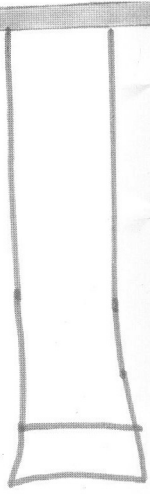
While we wait for Simon to surface from his nest we agree to meet twice a week during the time they are here.

### The Swing

It is our second session and we are having fun playing with Simon on the swing. It is the small children's swing, the one that hangs on the lowest branch of the spruce tree in front of our house. A single plank with a hole at each end for the rope to pass through, it is a very tippy seat. Simon is sitting on it, holding the ropes in the same way that he squats and stands: spine bent to the side with his head forward and tipped to the right. His pelvis is twisted on the seat. His elbows are bent and his shoulders lift towards his ears, with his left shoulder and hand higher than his right. His knees are bent with his lower legs and feet gripping the bottom of the seat. He is staying on by sheer force of will. If he slips off he will land on the lawn that is compacted from generations of play around the roots of the tree.

The swing does not move unless Jennifer and I make it go and as we do, it twists to the right as he goes forward and to the left as he comes back. Simon is a little frustrated because the swing is not moving well. He needs more balance in his body, vision and hearing, from left to right, and front to back.

Jennifer is in front of the swing facing Simon, close enough to ensure he does not fall off, yet far enough away to entice him to reach with his feet, which is one of our goals. Right now he is not reaching at all, which is fine.





Following my instructions she places, one hand on each of Simon's knees and lightly pushes to propel him back towards me. Her touch is focused on the direct line of his bones, from knee cap through thigh bone to pelvis.

I stand behind Simon. He has a beautiful view of his mom as he swings. Behind her I see the vegetable garden, which is coming along nicely. Everything is up and thriving: corn, beans, peas, beets, broccoli. Beyond the vegetable garden, a field of alfalfa stretches towards a hedge row of trees at the top of a small hill, about 300 yards away. The summer drought

has not hit yet so we are surrounded by a deep vibrant green as far as the eye can see.

My hands are above Simon's on the ropes as I gently propel the swing towards Jennifer. She lightly pushes his knees in response. We do not want him to fall off. Still swinging, I move my right hand and grasp the rope under his right hand so that they are touching. He

moves his right hand up. Then I drop my left hand down the rope so it touches his left hand and he moves his left hand down. We repeat this dance until his hands are level on the

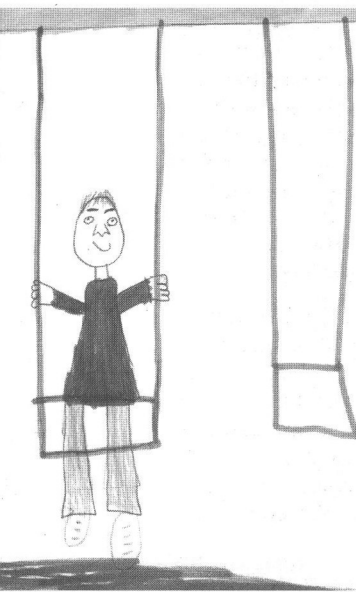
ropes and his shoulders are more balanced. The swing is twisting less.

Simon is making sounds of pleasure with his voice. As he swings back I join in with popping, clucking or humming sounds that attract his attention. His head starts to lift searching for the sound and his legs begin to unfold. He swings back and forth and I keep singing to his right ear or left, depending on the direction I want his head to go.

Simon's head flops back so he can see me and he looks from the sides of his eyes. I move to be more visible, stroke the back of his neck in an upward direction and stroke the front of his throat in a downward direction. He brings his head up balanced evenly on his spine. He swings towards his mom. She smiles, calls his name, looks him in the eyes and pushes on his knees.

As he comes towards me I lightly stroke him in an upward direction from his pelvis to his shoulder blade and his spine begins to straighten in response. He swings towards his mom. Each time he comes towards me I repeat the stroking action, moving it from the left side of his spine to the right, choosing his lower back or base of neck as the place to stroke, depending on the direction his spine needs to go for balance.

With each stroke Simon's body moves closer and closer to plumb and his legs continue to unfurl. Jennifer can push him from below the knees now and with each push moving up through the bones to his pelvis, his legs begin to push into her hands in response. And as they do, they begin



to reach towards her. Jennifer mirrors his alignment and joins in with our sounds. He focuses his attention on her with the presence of me behind. Mom front, Lee back, Mom close, Mom far, left ear sound, close, far, right ear sound, close, far, Mom front, Lee back, Mom close, Mom far...

Our sounds surround him and pull on his ears. Like a moving train blowing its whistle, at first far away and faint, then closer and louder, passing by loudest, then leaving, fading and gone. Combined with the natural smells all around us we are working with space, movement, time, hearing, vision, touch, balance and intention, as one.

Simon's body posture and tone balance. With each push Jennifer's hands inch down his legs until they are fully unfurled. She pushes on his feet, the compression travels to his pelvis, the swing rides up and back. Yielding into gravity, his spine and head balance forward and his arms bend. I push on his sit bones, the swing drops forward to Jennifer.

Yielding into gravity his spine and head balance back, his arms extend, he pulls on the ropes and reaches to meet his Mom's hands with his feet. She pushes him back to me and Simon begins to actively pump the swing through the reach, push, yield, and pull of his head, hands, feet and tail. I lightly push on his back or shoulders. Simon and the swing arc through space on a straight and vibrant course. His feet reach Mom. She lightly pushes on them and Simon arcs back on course to me.

We are laughing, talking and singing together. As the swing slowly comes

to a halt I ask, Simon, do you know about yoga? His head is cocked at a listening angle. Jennifer does Simon know about yoga?'

'Yes, he sees me do it.'

So Simon, if you know about yoga do you know what a Yogi is?' Jennifer shakes her head no.

Well, a yogi is a great teacher of yoga and people come from all over the world to study with them.'

He is still listening.

I think you are a great yogi Simon. I think you are a very gifted and very smart boy. You have a big injury and it is amazing that you do all the things you can do.'

Simon laughs and smiles.

Jennifer says, 'No one has ever said that to him before. Do you hear that Simon, Lee says you are a great yogi and a very smart boy!'

He laughs and smiles more.

'It's true Simon, that's what I think. It's easy to learn how to swing if you don't have an injury, but you Simon, you have a big injury and you just learned how to swing. I am very impressed. You should be proud. You are a very brave, gifted and intelligent boy. I have great respect for you Simon. You are a great teacher.'

He is rocking from side to side laughing and looking at me and his mom. I start to push the swing and we resume our game once more.

When we are done, Simon goes off to play around the garden. Jennifer and I review the session, and as we work with each other on the swing I



ask, 'Have the doctors talked about Simon in front of him?'

'Yes,' she said, 'one in particular said he would always function at a very low level.'

And how did you feel when he said that?'

'I was angry, very angry. I felt he was totally missing Simon as a person, that it was awful to say those things in front of him, and that he was missing the things Simon could do.'

'And Simon, did he have a response to the doctor's comments?'

'His general response to almost everything at that time in his life was freaking out. His world was not a secure place, at home or with the

doctors. Now, it's clear that Simon knows what we are saying to him, so I'm sure he understood what that doctor said and I am sure it upset him. His world was a pretty horrible place and he had his one way to respond, freaking out.'

'Well,' I said, 'it is very clear that Simon is a long way away from functioning at a very low level for the rest of his life. He knows what is going on. He understands everything we say. I said what I did about a yogi because I thought he would enjoy it. And the other reason I said it was because I wanted to give him a context, to help him see his accomplishments in relation to others. He is very smart. The fact that he responds so quickly tells me that he has a lot of potential. With the right interaction, his nervous system is available and responsive. I have no idea how far he can go but it is very clear that he has not reached his limit.'

Halfway through our next session Jennifer says, 'Oh, I forgot to tell you, the day after we did the session on the swing, Simon called me Mom.'

'Has he called you Mom before?' I ask.

'It's been several years since the last time he called me Mom. In fact it's been several years since he has spoken with words.'

'How did it feel to have him call you Mom?'

'It felt wonderful.'

*Part two will be published in the next issue of Self & Society.*