

Day 41 Monday May 9, 2011

ATM Lesson #103 – Diana Razumny

Holding feet, lengthening legs, on back, part 1

CD#09/T01 [50 min] DVD#S05-1 Scene 1 [52 min] Source: Amherst, July 28, 1980

1. Scan – Standing/squat. On back, stand feet, lift each, compare. Note low back, tail, rolling on sacrum.
2. On L side, stand R foot on floor above L leg. Hold lower R leg, ankle w/L hand, R hand below knee. Lift/lower foot/leg w/arms.
3. Place L palm under R sole, R arm long behind on floor to R. Lift/lower R foot from floor
4. On back, stand feet, L palm to R sole, R hand behind head, lift/lower foot/head (do same, starting by lying on L side)
5. Hold R foot w/R hand from inside/bottom, L hand under head, lift/lower head/foot
6. Rpt OS
7. Sit, soles tog, lean on R hand/arm behind, L hand holds outside edge of L foot, lift/lower. Switch arms/legs, repeat.
8. On back, hold both feet, from inside w/hands, lift/lower feet.
9. Return to ref move of lifting each standing foot, noting pelvis, low back, ease.

Discussion #78 – Diana Razumny

Moshe Video, Why is thumb together with fingers?

CD#09/T02 [27 min] DVD#S05-1 Scene 2 [27 min] Source: Amherst, July 28, 1980

Speaks of apes and opposable thumbs. Then teaches ATM for a few minutes, beginning of the next ATM lesson.

ATM Lesson #104 – Diana Razumny

Holding feet, lengthening legs, on back, part 2

CD#09/T03 [42 min] DVD#S05-1 Scene 3 [42 min] Source: Amherst, July 28, 1980

1. Bend knees, stand feet, lift pelvis, fists under pelvis, lift/open legs, bend/straighten legs, swinging.
2. Stand R foot, hold L foot w/both hands, lift/lower leg, what direction? Add lifting head w/foot. Switch legs. Rest.
3. Hold both feet from inside of arches, wrapped around outside edge, lift head.
4. Continue but leave back of head on floor, sliding, so chin comes forward.
5. Lift feet w/hands, allow chin to come forward, back of head slides in a line. Switch hands on feet, over tops to outside edges. 6. Lift/lower feet, holding from inside, lift chin.
7. Holding feet from inside, tuck chin, lengthen back of neck, sliding head, feel arms lift legs when chin tucks.
8. Stand feet, arms down, take chin forward many times, quickly, feel movement in pelvis. Pause, tuck chin to throat quickly, pelvis follows along passively.
9. Hold feet from outside edge over top of feet, lengthen legs alternately, rolling towards long leg, head rolls towards lengthening leg, take chin forward towards long leg. Rest.
10. Hold both feet from outside, roll L, stay and take chin forward quickly so entire body moves. When chin comes forward note if one leg gets longer.
11. Rpt rolled to R. Explore tucking chin to throat, note effect on legs.
12. On back, fists under pelvis, feet/legs swing to sides, compare to before.

Discussion #79 – Diana Razumny

How do we touch in FI?

CD#09/T04 [6 min] DVD#S05-1 Scene 4 [26 min]

What are some of the things we are thinking of while touching? 3 groups of 6 or 7. 2 of the people in each group are from the make-up. They share what they understand from what they learned last week in makeup.

FI Exploration #32 – Diana Razumny

Observe ATM move of holding feet, lengthening legs

CD#09/T05 [69 min] DVD#S05-1 Scene 5 [76 min]

Stay in same groups of 6, 3 people watch 3 to compare. Using the movement from the ATM, holding both feet, lengthening legs. Track head & chin jutting or tucking. Leave head on floor to slide and so chin comes forward. And then lengthen back of neck, tucking chin to throat and note what happens to arms/legs. Demo with skeleton and then with Karin.

ATM Lesson #105 – Diana Razumny

Holding feet, lengthening legs, on back, part 3

CD#09/T06 [41 min] DVD#S05-1 Scene 6 [41 min] Source: Diana inspired by Amherst, July 28, 1980

1. On back, hold feet, hands from inside arch, roll side/side by lengthening legs alternately. Switch hands to over the top, roll side/side. Pause on L side, still holding feet, place R foot on floor above L leg/arm, slide sole of foot around on floor wherever you can with help of hand. Roll to other side, repeat w/L foot on floor. ROB.
2. Roll to L side, stand R foot on floor, both hands on foot to help slide it around on floor. Leave L hand on top of R foot, reach for L foot from behind to hold w/R hand. Roll side/side, holding both feet, crossed as they are, play with straightening and re-crossing while hands are connected. Is it possible to slide sole of each foot on floor w/o letting go of hands?
3. Let go of hands to switch leg crossing, hold feet again w/new crossing, roll side/side, find ways to rub sole of foot on floor.
4. Keeping hands connected, find ways to change crossing.
5. Sitting, L leg bent open to side, R foot standing in front of L lower leg, slide foot on floor around to L of L knee, both hands on foot to help.
6. Stay w/R foot standing to L, place both hands on floor to L and a little behind pelvis, bring weight on hands, lower head, lift pelvis, swivel on feet to stand on hands/feet, pelvis in the air. Reverse before pelvis comes all the way up, repeat on OS.

Day 42 Tuesday May 10, 2011

ATM Lesson #106 – Diana Razumny

Sliding foot through gap #1 (Pretzel legs): fingers and toes relating, on back

CD#09/T07 [56 min] DVD#S05-2 Scene 1 [57 min] Source: San Francisco Training, June 21, 1976

1. Stand, scan 5 lines. On back, scan 5 lines. Stand feet, open L knee to side, slide L foot and lower L leg through gap between R foot and pelvis. Slide in/out.
2. Stay with foot through gap, imagine connection between R fingers and L toes. Move large L toe, thinking of R thumb. Continue on to each toe/finger.
3. Slide L foot through gap to R, reach with R hand towards L foot, and reach L arm overhead.
4. Slide L foot through gap, stay, R hand touching L foot, palm to sole.
5. Slide L leg in/out of gap, note belly coming forward and L. Note different use of head/pelvis.
6. Slide L foot through gap, stay, explore top of foot/toes with R hand.
7. Slide foot through, stay, R palm facing L sole, not touching, think relationship of toes/fingers, bend big toe up while thinking thumb. Continue on with each toe and finger.
8. Slide L foot in/out of gap. Alternate sliding through gap and bringing outside of L ankle to front of R thigh. Leave L ankle on R thigh, bring R palm towards L sole, not touching, play between fingers and toes.
9. Same position, bring sole/palm to touching, bring leg/foot/hand away from R thigh towards ceiling, R side shortens a little. Slide L foot through gap again. Stand, walk, sense L foot and R hand.
10. Return to back, R foot standing, L knee out to side, slide through gap and then bring out to touch top of R thigh, keeping L knee out to L.
11. Leave L ankle on R thigh, push L knee away/down bringing L sole to orient towards face. Ankle stays on thigh, R palm to L sole, fingers/toes relating, pushing each other back and forth individually.
12. Slide L foot through gap, hold from top of foot with R hand, bring sole of L foot to R buttock. Holding foot, lengthen L arm, roll onto front, bring sole of L foot to R buttock. On back, 5 lines, compare sides.

ATM Lesson #107 & ATM Teaching #20 – Diana Razumny

Mobility of the hip #1: lift/lower foot/knee and leg swings, on side

CD#09/T08 [17 min] DVD#S05-2 Scene 2 [17 min] Source: Amherst, July 30, 1980

Students in pinwheel formation on floor with heads towards center, receiving ATM instructions from Diana on one side then turn onto other side and 1 person in the wheel gives the direction on that side. Alternating Diana/Student instructions, rolling to other side for rest and wait for new instructions.

1. Scan on back, stand feet, lift/lower ea foot, note ease/weight. On side, legs bent, lift/lower top leg, note ease/weight
2. On side, lift/lower top foot, heel 1st, toes hang, return toes first. Pause, lift foot toes 1st. Lift/lower heel 1st.
3. Feet tog, lift knee, note heel/toe relation.
4. Alt knee/foot lifting, emphasize heel lift w/foot, toes lift w/knee, feel rolling of pelvis against floor, note belly button/nose towards ceiling/floor.
5. Lift/lower top leg. Leave in air, swing bent leg from hip. Pause, swing straight leg from hip. Allow torso to twist/turn, nose/belly button to floor/ceiling.
6. Lift top bent leg, leave in air, flex/extend ankle. Repeat, keep ankle moving and swing bent leg from hip as before. Pause, repeat swinging straight leg with ankle flexing/extending
7. Leave top leg straight, swing from hip, allow torso to twist/roll. Pause, knees bent, lift top leg, note weight/ease. On back, feet standing, lift foot from floor, compare to other leg, weight/ease.

Discussion #80 – Diana Razumny

About ATM lesson and teaching

CD#09/T09 [17 min] DVD#S05-2 Scene 3 [17 min]

Students commented on their experience. Diana: Demo with skeleton about turning of leg bones. Relationship of leg movement to movement of pelvis. The instructions can sometimes tell you explicitly. So movement of leg takes you into flexion and extension. Then constraints focus movement. Using flexion and extension to get rotation. At first teachers do the movement to remember the steps but later will be able to sense the steps inside without movement.

FI Exploration #33 – Diana Razumny

Movement from ATM of lifting foot, on side

CD#09/T10 [57 min] DVD#S05-2 Scene 4 [83 min]

Demo with skeleton movement from ATM of lifting foot, on side. Then demo with person. Placing hand on trochanter while they lift their own leg. (sitting below pelvis). Sit behind pelvis/back, place hand on pelvis, one on lower ribs, person lifts foot again. Lift foot with one hand, other hand on trochanter. Practice in wheel formation groups again, 1/2 lying, 1/2 sitting, rotate through to feel differences. Demo with skeleton again: one fist behind trochanter and one fist on side of pelvis below iliac crest. Direct both of them headward to create side bending.

ATM Lesson #108 – Diana Razumny

Mobility of the hip #2: hold below knee and direct away, on side and back

CD#09/T11 [49 min] DVD#S05-2 Scene 5 [49 min] Source: Amherst, July 30, 1980

1. On L side, hold below R kneecap w/R hand, lift/lower leg.
2. Imagine ½ clock sticking up from floor, when knee is lifted to side to ceiling is 12 o'clock, L knee on floor is at 9, directly behind is 3. When at 9, take knee down/away, push into hand, feel connection to head/shoulder, return, bring knee to head, head to knee.
3. On back, hold R knee w/R hand, take knee away at 12, 1, 12, 11, back/forth on the dial, ea time push knee into hand, feel connection arm/shldr/head.
4. Return to side, rpt mvt.
5. Rpt on back, add L hand lifting head when knee moves away.
6. On side, hold knee, imagine stick between head/knee, as knee goes away, head follows, as knee comes up, head moves away/back.

Day 43 Wednesday May 11, 2011

Discussion #81 – Diana Razumny

Applied force to skeleton & questions

CD#09/T12 [26 min] DVD#S05-3 Scene 1 [26 min]

Drawings on board: Chain reaction of force moving through the skeleton. We consist of skeleton, muscles and the human factor. The anatomy is there but humans have life history, which change the shape. So when I talk about force through the skeleton we realize that there are many other factors but we are working on getting back to the simple force through the skeleton. Lauri: lots to think about doing FI and a student on your table talking to you, all the complications. Diana: Don't get too serious but step by step we will learn the process. Rita: How important to give feedback to the classmate working with us. It is how we will learn and how not to be too sensitive. Diana: It is an artificial setup to learn so a little awkward. Learning how to learn one of Moshe's main principles. So initiate and ask for feedback so you have an opening in yourself. Or recognize if you don't want feedback so you have a choice. To cultivate a culture of learning together. Curiosity will carry us through all the complicated dynamics. Carol: Amazed how the body receives messages and getting everything to work, given all the other variables. Diana: If you just breathe better, it changes everything. In the way that we work changes our breathing. Article on Health given out in Segment 1. Joan: Things making more sense. Yesterday got in touch with a place I didn't know was there, got a piece of myself back. Are there themes of movement patterns brought up in the training? Diana: Yes, themes of movement patterns. All overlap within the structure. One of the thrilling things about studying the method is starting to see the poetry of the human system vis-à-vis studying the ATMs. You are the system by putting it all together in yourself that are meaningful to you. Karin: I really liked your visual of the blue foam roller motion of pelvis. Diana: Many times I feel a need a toy/tool to show things.

ATM Lesson #109 – Diana Razumny

Sliding foot through gap #2 (Pretzel legs): fingers and toes relating, on back

CD#09/T13 [47 min] DVD#S05-3 Scene 2 [48 min] Source: San Francisco Training, June 22, 1976

1. On back, stand R foot, slide left foot through gap between R heel and R buttock, keeping outside of L thigh stays on floor, knee out to L. Repeat/review from previous lesson: L heel to R buttock, turning foot so little toe comes towards buttock; sole of foot to buttock; slide R hand towards L foot as it slides through; hold top of foot to turn so sole comes to R buttock.
2. Review sliding L foot through gap then L ankle on R thigh. Leave on R thigh, R palm near L sole, imagine fingers/toes connecting.
3. Hold L foot while on thigh with R hand, turn foot bringing sole more towards head/face, note L knee moves away. Return to sliding L foot through gap, thinking of little toe coming towards buttock.
4. L ankle on R thigh, R palm to L sole, direct L foot towards ceiling. L ankle on R thigh, take L knee down/away, note sole comes more towards head. R palm on L sole again, straighten L knee, foot/hand towards ceiling.
5. Slide L foot through gap. L ankle on R thigh, match fingertips to toes, push little toe with little finger, little toe pushes back. Repeat with thumb and big toe; ring finger and 4th toe; index and 2nd; middle finger and toe; then all 5 toes/fingers at same time. Return to sliding L foot through gap.
6. Sit, R leg long, L bent out to side, L ankle on R thigh, lean on R hand behind, hook L big toe with L index finger, swing L leg so foot goes towards R cheek of face then swing/straighten L foot out to L.
7. On back, slide L foot through gap then out and slide ankle onto front of R thigh, keeping L knee out to L the whole time.
8. Sit, L ankle on R thigh near hip, L index between big/2nd toe, turn foot, sole towards face. Swing L leg out to L, straightening knee then bending, bringing foot towards face again.
9. Ankle still on R thigh, bend R knee, sliding R sole on floor, L foot comes towards face as R knee bends up.
10. On back, slide L foot to R buttock, R hand holds L foot, bring L hand to L foot also from behind pelvis, bring foot towards/away from pelvis, lifting and lowering pelvis.
11. On front, bend knees, hold L foot with both hands, slide L foot across buttock to R. On back, scan 5 lines. Stand, walk, turn, walk backwards.

ATM Lesson #110 & ATM Teaching #21 – Diana Razumny

Mobility of the hip #3: lift/lower foot/head, on side, hold knee, direct away

CD#09/T14 [38 min] DVD#S05-3 Scene 3 [64 min] Source: Amherst, July 30, 1980

Reconfigured groups into spokes again. ATM on right side. Students give instructions on left side after Diana gives instructions on right side.

1. On R side, lift/lower L bent leg, note weight/ease. Rep while holding around front of knee w/L hand. Lift/lower head to side. Lift/lower L foot.

2. On R side, lift L heel, continue until L toes depart from R. Return toes and then heel.
3. On R side, lift toes, continue until whole foot lifts from R, return heel first and then toes.
4. On R side, lift toes first to lift foot, return toes first to lower foot.
5. On R side, lift heel first, return heel first.
6. On R side, lift/lower whole L leg, compare weight/ease. Lift just the foot. Lift just the head.
7. On R side, alternate lifting head/foot.
8. Lift head/foot at same time. Bring L hand/arm over top of head, holding R side of head/face w/L hand, lift/lower head w/help of hand. Add lifting L foot

Discussion #82 – Diana Razumny

Questions

CD#09/T15 [20 min] DVD#S05-3 Scene 4 [21 min]

Diana: What things are happening for you in your training process? Michelle: about being more present in the training. Diana asked yesterday whether you are more energized in the training or more sleepy. Diana: You are making the distinction between being more aware in the training or less aware. Maija: About accepting yourself. Rita: About getting movement I didn't expect to be able to do. About which way we were rolling. Krista: ATM movements during activity were about hip socket and improve roundness? Nice to have questions during the ATM. Questions about teaching ATM. Michelle: flow of language.

FI Exploration #34 – Diana Razumny

Movement observation of ATM "Foot through gap"

CD#09/T16 [27 min] DVD#S05-2 Scene 5 [28 min]

Practice observing groups of 3 on floor doing movements from ATM lesson.

ATM Teaching #22 – Diana Razumny

ATM groups organize for practicum

CD#09/T17 [1 min] DVD#S05-3 Scene 6 [30 min]

Discuss in your ATM group how you are going to teach your lesson next week.

ATM Lesson #111 – Diana Razumny

Sliding foot through gap #3 (Pretzel legs): fingers and toes relating, on back

CD#09/T18 [36 min] DVD#S05-3 Scene 7 [36 min] Source: San Francisco Training, June 22, 1976

1. On back, stand R foot, press floor w/foot, feeling through to C7. Bend L knee out to side, slide L foot through gap. Slide in/out. Explore w/&w/o pressing R foot. Slide R hand towards L foot as foot slides to R.
2. Repeat with R hand on top of head, sliding head/shoulders R. Repeat with L hand on L temple, pushing head to R with shoulders sliding down to R while sliding L leg through.
3. Return to sliding of L leg to feel difference, then add sliding head/shoulders down to R, reach R hand to L foot. Stay down to R, relating R fingers to L toes without touching. LOB, feel connection between same toes/fingers.
4. Return to previous position, touch big toe and thumb, alternately press each toe to finger & v.v.
5. R foot standing, L ankle on R thigh, reach R hand to foot, repeat pressing each toe/finger individually. Return to sliding L foot through gap, pushing with R foot, R hip lifts to help. Swing L bent leg under gap and then up to bring ankle to front of R thigh.
6. Return to L ankle on R thigh, hand around top of foot, turn foot so L knee goes away from head. Return to sliding L foot on floor then bringing ankle to thigh. L ankle on R thigh, R fingers matching up with L toes, tilt legs L so knee goes to floor, allow head to lift. Repeat without hand to foot. Slide foot through gap.
7. L ankle on R thigh, tilt legs L leaving head on floor, think of knee moving away/down, add lifting R heel to help, then alternate lifting R toes/heel.
8. L hand behind head, L ankle on R thigh, hold L foot from outside edge, lift head and L foot towards ceiling. Change to lifting head and R foot from floor.
9. Same position, lift head and legs and roll to L side. Sit, hold L foot with R hand, L hand behind head, bring face and foot towards each other, think of sliding face along lower L leg.
10. Lie on L side with legs bent one on top of other, lift R foot away from L, pivoting over L knee, add lifting head with R arm wrapped over top of head.
11. On back, stand R leg, L ankle on R thigh, hold L foot with right hand, L hand behind head, bring head/legs together and roll L. Slide L leg in/out of gap.

Day 44 Thursday May 12, 2011

ATM Lesson #112 – Diana Razumny

Sliding foot through gap #4 (Pretzel legs): sitting between feet, on back

CD#09/T19 [60 min] DVD#S05-4 Scene 1 [61 min] Source: San Francisco Training, July 6, 1976

1. On back, stand L foot, open R bent knee to R on floor, slide R foot through gap. Leave it through, slide L standing foot on floor along lower R leg towards R knee.
2. Repeat, leave L foot standing to R of R knee, lift/lower R knee caressing lower L leg. Repeat all on other side.
3. L knee bent out to L on floor, slide R foot to standing to L of L thigh, take R knee towards L foot, R foot comes off floor, R ankle stays in contact with L thigh. OS.
4. On hands and knees, bring R knee to floor behind L knee. OS. Stay with R knee behind L on floor, open/close feet. Leave feet separated and take pelvis back towards floor between feet, then towards one heel and the other.
5. Repeat, take pelvis to floor between legs, keep hands on floor; same, hands come off floor. Sit back, bring hands behind, slowly go down onto one elbow, the other and on down to back and reverse. Switch legs, repeat.
6. On back, bend L knee out to side on floor, stand R foot to L of L knee, take R knee towards L foot; lift head when L knee goes towards R foot. L hand over top of head, face R, lift head, L ear goes towards R knee, bring R hand towards L foot; switch arms.
7. L knee bent on floor, stand R foot to L of L knee, reach hands to hold feet.
8. On hands and knees, R knee to floor behind L, make quick. Leave knee behind, separate feet, pelvis to floor to sit between feet. Reverse legs, repeat. Alternate putting knees behind to feel for differences on sides.

Discussion #83 – Diana Razumny

Piecing it together

CD#09/T20 [17 min] DVD#S05-4 Scene 2 [49 min]

Paragraphs cut into strips of sentences. Groups figure out how to put it back together in order. From ATM Book on Self Image – Groups from yesterday.

FI Exploration #35 – Diana Razumny

Push through sit bones

CD#09/T21 [24 min] DVD#S05-4 Scene 3 [31 min]

Demo with skeleton. Side bending is hinted when lifting leg. Sit bone: rocker area. Pushing through sit bone with fist. Have student locate the top sit bone for you and point to it. Then you come in behind them and find it with fist. Line your own pelvis up with student so when you push with fist you are directly in line with them. Go practice just this beginning of pushing through the sit bone.

FI Exploration #35 continued – Diana Razumny

Push through sit bones continued

CD#09/T22 [25 min] DVD#S05-4 Scene 4 [63 min]

Pushing through sit bone using imagination to feel force going through the whole person. Feedback from partner is crucial to learn. Looking for incremental building of force through skeleton, vertebra by vertebra. Then feel side of spinous process, lifting a little and working your way up along the spine. So bridge from imagining to feeling along spine. Then back to imagining force going through. Great reference in lessons. Check it out, do something else, and then come back to it.

ATM Lesson #113 – Diana Razumny

Sliding foot through gap #5 (Pretzel legs): rolling up to sit with legs crossed, on back

CD#09/T23 [64 min] DVD#S05-4 Scene 5 [64 min] Source: San Francisco Training, July, 1976

1. On back, stand R foot, slide L foot through gap. Switch legs, slide R foot through gap of L foot and pelvis.
2. Leave the R leg stationary and slide the standing L foot on the floor along the lower R leg to around the R knee. Stay with the L foot on floor near R knee then take L knee down away, pivoting over L ankle so sole of foot comes away from floor, stay there and reach L hand to R foot and hold it. From that position sweep R arm overhead on floor, roll to L side and bring R hand to R foot. Repeat, sweeping R arm around overhead to R foot and then reverse and repeat. Repeat on other side.
3. Switch legs, have arms overhead and sweep arms side to side, taking hands toward feet alternately, allowing head to roll and move along with sweeping arms. Switch legs again, sweep arms around side/side. Stand L foot to R of R knee, take L knee down/away, sweep arms along floor around to R to take L foot and hold foot as you come up to sitting.

4. On hands and knees, cross R knee behind, separate feet and sit back with pelvis to floor between feet. Repeat on other side.
5. Stay seated with legs crossed, rock forward/back then go down on one elbow to lie back down, come up, go down on other side.
6. On back, slide L foot through gap of R foot and pelvis, R foot standing to L of L knee, take L knee down, reach hands to R foot by rolling to R.
7. All 4's, cross knees, sit back between feet, hold both feet in sitting, rock forward/back on sit bones, then side to side then roll down onto back with legs crossed.
8. Sit between feet again, R ankle crossed on L thigh, lift lower R knee, pivoting ankle on L thigh, put R foot standing on floor and slide L leg along lower R leg. Repeat with legs switched.
9. Sit with legs crossed, L on top, hold both feet, straighten/bend one knee then other. Repeat with legs switched.
10. Hands and knees, crossed legs, sit back between feet, alternate leg crossing and sitting back.

Day 45 Friday May 13, 2011

ATM Lesson #114 – Diana Razumny

Sliding foot through gap #6 (Pretzel legs): legs crossed, holding feet, roll to back, on back

CD#09/T24 [56 min] DVD#S05-5 Scene 1 [56 min] Source: San Francisco Training, July, 1976

1. On back, notice 5 lines. Stand L leg, push through foot on floor, notice effects on pelvis, R leg. Slide R leg through. OS.
2. On hands and knees, cross one knee behind, separate feet and sit back between feet. Go back and forth, sitting, coming onto hands/knees and switch knee crossing. Notice the changing shape of torso.
3. Sit back, hold feet, shift weight, explore tilting of head, note shape of torso with each variation. Then tilt forward/back. Then circle pelvis on floor, head circles opposite mid back. Repeat with other knee crossed behind.
4. On back, stand R foot, slide L foot through gap on floor. Repeat, other side. R foot standing, slide L foot through, stay and slide R foot around to L of L knee, take R knee down/away, R ankle pivoting over L thigh. Repeat, other side.
5. On hands/knees, cross R knee behind, sit back between feet, go down on one elbow and lower to lying on back, soles oriented towards face, arms overhead, sweep both arms around to one side to hold foot on that side, then sweep arms around, over head to other side to hold other foot. Repeat starting with L knee crossed behind R on hands and knees.
6. Legs crossed, sit between feet, hold both feet, roll down across side to come to back holding feet. Repeat with other leg crossing.
7. Stand R foot, slide L through, hold the two feet, swing legs overhead and roll up to sit, Continue and when legs are overhead, let go of hands/feet, switch leg crossing and roll up to sitting again.
8. On hands/knees, cross R leg in front of L then L in front of R, crawling forward then reverse to crawl backwards.

Discussion #84 – Diana Razumny

About Pretzel Leg series

CD#09/T25 [18 min] DVD#S05-5 Scene 2 [18 min]

Liking and/or difficulties with series. Eric: confusion. Betty: challenged by movements but had to be careful not to do too much. Diana: Ambition can get in way. Joan: Beneficial to watch other students. Craig: When you tell us to remember something I never remember. Mari: Quite surprised I was able to be able to do more today but my foot cramped. Felt the front of me so much more than every before. Joe: Learned more today by not forcing things. Michelle: Yes, learn when tired and then come back to it. Betty: Having a hard time backing off and not pushing myself. Want to practice making it less. Julie: working smarter instead of harder but old familiar habits come back and get me in trouble. Michelle: confrontation in my life since last segment. Familiar and unfamiliar aspects of myself. Not sure of where I am. Patti: different segments present different things. Last segment encountered new thing, and honor not being present for one week. This segment I am able to focus more on Feldenkrais.

FI Exploration #36 – Diana Razumny

Side bending in trios

CD#09/T26 [55 min] DVD#S05-5 Scene 3 [79 min]

Sense of skeleton in side bending in trios. Demo with Diana, Kristen and Ashley. Trios – One person lie on side, lift foot and head (arm wrapped over top) for extreme side bending. One person on “top” sit bone (sit under pelvis) other sit behind w/one hand on ribs, one on pelvis, ride along, follow the movement. Pause, person below pelvis place hand on trochanter, person behind have fingers along spine then switch places. And repeat. Pelvis is rolling so following sit bone will not be straight but curve. Whole time you ride along with movement. Then group discussion. Lauri: great to just follow along and not have to do. Michelle: Great how we speak to each other and work together gently. Karin: Noticed when I was on floor moving and the touch helped me discover I wasn’t side bending and my lumbar spine adjusted itself. Demo with Maija. Pushing through the sit bone and palpating along spinous processes with scooping towards head. Sit bone hand talking with spine hand to direct rolling of pelvis.

Discussion #85 – Diana Razumny

Videos, articles, blog, movement observation

CD#09/T27 [37 min] DVD#S05-5 Scene 4 [47 min]

Implied Movement Detection, something in our brain that actually detects human movement. Video of Japanese artist showing drawings of movement. RSS feed for our blog explained on Diana’s computer. Perception of Human Motion article by Randolph Blake summarized by Kristen. Video of movement figures walking with dots and lines, with gender, mood and weight.

Then 3 groups of 6. One person stands in their normal posture and group guesses what movement that might evoke. Then one person walks and group follows behind mimicking walk. Take turns.

ATM Lesson #115 - Diana Razumny

Mobility of the hip #4: Rolling to sit, holding knees

CD#09/T28 [50 min] DVD#S05-5 Scene 5 [50 min] Source: Amherst 8/1/1980

1. On L side, knees bent, hold R knee w/R hand, push knee into hand so arm is straight, pulls on shoulder a bit, release, repeat. Lift knee a little from L knee, repeat pushing. Continue until knee is out to side towards ceiling. Roll to R side, Rpt, holding L knee.
2. On back, hold both knees, push L knee into L hand, roll R, rvrs. Allow head to roll, face towards floor, lifting head at end. Continue, pushing L knee away, bring R knee closer, direct knee down/away, come to sit up. Rpt OS. Cont w/o hands/arms.
3. Sit, legs crossed, hang head, swing head side/side like pendulum. Cont w/arms behind to support behind, cont head circle behind
4. Cont head circles w/R arm connected to head, feel the circle through whole self.
5. On back, hold knees, roll side/side, directing knee into palm to sit up on side, rvrs. Compare sides having done head/arm circles on one side. Roll side/side, coming to sit w/o use of hands on knees.
6. Sit, lean on R hand/arm, L hand on top of head, circle arm/head, think elbow or head. Cont w/straighten L arm to ceiling, circle head/arm tog.
7. On back, roll head w/R palm on forehead. L hand on forehead, R hand behind, roll head between hands, come to sit. R hand behind head, L hand/arm on floor to L, roll L to sit up.

Day 46 Monday May 16, 2011

ATM Lesson #116 – Katrin Smithback

Pelvis on pad

CD#10/T01 [44 min] DVD#S05-6 Scene 1 [44 min] Source: Katrin

1. LOB. Roll pelvis forward/back (press lower back against floor). Roll pelvis down and stay – lift head. Roll pelvis and compare. Pad under pelvis. Roll pelvis up, passive return. Walk shoulders down and stay there. Roll pelvis up... Interlace hands behind head, elbows open and do again (press lower back to floor). Bring elbows together, lift head – roll pelvis up, let return without lowering head. Make into circle. Soles of feet together and do roll up, etc. Take out pad and roll pelvis. Lift head – roll pelvis down without taking head back. Roll up/down – compare.

ATM Teaching #23 – Katrin Smithback

Strategies used in ATM lessons

CD#10/T02 [59 min] DVD#S05-6 Scene 2 [77 min]

Some common to all ATMs. Such as using your entire self. At least you want to be aware of yourself in all ATMs. This will affect how you teach the ATM, which may not be included in your notes. Another strategy: as teacher you are aware of what students are doing and tailoring instructions based on that. Strategy: going from simple to more complicated. Using distal/proximal reversal. Many of these strategies are also used in FI. In your group come up with all the strategies that are in your ATM: in how you present the lesson, in the lesson itself, etc. Groups report: 1) inhibit the movement – constraints; 2) intention/visualization of making movement; 3) directing attention; 4) lesson on one side with maybe imagination on other side; 5) reversibility by following the same trajectory, orientation, no preparation, breathe; 6) being comfortable – stay in limit; 7) decrease effort – do less; 8) pattern interruption; 9) use of eyes; 10) enhance curiosity; 11) using options; 12) no goals but more questions instead of answers; 13) learning; 14) perception and languaging; 15) going into sensation.

ATM Lesson #117 – Katrin Smithback

Carp Jump

CD#10/T03 [46 min] DVD#S05-6 Scene 3 [46 min] Source: Amherst

LIE ON BACK, knees bent.

Lift R foot a little off floor and let it fall back– *don't push floor*. Hold trouser leg to lift leg, then let go to drop leg. Then do w/out hold trouser. Do L leg. Do both legs.

Lift both legs, then while drop them lift pelvis so when feet hit floor pelvis is not on floor.

Lift the pelvis w/ the legs– when legs go down, lift pelvis higher. *Can use hands on floor to help lift pelvis. Let legs fall. Don't lift head. It can be done w/out a noise.*

Lift legs & pelvis in air & support pelvis w/ hands. Straighten legs, then bend knees so feet come towards floor & take hands out so feet go all the way to floor. *Land on feet, not tiptoes. No noise.*

LIE ON BACK

Do carp mvmt– Lift pelvis, R leg touches first, then L. L first then R. Both legs tog.

Put hands on knees. Lift pelvis and legs –*legs are straight when lifted high*– then push knees w/ hands as bring them down to floor.

LIE ON BACK

Take hold of trousers and drop one foot, other, both. *Head stays on floor, land on whole foot, not toes.*

Lift pelvis, legs, hands behind back, bring legs down to touch floor – first one, then the other. Take hands out from behind back if necessary.

LIE ON BACK

Do carp jump: lift legs, lift pelvis, let one leg down, then other to touch floor. Take one leg down as other goes back up– legs are moving separately. *Have to have hands holding pelvis so they can be removed easily at end of mvmt– if not, n.s. will not let you go down because could hurt hands, etc.*

Do so taking one leg back toward head is as easy as taking leg to floor.

FI Exploration #37 – Katrin Smithback

Shoulder girdle and ribs: 1st rib connection of C7/T1 to sternum

CD#10/T04 [43 min] DVD#S05-6 Scene 4 [55 min]

First short discussion about carp ATM. Mari: enjoyed it even though I couldn't do it. Katrin: check out and see what can people do in a difficult ATM. Demo with skeleton, the shoulder girdle, upper spine and ribs. Anatomy of that area.

Ergonomics of sitting in chairs. Trios to explore. Watcher is getting a visual view. Put head around T7/L1, then with other hand find top of sternum. Hang out giving your student time to sense this area. Then student looks down and notice what

happens. Then back to neutral. Then look up and feel the movement. Notice the relationship between your hands. Then trade roles. Just follow along with their movement. Movers: notice how the contact at these places affects your movement. Discussion about experience. Get to know classmates better. More skeletal knowledge of movement. Movement with mover, like dancing, was enjoyable. Ask for feedback. Good to watch people around movement in this area.

ATM Lesson #118 – Katrin Smithback

Seesaw breathing, abdominal control

CD#10/T05 [32 min] DVD#S05-6 Scene 5 [33 min] Source: variation from Potent Self

LIE ON BACK

Put hands on abdomen: (1) thumbs on point lying about an inch below the navel, and (2) fingers on the two points above the pubis on either side of the abdomen where one can dig in the fingers on both sides of the strong abdominal muscles in the axis of the body.

Push belly out so 1st point raises fingers as high as possible- do til can do w/out stiffening chest, shldrs, etc. *Try coughing, clearing throat, laughing- will automatically push belly forward on exhale.*

Push belly forward sharply so mvmt expels air from lungs

Push belly out slowly so fingers near pubic bone raise same amount as thumbs near navel.

Push lower abdomen out so lower fingers raise, but not thumbs.

Let your spine touch the floor from the pelvis to the shoulders without a break as push lower belly forward - the abdomen feels as if the balloon is rolling gently toward your face every time the spine touches the floor. - *You will find that you have no difficulty at all in pushing the lower two points forward without making any change in the state of tension in the region below the navel.*

Expel air every time you push belly forward. Make a deep grunt (a vowel-less "hrmmm") as expel air.

Push the lower points forward w/out the mvmt of the pelvis.

Continue these movements for a few days until you can differentiate between them and produce any one of them unerringly on the first try.

STAND, feet wide apart, knees above feet

Put your hands under your abdomen & lift the whole mass by rotating it until you can shift your eyes downward and see your third finger.

Do the mvmt so that the rolling upward of the abdomen expels air.

Do rolling up of abdomen without hands. *Rest of body is motionless, no contractions of chest, shldrs, etc.*

Hold abdomen in extreme upward position for 30 seconds, letting breathing continue.

Put hands on abdomen and push the abdomen down with your hands as you fill and roll it upward. If tense arms, shldrs, etc. tie a wide piece of cloth (like a cummerbund) tightly around waist and roll abdomen upward against opposition of the cloth. .

Stand. W/ an imaginary axe in your hands, swing the axe overhead with both hands- just at the moment when the axe changes direction and begins to move on its downward path, your abdomen is in the right state of contraction - *arms are not consciously contracted* - do mvmt so chest is held so that the swing forward expels air freely from the lungs.

Do the movement without an axe a number of times, and then stop at the instant described, with both hands above the head. Observe the state of contraction of the lower abdomen. The position of the pelvis and the state of the lower abdomen are as near as possible to what we have in mind.

Day 47 Tuesday May 17, 2011

ATM Lesson #119 – Katrin Smithback

Caterpillar wave part 1

CD#10/T06 [55 min] DVD#S05-7 Scene 1 [56 min] Source: Amherst 6/25/81

LIE ON STOMACH

Put both arms down alongside body so palms face up. Head to R. Press/release randomly, then systematically.

Feet – knees – pubic bone – navel – shldr girdle – head, and keep doing. Make a wave-like mvmt from toes to head.

Pressure and release, like a giant roller going over you. Go up, then do wave back down. Do on L side only.

Lift the R knee & see which parts you have to press to do it. Press R hand to floor as lift R knee. *Feel that to lift knee have to get longer- head moves forward on floor.* Press w/ L hand as lift knee- *how is it different?* Lower R leg & sense differences. Bend L knee, press L hand to floor & lift L knee. Press w/ both hands- *spine lengthens, head gets lighter- do w/out compressing chest.* Lift L knee, pressing w/ both hands & lift both shldrs off floor, but leave head on floor.

Stretch both legs out. Lift both shoulders from floor- see how your press with both hands. Then lift shldrs w/out pressing hands- *arms are limp.* Press the shldrs and lift the head. Lift shldrs only, arms limp. Do wave on R side only: as if roller compressing you, then releasing. Move R heel in & out- *not toes not- as if nail driven betw. big and second toe.* Turn your R hand w/ your heel- *the same way.* Then move R heel/R hand opposite. Keep turning R hand and heel in opposite directions (R heel to outside, while R wrist to inside)- and add L hand rolling tog. w/ R hand. Then change direction of hands- R hand moves w/ heel. Alternately press feet & stop, then knees & stop. *Any diff's betw L& R ankles and floor?*

Do wave from feet to head- *do you press floor w/ shldrs?* Both arms alongside- elbows slightly bent- keep elbows on floor. Press floor w/ R **elbow & hand** (wrist & knuckles), then L- alternate. Press w/ R hand/elbow & **move head**- *which way easier?* Take head so back of head goes toward L shldr. Move head only. Press w/ L hand/elbow- *which way does head move?* Move head L/R as press hands/elbows.

Discussion #86 – Katrin Smithback

About ATM lesson & perception games

CD#10/T07 [79 min] DVD#S05-7 Scene 2 [79 min]

Discussion how lesson affecting walking. Comments from visitors who are new to Feldenkrais.

Katrin: #1 – I am going to show you a series of numbers. You are going to count out loud and add the numbers and write down the result. Add as quickly as possible. $1000 + 20 + 30 + 1000 + 1020 + 1000 + 30 = 4100$ but many get 5000. You are primed by the 1000s so many get the total wrong. So our perceptions are affected by all sorts of things. One is priming. Based on several books. One is *Slight of Mind*. #2 – Next task with partner. Saying colors and other watching to make sure they are getting it right. The color is written as a word of another color. #3 – Katrin asks questions and you do what I ask. Say white many times and then she asked, "What do cows drink?" and most said milk. #4 – Book with pictures. (One of your jobs as a Feldenkrais practitioner is to invite students into another world of perception). On screen checkerboards with illusions of where the balls are located on the checkerboard. Then partial circles with illusion of triangle. Then other graph with illusion of circle. Room with 2 people who look like they are different sizes but they are the same size. Then picture of frog, which turns into horse when picture is turned. Then transformational sculptures. Your viewpoint changes what you see. Then tilting house. Then pictures of Bill Clinton. Then 2 table tops. Then dancer with shoes on hands. Then bottle with 2 people embracing/dolphins. Then flock of sheep or naked people. All in books "Incredible Visual Illusions", "Optical Illusions" and "Masters of Deception", all by Al Seckel.

We deal with the perception of pain in people. "My _____ hurts." If you focus on part that hurts then you focus on fixing that part. So first to work on my languaging and perception. Or "I have _____". Naming a problem or disease. Or "I am _____". i.e. stiff, fat, inflexible. So together cause and effect. "Because I have (am) _____ my _____ hurts". In living systems it is about information and not cause and effect. Don't tell people what they should do but help them find different ways to look at themselves. Feldenkrais has a world viewpoint about all the unanswerable questions.

ATM Lesson #120 – Katrin Smithback

Buttocks

CD#10/T08 [44 min] DVD#S05-7 Scene 3 [44 min] Source: AY#13

SIT. Place both hands on your knees and lengthen your legs forward. Contract your buttocks until you can see your body going up. *Don't use shldrs. Feel legs/heels shorten.* Contract your buttocks quickly and lightly – like you are riding on a horse.

LIE ON BACK, legs long & spread a little. Contract the muscles of both buttocks. Feel which one contracts more strongly. That side of your pelvis lifts more than the other. Contract only your right buttock muscle. *What happens in low back, chest? What does your R knee/foot do? Does foot turn in or out?* Then contract your L butt. Contract both buttocks simultaneously. Can you feel both legs opening sideways when you contract your buttocks? Contract both buttocks rapidly. What does your lower abdomen do as you increase your speed. Feel how your pelvis turns when you do it.

LIE ON STOMACH, legs long & spread a little. Put your hands on the back of both buttocks. Contract your buttock muscles. Feel under your hands if the muscles contract equally. Feel if your heels move closer to each other. You may be able to feel if your knees move toward the outside as your buttock muscles contract. Feel which leg responds faster, better by sensing which heel turns more. Notice that the better side is the one where your muscle contract better. Contract only the buttock muscle that contracts better than the other. Switch and contract only the buttock muscle on the other side. Next simultaneously contract both muscles powerfully and hold them for a few seconds. Hold them together until the crease between your buttocks gets smaller. *Contracting the buttock muscles is similar to the movement you make when you don't want your mother to give you an enema. That is what you need to do with your buttocks. You need to make it impossible to reach your anus. I see a few people who make the opposite movement.*

STAND ON KNEES

Place your knees and feet close together, toes extending backward. Put your hands on your buttocks again. Powerfully contract both buttocks and remain like that for a few seconds. Stop briefly and contract your muscles even more powerfully. Hold them contracted for a moment. *While you contract both buttocks powerfully you may feel your pelvis turning so your lumbar vertebrae move backward. The arch of your back becomes small and your stomach lifts, moving your navel up. Your pubic bone also moves forward. Contract your buttocks powerfully a few times - Can you feel your pubic bone moving forward and your pelvis turns until the back of your lumbar spine moves backward? The part in your front just above your belt moves inward. If you could stick a pencil in your belly button you could see it moving up.*

Contract both buttock muscles several times quickly. Then, contract them powerfully and hold them contracted for a few moments. *Continue breathing despite the effort of holding your buttocks contracted.* Put your right foot standing on the floor. Place your hands on your butt. Contract both buttocks again. *Only the buttock of the knee you stand upon can contract. The other buttock cannot contract powerfully- the right one remains loose despite your intent. You cannot contract your right one unless you move your right leg. At the same time the movement of your pelvis causes your right knee to move forward as your left buttock contracts. That means your pelvis moves in a way that shifts your right side forward.* Change your legs and try the same thing. Pay attention and sense if your movement is symmetrical.

Stand on both knees again and contract both buttocks rapidly. Keep your two knees together. Contract both buttocks as quickly as you can. Contract both buttocks powerfully and remain like that. Leave your shoulders and chest free. Keep your arms completely free even though they are resting on your buttocks. Spread your knees as much as you can. Place your big toes near each other and rest both hands on your buttocks. Contract both buttocks powerfully. *Sense how your lumbar vertebrae move backward and the bottom of your pubic bone lifts forward and your navel moves upward even more. The top part of your abdomen near your diaphragm moves inward.* Feel on which knee you lean more powerfully. Sense which buttock muscle contracts better. If your pelvis moves more to the left it means your right buttock contracts more powerfully. Contract both buttocks rapidly.

You need to discriminate between lifting your abdomen intentionally and lifting your abdomen as a result of your buttock muscles contracting. You can lift your belly without contracting your buttocks.

STAND

Move your weight onto your right foot. Your left leg is off to the side and completely limp. Lean lightly on the toes of your left foot while keeping all your weight on your right foot. Contract only your right buttock muscles. *Pay attention that the arch of your right foot lifts. Lift the arch of your right foot intentionally if you don't feel this movement spontaneously. Your weight shifts onto the outer border of your right foot. This shortens your whole foot because the big toe grabs the floor closer to the middle. Likewise your heel moves closer to your big toe because the middle lifts.*

Contract your R buttock quickly. Do the same thing with your left leg. *Does your left leg respond the same way as your right? Your left foot needs to make a slight circular movement outward. Your left knee moves outward. At that point you can feel the weight of your body moving to the outer border of your left foot as the inner part of the arch lifts. Move as if you wanted to pick something off the floor, catch it and lift it.* Gradually pick up speed. Stand equally on both feet with your toes pointing outward. Spread your legs fairly wide. Contract both buttocks simultaneously and shift your weight to the outer border of your feet, letting your knees turn outward as your buttocks contract. Feel how your abdomen lifts while your pelvis moves forward.

SIT, soles of feet together. Rest both hands on your feet and begin contracting both buttocks. Is it easier to feel how your body lifts now? Place both hands on the floor behind you. Spread your legs and bend your knees slightly out to the sides like a frog. Contract both buttocks. *Do not push against the floor with your hands, push with your buttocks instead.* Contract only your right buttock many times. Do this as quickly as you can. Next, contract it very powerfully and hold your right side contracted. *Make sure you can breathe- your elbows and chest are free. Only your right buttock works hard.* Do on L side. Lift both legs into the air. Lift them until you can balance on your buttocks. Then shift all your weight onto your right buttock and advance your left one. Make a small step with your left buttock before shifting your weight onto your left side. Then, make a small step with your right buttock. Walk forward, advancing one buttock after the

other. Then walk backward. Walk forward making the largest steps you can. Each time another buttock moves forward. Shift your weight from one buttock to the other and advance the buttock that is free. Return like this, using the largest step you can. Put your right hand on the floor behind you. Shift all your weight onto your right side and lift your left leg into the air. Move your left hip forward and backward. *Do not walk.* Gradually go faster, moving L hip for/back. Do on other side. With both hands behind on the floor walk five steps forward and five steps backward making the largest steps you can. Then do the same thing quickly. Open your knees wide to your sides. Lift both hands shoulder height with your elbows slightly bent. Your arms are free, like a circle. Balance your body and lift both legs. Start walking like this using light movements. *Find the natural rhythm of your body as you walk forward and backward.* Do the same thing again. This time make it more beautiful and simpler. Breathe freely, make your body really soft and move forward and backward. Only your pelvic girdle muscles, abdomen, and buttocks are working. Contract your buttock muscles powerfully so your body makes a small jump or hop. *Your legs are bent.* Try to jump backward like this. Jump backward using your arms and everything. Now try to hop forward. See if you can jump forward, backward, or upward. Hop in one spot. Try hopping upward. You may even be able to advance.

STAND ON YOUR KNEES. Spread your knees very widely and stand on them. Put your big toes together. Contract both buttocks powerfully. Observe how far your pelvis and abdomen move now. Lift your belly button as much as you can when you make a big effort in your buttock muscles. Begin making many fast contractions. Try making five movements very fast. STAND. Spread your legs. Contract both buttocks powerfully so you can lift the arches of your feet. Feel how this shifts your weight to the outer borders of your feet. Lift your arches and contract your buttock muscles. Lift your belly from your front by moving your pubic bone forward. *These are the strongest muscles in your body. It is permissible to contract them as much as you want or to use them powerfully.* Walk simply. Is it different from your usual walk?

FI Exploration #38 – Katrin Smithback

Relanguaging interview process

CD#10/T09 [33 min] DVD#S05-7 Scene 4 [45 min]

Dyads of client and practitioner do role play. Client comes in with difficulty, “My x hurts and/or “I have x problem” or I am x condition. “Because I have arthritis, my back hurts.” So client states his/her problem. Practitioner will talk to you in a way to invite you into a different world view as a process. So reframing the question in different ways. Look at problem in terms of activities, abilities, functions.

- What activities decrease your discomfort? Increase it?
- What do you want to be able to do better?
- What activities/functions are easy, enjoyable? Difficult?
- When do you feel less discomfort?

Then switch roles. Afterwards group discussion about exploration.

ATM Lesson #121 – Katrin Smithback

Caterpillar wave part 2

CD#10/T10 [26 min] DVD#S05-7 Scene 5 [26 min] Source: Amherst 8/25/81

Lie on stomach. Move both hands about 5 inches from body. Press floor w/ hands and lift pubic bone off floor, then lower- coordinate w/ legs so when lift pubic bone, legs press- when press pubic, legs lift. *Don't change breathing or stiffen chest as do.* Alternately lift both feet then the pubic bone- feel shldrs press when press feet, shlders lift then lift feet. Alternately lift (&press) head (*not shldrs*) and pubic bone. Alternately lift knees (*not feet*) & pubic bone. Feel how have to turn heel & press ankles as lift knees. Alt. pubic bone & feet. Alt. pubic & shldrs. R shldr. Then L shldr. Then both. Alt. w/ feet. Alt. w/ head. Alt. w/ shldrs- *not head.* Alt w/ head & feet- *not shldrs.* Put both hands on floor like for pushing up. Slowly, push on hands, lift shldrs & begin to turn head to other side- do in small increments until turn it all the way. *Have to move one shldr higher than other so spine can twist & don't overuse cervicals.* After doing slowly, can increase speed and move head L/R quickly. Keep doing, taking head toward arm as if nose & head would pass thru gap of arm. *Pelvis, legs move- entire body participates.* Start the mvmt w/ your pelvis. Do small, light mvmts, moving entire self, going quicker & quicker. Lie on stomach w/ head turned to R (original position). How does this position feel now? Lift the public bone, slide L arm under to roll onto back,

Day 48 Wednesday May 18, 2011

ATM Teaching #24 – Staff

Pre practicum

CD#10/T11 [31 min] DVD#S05-8 Scene 1 [75 min] & Scene 2 [90 min]

Scene 1: 2 groups teach ATM to other two ATM groups. Small group discussions.

Scene 2: Then switch. Followed by small group discussions.

Starting at about 62 minutes of Scene 2: Group discussion. Katrin: For the public need to give simple noticing instructions. You have the bare bones notes but the most important part of the lesson is your own sensory picture of doing the lesson. Be really clear about what you are asking people to do. If not clear it will be really hard for them to orient. Demos with Diana following Katrin's ATM instructions. If you are interested and curious about the lesson, that will be transmitted to the students and they will be interested and curious. Write about how you see yourself in your ATM teaching skills now and how would you like to be a year from now and what steps would help you get there. If you freeze up then notice your own breathing and use that instruction in the lesson.

FI Exploration #39 – Katrin Smithback

Flexion/extension movement in spine, in sitting

CD#10/T12 [31 min] DVD#S05-8 Scene 3 [59 min]

Dyads. One sitting in chair backwards with head on back of chair on folded arms, so spine is available and student flexes and extends their back. 24 possible places on either side of vertebrae. Palpate each vertebra with your fingers in the gully next to the spinal process. Can use 1 finger, 2 fingers on one hand, 1 finger from each hand. Put pressure at one vertebral area and have them move towards and away from pressure. Start by contacting them at the sternum and C7/T1 and have them flex and extend and see if you can feel their spine as they do that.

Discussion #87 – Katrin Smithback

About FI Exploration

CD#10/T13 [8 min] DVD#S05-8 Scene 4 [8 min]

ATM Lesson #122 – Katrin Smithback

Prone worm movements

CD#10/T14 [36 min] DVD#S05-8 Scene 5 [36 min] Source: Amherst 7/1/81

LIE ON STOMACH, hands alongside body. Press R hand. Lift R shldr, head to R. Lift R leg also. Lift head also. Turn head to L. Press L hand on floor. Lift L shldr. Then add L leg & head. Chin on floor. *Slowly, gently, a small amt:* Press both hands. Lift shldrs & head. LIE ON BACK. Interlace hands behind head. Lift head. Lift head & pelvis. Lift diagonals: R hip jt & L shldr, etc. Lift head, pelvis, spine like a bow: roll up/down bow. Do w/out using/pressing L foot on floor. R foot. LIE ON STOMACH, arms alongside. Lift R leg off floor. *Which way is head turned? R.* Lift L leg. Press both hands to floor. Head to R. Lift both shldrs & legs. *Do tiny mvmt.* Contract buttocks as lift. Do w/out contracting buttocks- not essential for lifting legs, so don't contract them. Lift shldrs & legs & turn head w/ ea. mvmt. *Do in small increments.* LIE ON BACK Interlace hands non-habitually behind head, knees bent. Imagine lifting both knees. Imagine lifting knees & head. Imagine touching R elbow & L knee. Other diagonal. LIE ON STOMACH, arms alongside. Turn face to L. Press hands to floor & lift pubic bone, then lower. Lift head/shldrs- alternate pubic bone/ head & shldrs. Continue to alternately lift pubic bone & head/shldrs and see if you could move then forward an inch when you set them down so you start to crawl forward. *Do not use legs. Don't contract buttocks.* Turn head to easy side and do. Then to other side. *The idea is to use the chest in a way that most people never do.* Open the knees slightly and use legs- will be able to move faster. Now do mvmts to move backwards. Put hands on either side of shldrs as for push-ups. Use hands to help w/ worm mvmt forward. Turn head w/ ea mvmt. Go backwards. LIE ON BACK, arms alongside, palms on floor. Press hands on floor and using head, shldr, pelvis do worm mvmt upward.. Open knees a little and press w/ heels also. *Make sure you are doing mvmt in chest & spine.* Do diagonal mvmt- move one shldr first, one leg first, etc. Then other diagonal. LIE ON STOMACH, arm alongside. Do diagonal worm mvmts, pressing more w/ one hand. Go backwards diagonally. Press both hands to floor, lift head & shldrs, then put down. Lift both legs (bent, if you like) and lift head/shldrs. Lift legs, head & shldrs -keep lifted, like a bow. W/ hands, move pressure up toward head- legs lift more, public bone lifts- turn head to R so rest on R cheek. Turn head, rest on L cheek. *Don't need to contract buttocks as lift legs.* LIE ON BACK-Sense small of back- arched off floor. STAND ON KNEES. Put head on floor. Put both hands underneath knees, elbows on or near floor. Rock forward on head (draw in abdomen), then rock back (as if to sit on heels) Lift sit bones toward ceiling (show bottom), let belly drop forward- then lift small of back towards ceiling. Lift & lower lower ribs. *What happens in spine? Let head move.* STAND & WALK.

Day 49 Thursday May 19, 2011

ATM Lesson #123 – Katrin Smithback

Bridging #1

CD#10/T15 [46 min] DVD#S05-9 Scene 1 [46 min] Source: Amherst 7/6/1981

LIE ON BACK. Put R hand in bridge position (palm on floor, fingers pointing toward shldr, betw shldr & head.) Put L hand on R elbow. Move R elbow up/ down, L/R. Stop holding R elbow. Stand the R foot. Slowly take back of head thru gap. *Do in increments. If you do big mvmt & succeed right away, will do it using previous organization. Once you do that, if very difficult to change- is the hardest way to introduce something new.* Find the best place for the hand, the leg. Do, but lift hip first & shldr last. Stand both feet, both arms alongside body. Tilt the pelvis so the coccyx lifts off the floor. Slowly keep lifting until pelvis lifts and is high in air. With pelvis in air, put both hands in bridge position. Stand in that position for a few moments. *Make sure forearms stand.* Slowly, start to move so could put back of head under R arm, L arm. Both hands in bridge. Push floor so shldr lift. Put shldr down & lift head. Put arms alongside. Press head & lift shldr from floor. Press shldr & lift head- alternate. Do small, quick mvmt. Lift pelvis as high as comfortable. Move R shldr blade down in direction of foot.. Move L shldr blade down. Alternately move one scap down, then other- walk towards feet, then walk back. Legs long, both hands bridging- *forearms standing.* Walk shldr blades down, then back up. Walk both shldr blades up together, then both down tog. Stand feet, hands in bridge. Lift pelvis in air. Move both shldr together in direction of heels and back. *Press w/ head to lift shldr.* Walk w/ ea. shldr blade moving separately – alternating. Put arms alongside, palms down. Press floor w/ heels & back of head. Do quickly. Alternately press head/heels. Press head & R heel. Alt. Then simultaneously. Then head/L heel. Then head & both heels. Press R shldr blade & R heel tog. Then L scap & L heel. Feet standing, hands in bridge. Walk w/ shldr blades down toward heels. *Feet don't move-knees will move forward of feet.* W/ hands bridging, slowly roll to one side, then other. W/ pelvis lifted, move head & shldr to R, so R shldr bld and R hand slide on floor to get closer to R ankle. *Can put L hand on floor overhead to help- either straight up or bridging.* Go slowly til can do w/out difficulty. Then do on other side. Lift pelvis in air. Walk w/ shldr down so hands come closer to feet. Get hold of both ankles w/ hands, thumbs w/ other fingers.

FI Exploration #40 – Katrin Smithback

Side bending in spine, in sitting, guided

CD#10/T16 [14 min] DVD#S05-9 Scene 2 [101 min]

Demo skeleton. Pairs. Student will be side bending and you follow along first the shortening side and then the other side, feeling along the spine. Find the 1st rib and spinal column where you come in with both hands from the front so you can feel the spine and rib (muscle over rib). Guided. Move forward on table to feel pelvis. Next, where should their feet be? Feet in standing position while sitting, ready to stand. Student lifts hip on right side and notice movement along spine, in head, shoulder blades. Notice side bending, rotation? How is movement distributed? Then lift left side of hip and notice differences from right side. Then students lifting right hip and practitioner touch area where there is the most movement or the apex of movement. Then hand on side of spine as they side bend and slowly contact them along spine, moving up. Wait in each spot. Eventually you reach C7/T1. Then touch from the initial area on the spine downward. Then both walk around. Continue in same roles with student lifting left hip, watching spine, make decision where to put hands and work up the spine and then down the spine. Let practitioner know if you want more or less pressure with your touch. After finishing take another walk. Demo with Rita. Practitioner stand in front of your student. Take both open hands and come into neck towards back so elbows stay out. To stand close put one foot forward to get close. Index finger near occiput. Then student side bend to right and practitioner follow along. Adjust pressure as you follow the movement. Can practitioner feel apex from this movement now? Practitioner move with student as they side bend. Talk walk and then other side. Walk around. Group discussion about experience. Switch roles. Demo with Craig.

Discussion #88 – Katrin Smithback

About FI Exploration & perception videos

CD#10/T17 [44 min] DVD#S05-9 Scene 3 [44 min]

Katrin: Canoe analogy about learning a new skill. So practicing is essential to get good at ATM and FI. After much practice we don't have to think that much and can attend to yourself and the other person.

Watch video of people playing game with gorilla walking through area. Most of class did not see the gorilla. Then same video with person leaving and curtain changing color. Video about change blindness. The "Door" Study video. How unreliable memory and perception is. Slight of hand video. In our method we go back and forth from detail to larger pattern. Video of ballerina turning.

ATM Lesson #124 – Katrin Smithback

To weld by breathing

CD#10/T18 [39 min] DVD#S05-9 Scene 4 [39 min] Source: AY#179

LIE ON BACK, feet standing. Lift pelvis from floor so you lean on shoulders. Breathe & fill chest so air presses toward upper corner of R shoulder & clavicle. Direct air there so this part expands. Do & stop, do & stop.... Push air toward L shoulder & clavicle, as if air were pushing inside like a fist. LIE ON BACK, legs long. Fill chest w/ air, pushing air toward upper ribs on R, so top of chest from R clavicle to R nipple expands. Put L foot standing, lift pelvis a little on L side so you roll to R & lean on R shoulder blade. Breathe into R shoulder bld so it will be pressed to floor, expanding space between front & back. Do last 2 mvmts on L. Legs long. Use inhale to lift the sternum, up near the throat where the clavicles join it, away from the floor. FEET STANDING: Lift the pelvis. Use the breath to press the area around the 7th cervical to the floor (opposite to area just worked). As if fist inside is pushing area to floor, increasing distance from back to front. Put L leg standing, R leg long. Interlace hands behind head & lift head & shoulders. Press the R floating ribs, w/ inhale, to the floor. Do on L side. Legs long, arms alongside body. Press w/breath area just below the shoulder blds: do on the R side, the L side, then in the middle. Lift the head w/the hands and do the same thing- pressing area below shldr blds toward floor- on R, L, middle. Extend R arm overhead, L leg standing. Roll onto R side so head rests on R arm. W/ L hand, lift head as high as possible. Fill chest & press R side near waist to floor, pressing floating ribs w/ breath. Push w/ the L foot in direction of head to help head lift more. Do on other side. LIE ON STOMACH, arms extended overhead. Press the belly near the diaphragm to the floor. From inside, press the R floating ribs, then L, then middle. Pull the R leg up & to the side, knee at right angle to body. Extend the L arm & put head on it. W/ R hand, lift head from floor. Press area below armpit to floor. Direct the pressure toward the armpit, then further down to the middle of the chest, then down toward the floating ribs. Press the whole surface- armpit, middle chest, below chest. Do on other side. Extend the R arm overhead. Put the L foot in a runners position. Press w/ the toes in the direction of the head, toward the R shoulder, so head will come to lie on R arm. Press front of chest, near armpit & clavicle to floor. Do on other side. Lean on toes of both feet. Extend arms overhead. Lift knees from floor & push w/ feet so lean on front of chest. Lift the chin so upper part of sternum leans on floor. Fill chest & push clavicles forward to the floor. LIE ON BACK, both legs standing. Lift head w/ hands. Open the mouth. Exhale while pulling the stomach in as much as possible (so a hollow forms) and expanding the chest. Expand all the places we expanded w/ the inhale, w/ the abdomen getting shrunk & narrow. Do gradually & slowly.

Discussion #89 – Diana Razumny

Use of class blog

CD#10/T19 [8 min] DVD#S05-9 Scene 5 [8 min]

Discussion #90 – Katrin Smithback

ATM Teaching languaging

CD#10/T20 [20 min] DVD#S05-9 Scene 6 [20 min]

Examples of poor languaging: “How are you holding your body?” “How are you using your body?” “Now you want to...” “I want you to...” “Let your spine go” In this exercise...” and how to clear state instructions. What is the difference between lie and lay and vertebra and vertebrae. Lay your mat on the floor and lie on your mat.

Day 50 Friday May 20, 2011

ATM Lesson #125 – Katrin Smithback

Bridging #1A, 2, 3 combined

CD#10/T21 [60 min] DVD#S05-10 Scene 1 [60 min] Source: Amherst 7/6-8/81 – taught as combined lesson

Lesson 1A. Lift pelvis and walk shldrs down to get hold of ankles– go forward so knees are ahead of feet. Then lift pelvis more and move it back to where it was– head will fall back & you will be standing on top of head. *Should be no work in neck– have to lift pelvis high enough so thighs are horizontal –then someone can sit on thigh (Moshe demonstrates). Have to have mobility in hip jts and ankles.* Lift heels off floor– when move pelvis back, feet will be flat. *Eventually don't have to lift heels.* Put both hands for bridging, legs long. Move back of head under gate to the R, then L. Stand feet and move back of head under gate– *head can be lifted off floor, so doesn't touch floor.* Interlace hands behind head. Bring R elbow & L knee closer, then the other elbow/knee.

Lesson 2. LIE ON BACK. Review mvmts from previous lesson: On back, hold ankles, lift pelvis, resting on top of head. SIT, legs crossed. Reach forward w/R hand, elbow bent, palm facing forward. Open and close R hand, your hand reaching up & back when fingers open & forward when fingers close. Reach higher back each time, w/same ease, til is in bridging place. *(If can't do that, then will not be able to do bridge on floor.) Have to do something w/ small of back, chest, abdomen. If is tiring is because using a lot of useless power in the wrong places, while the other parts don't cooperate.* Do w/L hand. *Moshe demos another variation: Stands w/back to wall, both hands bridging on wall, then takes head under R arm gate, then L.* Do w/both hands, alternating. Change legs over & do. Do w/both hands simultaneously– *think of hands touching wall behind you.* As take hands back in bridge, take head back simultaneously. *W/many, mvmt is not simultaneous.* KNEEL. Take 1 hand back in bridge. Other hand. *Have to move hip joints forward–then can take hand & head almost to floor.* LIE ON BACK. Do bridging mvmt, holding ankles, etc. KNEEL. Put both hands in bridging position. Bend toes into runners position. Take hands, head back. *For most, is more difficult.* Slowly flex/extend toes as take hands, head back til easy to do.

Lesson 3. SIT, legs crossed. Review previous lesson: as reach back w/ R arm, extend fingers. Look at hand as it goes back, follow it with your eyes. Let the elbow straighten as the arm goes back & the arm rotate. *What limits the amount of arm mvmt? The spine & head.* Move the head w/the rotation of the arm– the arm mvmt rotates head. Bring the R arm up, palm towards ceiling– in this position, push the lower belly forward & push your chest out, then collapse your chest– head will move w/arm. Increase mvmt of arm/head so that as arm goes up & back, palm to ceiling, follow w/head, eyes, turning to R– as arm goes back, bend forward so L ear gets closer to R knee & arm moves toward middle of body. Do w/ L arm. Do w/both arms. Arms go overhead, then as move back behind you, bend forward & back of hands get close togthr behind you. Change crossing of legs & do. STAND ON KNEES. Extend/flex toes on one foot, other, both. Put feet in runner's position. Take R arm out sideways, rotate it and take it back toward R heel. Which rotation of arm puts thumb outside heel? Which puts it inside heel? Touch heel when bent forward– then when arched back– how does arm rotate in ea position? Put R hand on heel and alt. put thumb inside/out– feel how arm rotates. Rotate arm so thumb is on outside of heel & feel how head & eyes turn that way too. Play w/distance knees are apart/together. Do on L side. Slowly put both hands on heels. *Chest needs to come forward, scaps get closer in back, head goes back. When can do that, can put hands other way also.* LIE ON BACK, legs long. Alternately move one scap then other down– to walk self down, then back up. *Head stays in the middle, legs & pelvis quiet.* STAND ON KNEES. Extend feet and move R hand/arm into bridging position, then extend it up and back & down to R heel, head turns to R. Do to L. Do both hands back to heels. Take R hand back to touch L heel. The L hand to touch R heel. Could you cross hands behind to touch opp. heels? Simply stand on knees & take both hands back as for bridging (*not to heels*) – how does that feel now? LIE ON BACK. Put hands for bridging, feet standing. Push w/hands so body moves down towards feet, then push w/feet so move up towards head– rock up & down. Notice when you inhale, exhale in relation to mvmt. Put arms along sides. Do seesaw breathing (alt. expand chest/belly) Keep doing and w/out changing seesaw breathing put hands in bridge position. Do up/down rocking mvmt and adjust to fit breathing. Do very fast w/out interfering w/ rhythm of breathing. Let breathing go on as if you don't know how to breathe (stop using abs) – do so mvmt of body pushes out little amts of air & takes in little amts– do w/ mouth open– do quickly. Increase speed so you are like a jelly or pudding rocking– reduce power of hands/feet so you are like dish pudding– give it a push and it keeps on rocking. Keep doing jelly rocking– w/out stopping take hands, interlace them and bring them toward ceiling, palms touching, elbows straightish. Slowly take arms to L. *Don't press floor w/ L side– L side gets lighter because L ribs recede instead of pressing. The slower you go, the more the chest can change and move.* SIT, symmetrically. Move R hand back for bridging, then L hand back– feel difference. Keep alternating until differences have diminished– both feel light. Notice, as move R hand in bridge, sternum moves to R while spine moves to L– then do L hand, opp happens. Put hands on knees. Turn pelvis to L– *L hip jt goes to L, R pelvis moves forward. Don't move legs.* Let rest of body follow. Do to other side. LIE ON BACK. Hands in bridge, feet standing. Push yourself downwards, move knees forward, pelvis lifts. Take hands and hold ankles, thumbs outside w/ other fingers. Keep moving knees forward (can lift heels if necessary) until can let head fall back. Slowly, lift both hands (arms straight) & legs to ceiling, and then lift head. See if can touch knees & elbows. Can do one side, other, diagonals –*want to get flexors working so extensors can lengthen.* Stand & walk.

Discussion #91 – Katrin Smithback

Describing the method

CD#10/T22 [53 min] DVD#S05-10 Scene 2 [71 min]

Most students and new practitioners mix up describing how the method works with the benefits. People need to hear benefits. Ask people what they do to find out how to describe what the Feldenkrais Method can do for them. Benefits: 1) better posture; 2) increase movement or mobility or ease (comfort) of movement; 3) decrease pain; 4) improve performance of X; 5) increase self awareness; 6) increase enjoyment or movement pleasure; 7) improve or change your body image. Four groups of 5. Each group will pick 3 professions: performance group, chronic pain or injuries and a group for personal growth (psychologists or meditators). Come up with a list of 6–8 benefits for each of the 3 groups that you could put on a flyer. “Made to Stick” by Chip and Heath? a great book for all this. Good to have quotes and testimonials. Group discussion. Listed benefits from each group. Athletes – Improve breathing, flexibility, hand/eye coordination, power, stability & balance, spatial awareness, efficient organization, recovery time, injury prevention. Performing artists – Creativity, stage fright/adrenaline control, posture, voice, memory, expressive, presence. Well-being – improve quality of live, focus, coordination, balance, sleep, injury prevention and recovery, dysfunctional habitual patterns, sitting, flexibility, decrease tension, improve movement ease. Potential/personal – Expand consciousness, body awareness, breath, quiet mind, psych, self-confidence, unlock memories.

ATM Lesson #126 – Katrin Smithback

Gluing the lungs

CD#10/T23 [40 min] DVD#S05-10 Scene 3 [42 min] Source: AY#201 (full versions below)

1. Lie on the back, feet standing. Make quick short movement of breathing, the air comes into the lungs and immediately out, not deep breathing. Air comes in, stop, it goes out. Continue at constant rhythm.
2. The different parts of the breathing process: listen to inhalation, air through nose, the mouth, and the diaphragm. Just allow the exhale. Leave that, think upper right lung feel how the chest pulls up toward right shoulder, between the sternum and shoulder blade, muscles of the chest, below armpit, behind shoulder blade, that corner of your torso. Listen only to this during each inhalation. With each inhalation listen to how air arrives at the middle of the body, approximately half-way between the sternum and the floor, at the place where there are the bronchi. Think of the three [lobes] of right lung and the repeat above thinking about lower lung moving. Feel the pulling movement of the external parts.
3. Feel air come in through nostrils down to lungs on right side. How does it go behind the palate into the trachea? We want to make the whole process more conscious, with more awareness. Pay attention. Maybe [you] feel [this path] in the trachea and not in the bronchi, or in the bronchi and not in the trachea. [Maybe you] feel the trachea and not the palate, behind. With each inhalation, follow the air. [Follow] the feeling in the nostrils, in the palate, in the trachea. You will see that ninety percent of the people shut the trachea down while breathing and interfere with the breath. With the great majority, each one hears a big noise as he breathes, especially when he wants to breathe intentionally. [You] hear, “phhuh.” [They] always stop, contradict, and interfere with the breath because they have the feeling that they are doing something, an effort. So, follow the movement of air through the nostrils, behind the palate, in the trachea, in the bronchi, and in the upper right bronchia. That is what we do.
- 3a. Now do this whole process. Listen to the nostrils. If it is clear, listen to both nostrils & the palate. If that becomes clear, [listen to] the nostrils, the palate, the trachea, all along its whole length to the middle. From there, [listen] from inside to the volume as it molds or presses the chest upward, downward toward the floor, toward the shoulder, & toward the armpit . . . only this [right] corner & the upper part of the lung. The upper right bronchia fill it. Do this a few times.
4. Now, only follow air from the nostrils, in the palate, in the trachea, to the bronchia [in the] third lobe [bottom, on the right side]. That means it is the one that is pushing. Air comes into the bottom of the right lung . . . in front to the liver, to the side of the liver, behind the liver, in the ribs all around. Listen to this. Listen only to this. Leave the upper part alone. With each inhalation, pay attention to how it forms there [bottom lobe on the right side]. Now once again, and once again – while *thinking* about this, pay attention to whether [you] also think of it behind, behind in contact with the floor, and also to the sides of the ribs. In other words, [*think of*] the volume from inside as if [the air or the right lung] is molding or pressing the area of the lower back on the right side in all directions – forward, downward, sideways, to the floor, to the ceiling, and in the direction of the legs.
5. Now, with each inhalation, *think* of the air that enters through the nose, comes behind the palate, into the trachea to the second bronchi. During the inhalation [you] should feel a lengthening of the lung, that something goes up and down at the same time. In one movement the [right] lung stretches along its length. That means the whole right side becomes longer. The distance between the pelvis & the armpit becomes longer. Notice how the [right] lung inside lengthens and goes up & down. With each inhalation, think that it fills the whole space above and the whole space below. The lung stretches. What stretches it – the diaphragm. While doing this, pay attention to whether [you] feel that something [is happening] in the back, in the vertebrae of the back, in the lower back. If [you] try to do this lengthening a bit larger, a bit bigger [you can] feel the lumbar vertebrae in the lower back pressing into the floor. The 3rd & 4th vertebrae are pressed into the floor. On the right side the larger muscle works & on the left side, the smaller [muscle] works. They stretch to the floor.

In order to stretch the lung downward, the diaphragm should be pulled toward the vertebrae. Pay attention that we are doing this even in a small movement. Later we will do this very powerfully. Then, you will feel it clearly.

6. And now, with the third bronchi in the center. . . [incomplete sentence]. Now try *to think* on the entire process of entry. [Air comes into] the nostrils, behind the palate, the trachea in the middle, in the middle of the chest. From there something lengthens the lung, lengthens it. Now in the center, [something] protrudes the ribs on the right side. It pushes them up. [For those that lie on the floor], it pushes downward. That means there isn't only a movement of widening and lengthening, but also of thickening. It becomes thicker relative to the floor. Do not make the movement big; just listen inside, inside the lung. [Listen] to how the chest sucks it in these directions. Do small movements. If [you] yawn, it is a sign that [you] do not do this. You will not yawn if [you] leave the breathing to be formed quickly back and forth, with small movements so it will take a four-and-a-half liters. We are making so many [movements] that the amount of oxygen will suffice. If [you] are not doing this, [you yawn] and interfere.

7. Now, each one – I will be quiet for a minute or two – try to do all of this process of expansion and widening from the beginning to the end. Each one should check in which parts he feels clearer, and in which, not. Try to move with [your] listening, with your attention, from one part to the next until the clarity is such that all has the same hue. That means it will be clear in the same way. Try to listen once to this and once to that, especially to those parts that [you] do not feel. You will see that [you] lose parts during the process. [You] lose them.

8. Now, try *to think* of the retraction of the lung from all these places on the right side of the retraction on the right side. . . how it retreats during the exhalation. [The lungs retreat] from the upper part of the shoulder, of the shoulder blade, of the chest. [It] returns through the bronchi to the trachea and comes out behind the palate, and goes through the nose. The lung, like a sponge, is squeezed and the air that is in it, goes out. Do not make large movements.

8a. Now, do the same thing with the bottom part, the bottom part of the lung. . . and with the middle part. So now [we] listen to the exhalation, to how the whole lung retreats from the diaphragm, from the ribs, from the shoulder blade, from the floor, from the sternum, and from all the ribs. [The lung] retreats, and expels all the air through the trachea, behind the palate, and through the nose. Try to make this breathing so simple that it will be possible to notice, "Oh, it comes in and stretches everything, lengthens everything, and then comes out and shortens it." It is not important how small and fast [the breaths are], just notice everything in a general way, everything, simply. Listen to the lengthening, thickening, retreating, and to the shortening. Now, you see, it truly is only a few movements for each thing.

9. Get up to standing for a moment. Stand up for a moment. Pay attention if now it is possible *to think* the same thing while standing. Pay attention to the difference [you] feel between the right [side] and the left. Pay attention to the difference that a few minutes of work [make]. This is something you already are trained [in] and know. Breathing is not something new for you. You will see what a difference [there is] between the right and left sides and from something where you did only a few movements on one side. The whole right side is different. [The difference can also be noticed] in the hand, in the turning. Try, and you will see that it is hard to believe what awareness does in a process that is not conscious. [You will see the difference that occurs] as it becomes more conscious.

10. Return to the floor. This time – while sitting – sit on the floor, please. Please sit. Sit Indian-fashion, or something like it. Close the eyes. Close the eyes. Close the eyes and lower the head. Lower the head. Hang the hands behind the head.³ Hang the hands behind the head, not on the back of the neck, on the back of the head. Lower the head. Let the elbows hang down, toward the legs, toward between the legs. Do not pull. Sit. Don't fold or bend. Sit. Lower the head. And now, see how the breathing [is]. If someone does not know how to bend, the lung inside also does not know how to slide. It interferes with the breath. Stay with the head lowered, with the hands hanging on the head.

10a. Now, listen to the movement of the hanging hands. [The hands] are interlaced at the fingers and hang all their weight downward. Let them hang. Do not hold them. Do not pull on the head. Hang the hands like a weight.

10b. Listen to the movement of air through the nostrils, through the trachea, behind the palate & through the trachea. *Think* of the lengthening of the right lung as we have done up to now. [*Think*] that it lengthens up toward the shoulder blade, toward the ear, below, behind the liver. Also [*think*] of the third bronchia in the middle. In this situation, try to listen & see if you can let the lung slide along the whole length of the pleura. You will see that all those who do not know how to fold in an ideal fashion like this, cannot do it. Try to find those parts that do not slide. You will see that to the extent that you can notice them, the head sinks. Try to pay attention to this. . . only in the right lung. Soon you will do the same thing on the left. Try to do this only on the right. Try to listen to which areas are difficult to lengthen.

While air comes in like this and [you] want to lengthen the lung, pay attention whether you feel the diaphragm pushing or pulling the third and fourth vertebrae in a peculiar way up toward the body. That means pushing it a bit differently from the usual. Pay attention. While wanting to bring air in, it turns out that it is necessary to lift the chest from in front because the diaphragm pulls the fourth vertebra and doesn't allow it to round backward. It turns out that the head lifts. If the lung does not slide there, there is a connection to this movement.⁴ No? Try to see. Do not lie with the head up. Sit with the head lowered.

11. Now, try to make the same movement of lengthening. Listen slowly. Do it on the left side [the same movement]. Listen to the movement with the nostrils, behind the palate, in the trachea, in the bronchi, in both [lobes]. [Listen] to the lengthening. Try to listen and lengthen the [left] lung upward, downward, and to the sides. . . especially the lengthening. The thickening is less important.

12. Do this lengthening on both sides. [TN: Lengthen both lobes of the left lung.] Pay attention to how slowly, slowly with everyone, while lengthening, the head starts lifting up, away from the floor. Those who hold their hands on the back of the neck, of course, God cannot help them and certainly I cannot. Pay attention to how the rate of breathing is suddenly evident in the movement of the head. That also means in all the vertebrae of the back. Pay attention now to the lengthening all along the back. Pay attention to which places [lengthen]. Then, you can see those places where flexibility is lacking. In those places it is clear that the chest is not sucking the lung and that the lung does not slide. Or, to the extent that it [sucking] is done, the back becomes organized.

12a. Pay attention if it is now possible to notice the movement of the diaphragm, if [you can] feel the diaphragm pulling on the lumbar vertebrae. Leave this, please. Get up and walk around, Pay attention to what feeling [you have]. Pay attention. You have done these exercises one hundred times, just without awareness. See the difference that it makes. See what it does to turn an automatic process into an aware one. Walk around a bit, see what it does, and return to the floor.

13. Please return to the floor. Place the right leg backward and bring the left one toward the body. Lean with the left hand on the floor. With the right hand, bend the head with the right ear toward the right shoulder. Now, pay attention. In order to move further, it is necessary to break or tear the muscles. Stay like this. Stay like this [with the head bent to the side]. Now, please fill the left lung. Think of lengthening during the inhalation. Do not pull the head more; just lengthen the lung in the left side. Place the left hand on the floor. According to *Anatomy of the Human Body* by Henry Gray, F. R. S. 26th edition (1955) The diaphragm attaches as follows: The medial lumbocostal arch attaches to the side of the body at the first or second lumbar vertebrae. The lateral lumbocostal arch attaches, medially, to the front of the transverse process of the first lumbar vertebra, and, laterally to the tip and lower margin of the twelfth rib. The right cura arises from the anterior surfaces of the upper three lumbar vertebrae [L1-L3 (4)]. The left cura arises only from the upper two [L1-L2 (3)] Think of the lengthening of the [left] lung into the shoulder, to the ear, and downward. [Do] the two movements together, both up and down. That means someone is stretching the lung and, like this, it slides both up and down. It can "fill" up and down, throughout this whole side. Listen to this, to the lengthening.

13a. And now, to the squeezing out [listen] that it is retreating. The left lung retreats from the whole chest.

13b. Pay attention to what this does to the head. Try to make an inhalation lengthening [the left lung] five times. [The head remains bent toward the right shoulder.] Pay attention that the neck is not stretched. Instead, all of a sudden, something that is holding it, stops. [The head] simply sinks because the muscles in the neck. . . [incomplete sentence]. You have seen the muscles of the chest — in order to lift the chest, in order to breathe — are connected to the muscles of the neck. An inability to bend the head comes from a strain in the chest, from not breathing and from not allowing the lung to work as it should. Gradually this makes the head stiff and ossifies the neck vertebrae. Actually, it is enough to clarify this and the issue is over. The whole thing ends. [The mobility in the neck returns.] Do [this movement] a few times.

14. Now, as you are sitting, think — the right lung also lengthens while inhaling. Try to think of lengthening the right lung up and down and of squeezing out [the exhalation]. In which places is there an inability to slide the right and left lobes of the lungs? [You] will see that it does not work in the same places where there isn't flexibility in the body.

14a. Now, try to pay attention — while doing the lengthening of the lungs like this— is it necessary for the left side to move, at its middle, further to the left, or not? It is obvious that it lengthens. Then, the whole left side should protrude more. Whoever did not do this, did not think of a full lengthening . . . [incomplete sentence]. Do a "full lengthening" and then the left [side] should come out. As it lengthens, the middle of the chest moves more to the left than before. The left [side] should come out more to the left while the lung is filled . . . the middle, not the head . . . not the head, but the middle of the ribs should move more to the left. Now, pay attention that it comes back during the exhalation and moves further to the left during the inhalation. Leave this alone & stand up on the feet. Stand up on the legs. Pay attention. Try to bend the head right and left. The right ear to the right side & the left ear to the left side. Here also, you can see what it is [means] to return unconscious parts to consciousness. That means to return to the body, intelligence, and ability.

Discussion #92 – Katrin Smithback

Highlights of the segment

CD#10/T24 [25 min] DVD#S05-10 Scene 4 [46 min]

Small groups discuss experience of the segment. Then share in large group.

ATM Lesson #127 – Katrin Smithback

Come to side sit from front

CD#10/T25 [20 min] DVD#S05-10 Scene 5 [20 min] Source: Master Moves

On front, explore direction head is turned, arm up on side of face, other arm down along side. Face to R, R arm up, L arm down, bend knees, feet in the air, tilt legs L, keep legs together. Have both arms up by head, tilt attached legs again and look to see the feet in the air. Add taking feet to L as before but only as far as you can still see the feet. You can stand your R hand to help and look over your R shoulder. Continue towards coming to sit. Repeat OS. Return to looking R, tilting legs L, start sending R leg back farther behind you so legs separate by sliding R leg along L, coming into "z" position. Repeat OS. Alternate side/side, coordinate with the whole group.