

# WORKING WITH FAMILIES WITH LEARNING DIFFICULTIES

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## Introduction

This article is a case history that traces a period of work lasting about a year with a family whose child had been diagnosed with cerebral palsy. Although this only deals with one form of disability, it illustrates well some of the general issues that emerge in families who have a child with Learning Difficulties.

In England, the term 'Learning Difficulties' encompasses physical disability as well as cognitive problems with learning. But the essential point of my work does not distinguish between the two. I aim to help a child to fully develop as they are, not to become 'normal'. Development is something anyone can do, however disabled, and is a process of self-actualisation. It is something everyone can succeed in. Normality is only measured in terms of the average and, for a disabled person, aiming at normality is aiming at failure.

Parents having children with learning difficulties often have a desire for them to be as normal as possible. This is a natural feeling. But many parents don't realise that the pressure to achieve some measure of normality creates a continual feeling of failure in the child. In fact, children who obviously have no hope of being 'normal', as with Down's Syndrome children, often find life easier because the parents more easily accept them as they are, and give them love and support to develop to their full potential.

In the case of disabilities such as cerebral palsy, which is a developmental condition, there are several widely publicised therapies that proclaim success in partially 'normalising' the child. An example is conductive education, developed by Professor Andras Pető, which subjects the child to an intense regime of daily exercise, almost military in its discipline. The Pető Institute has shown that some children with cerebral palsy can, through conductive education, really improve their ability to move.

Typically, the child does not *want* to do this regime – it is hard work! So the parents have a difficult choice. Do they impose this tough discipline onto the child, in the hope that he will move better as an adult, or do they give him a relaxed and warm environment as a child? A similar dilemma occurs with other learning difficulties, both cognitive and physical, which have been treated with success by therapies. I have found that the approach illustrated in this case history applies equally to families who have difficulties such as ADHD, Dyslexia, Dyspraxia and Asperger's syndrome that all have specific therapeutic disciplines targeted at reducing them.

My priority is the child's feeling of self-worth rather than the cure of the disability. Some children, whose learning difficulty is not too severe, may succeed in performing normally and may feel satisfaction and pride in the achievement. However, others, who cannot force themselves into the normal range, simply feel shame and sense of failure. The child feels himself to be the failure, not the therapy.

So I am careful, in working with learning difficulty, **not** to assume that the point of the therapy is to aim for normality. This inevitably means working with the parents as well as the child. The pressure towards normality comes mainly from the home and school environments, not from a weekly visit to a therapist.

Shiatsu is a specially good context for reducing the pressure towards normality. Firstly, the basic attitude of Shiatsu is helping the person as a whole to adjust themselves. So its approach is facilitative not manipulative. Secondly, Shiatsu touch is affirming and respectful, so its message is that you are basically OK as you are. Since this message is transmitted through touch, not words, it is particularly effective with children. I think that, in the increasing trend to medicalise Shiatsu, we are in danger of losing this unique quality that Shiatsu can bring to working with people.

Andrea Batterman observed in her physiotherapy with brain damaged adults, that if she started her treatments with Shiatsu, her patients felt respected by it and were able to relax. Only then did she use the more challenging manipulations of physiotherapy. With this approach she found that the range of movement in the stiffened joints was significantly greater than when she used physiotherapy alone.

With children, this approach is doubly important. The main thing that a child needs is to feel loved and accepted. If Shiatsu is used **in conjunction** with therapeutic exercises, this puts the exercises into a context where the child feels (through the Shiatsu touch) loved and accepted as he is. Challenging exercises on their own can amplify the child's feeling of 'being wrong'.

It is not only the child with the learning difficulty who needs to feel good about themselves. Many parents feel a sense of failure, shame and even of guilt if their child has 'something wrong with them'. They tend to take this out on each other, and thus create an extra tension in the atmosphere. This affects everyone in the family. I think that the quality of Shiatsu touch is a physical model for a quality of relationship which values and respects each person. This case history is a success story not because it succeeded in helping a disability, but because it shows how the approach of Shiatsu transformed a family dynamic from a pressured environment into a warm and caring one.

### **The Case History**

I started seeing Damian when he was 11 months old. He had been diagnosed as having cerebral palsy, probably from brain damage due to lack of oxygen at birth. Both his parents, Jo and Graham, came with him. Damian's back was continually over extended and he was starting to develop hyperflexion of the wrists

Damian was quite agitated when he first entered the room and would not tolerate being put down. Jo tried to calm him by jiggling him, holding him under his arms.

"He's always like this when we go to see the physiotherapist", she said. I asked her what they did there.

"She tries to mobilize Damian's arms and legs and teaches me exercises and stretches to do with him", Jo replied "He has a whole routine that we have to do every day"

I asked her to demonstrate some of the routine, which she did. Damian didn't seem to like it very much. I enquired whether she would be willing to do an experiment and, when she agreed, I performed the movements of the routine on Jo herself.

"How did that feel to you?" I asked.  
"Like being in an army training camp", she said.

I said that I thought that the techniques themselves had a definite therapeutic value, but that maybe they gave Damian a feeling that he could not simply BE himself. Because they were so challenging, he might be feeling that he was not good enough and had to improve to be acceptable

Graham dryly agreed with this: "It's like that at home in general, we're all in the training camp".

Damian was starting to make a thin raspy sound and he was arching his back, looking very uncomfortable.

I suggested that Jo lie down on her back and place Damian face down on her chest. He was arching his back so much that it was hard for him to balance, I suggested to Jo that she expand her breathing to press against him as she inhaled and to make a humming sound as she breathed out, trying to focus the vibration of the hum into the point of contact with Damian.

Immediately, his extension reduced and, after a short while, he actually curled forwards and cuddled into her. Jo burst into tears.

"This is awful", she sobbed "I feel so guilty. When Damian arches away from me it's like he's rejecting me and I get angry. All I want is to cuddle my baby".

I explained that Damian's extension movements were only dominant because he did not know how to contact his flexor muscles along the front of the body. The physiotherapy routine might be useful in keeping his joints mobile but he also needed to learn how to access his front muscles. I asked her to notice that, by giving him a warm and definite sensation in his front he was able to flex into her and then showed her how to hold Damian face down, with her hands and fingers contacting his Stomach Meridian, but not trying to do anything to him. He remained flexed and quiet. Soon he was asleep.

During the next few sessions, we continued with the theme of teaching Jo and Graham simple Shiatsu to do with Damian before they started the exercises. While continuing with the physiotherapy, she would be giving him the opportunity to just feel accepted, to relax into her and, in the process to learn to contact his flexor muscles. Damian, at least, seemed to really like it! But Jo started to feel her chronic state of stress. The focus on action during the physiotherapy had provided an outlet for the stress and had allowed it to remain unconscious. The still nature of the Shiatsu, on the other hand, was in contrast to her tension, and brought her distress to the surface.

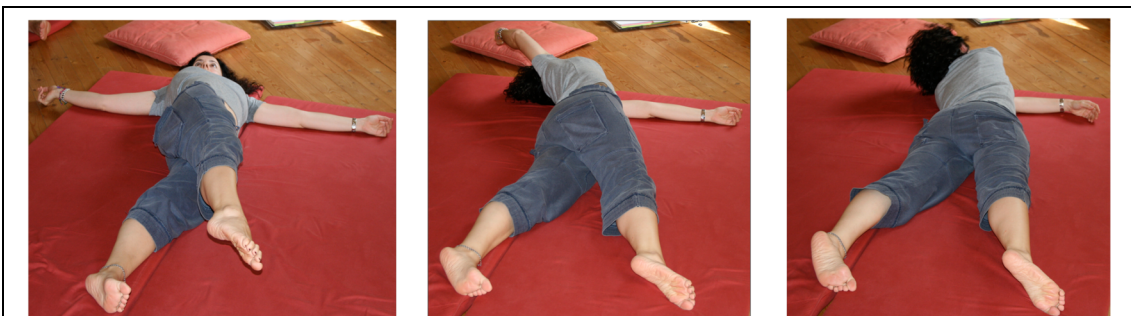
Graham also started expressing his feelings of resentment that Jo did not appreciate the work that he did to finance the family and his differing ideas of how to deal with Damian. His response was to withdraw, which made Jo all the more angry.

As with much family work, when the person who is seen as 'ill' starts to feel better, stresses in the family dynamic that have been suppressed through the focus on the 'problem' start to come into the foreground.

### **Working with the parents**

In working with a family, I usually work with the individuals one by one, with the others present, helping each to be aware of their internal vulnerabilities and conflicts. I find that this helps mutual compassion to develop rather than stimulating the expression of grievances.

Jo felt that she was the responsible one in the family and that she carried the heavy weight of caring for Damian. Physically she was extremely tense. Her energy was controlling, rigid and reactive, which seemed to be the result of trying to take responsibility for too much. She wanted Graham to take more responsibility, but was not able to allow him to do it in his way. She was exhibiting the bound control state of the jitsu Shao Yang. Therefore, I started some work to liberate the Shao Yang through movements, which might give her the experience of releasing control without feeling that she was opening the door to chaos.



This is the Spiral rolling movement that usually develops along the Shao Yang channel. Using this movement can give a person the real experience of releasing but still remaining integrated and in control.

To do this, I asked her to lie down and suggested to Graham that he pull her limbs to roll her over. At first she resisted the pull and then after the strength of pull became greater, she pushed herself over like a solid log rolling. I then instructed Graham to start a gentle pull on one arm and I touched the side of her ribs where the pull was starting a stretch.

After a short while she said: " I don't know how to let go. I don't want to let go!".

I suggested that she actively resist the movement which gave her a sensation of what she could do to release her ribs. Once she succeeded with the ribs, the stretch extended into the hip until she was able to continue to release her body along the entire Gall Bladder meridian.

Even in the first session she realized that the problems she found with this exercise felt connected to her emotional inability to let go of control. Graham realized that when she expressed her frustration with her own sense of blockage instead of blaming him, he felt compassion and warmth rather than the usual conflict.

### **Working with Graham**

Graham's issue was that he felt he couldn't stand up for himself. Jo was expert at putting her point of view in such a way that he felt he had no answer. When he initiated something, he was too easily pulled off balance by her stronger power.

I observed that Graham's posture was loose and that his postural muscles had low tone, which projected a sense of weakness and passivity. In particular the psoas muscle was under-developed. I started by using a physio-ball, doing exercises which threw him off balance. By moving him slowly in and out of balance and touching relevant points on the Jue Yin channel, I showed him how to use these deep muscles to maintain equilibrium.

He found this hard, but understood that this sense of 'being a pushover' on the physioball was similar his weakness in relation to Jo's power. This motivated him to try a system of exercises to strengthen his core musculature. After some weeks of doing these, he was able to maintain balance in increasingly challenging positions.

We then brought Jo into his work by asking her to push or pull him off balance. She could sense how his strengthened core gave him a flexible stability, which she instinctively respected. Once the pull or the push reached his centre, she felt her motivation to fight him dissolve. Instead she wanted to feel the support of his strength. They did some good wrestling, which turned into laughter and mutual closeness.

As the therapy continued, Jo and Graham devised protocols they could use in their relationship based on these principles. When Graham felt Jo was over-controlling he was able to ask her to let go and allow him to take responsibility. She was able to use the physical experience of releasing muscles to let go of her control. For Graham, he was able to use his growing sense of core strength to notice when he was being pulled off balance by Jo and to maintain his position without becoming hard and reactive.

### **Conclusion**

This family has real difficulties that will not go away because Damian's cerebral palsy will probably mean that he will always be, in some sense, disabled. However, the great work that they did gave them a physical experience of the skills taught by the Yang Ming, Shao Yang and Jue Yin. Jo learned to release control, Graham learned to stand up for what he believed and Damian learned that even his 'deficient' parts were loved and respected. Instead of dealing with difficulties in a hard, tense fashion, they have learned to be flexible and remain in dialogue. They are focusing on *enabling* each other rather than criticising their disabilities. I hope this allows them to knit into a contactful, warm family, which has the resilience to deal smoothly with the challenges ahead.

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