

## A case history of a multi-handicapped young woman.

Chr. Bauer Lasserre.

### Introduction.

We have chosen to talk about Martine because she represents a strong stimulation in our work. To obtain progress from such a handicapped young person, with whom we didn't know what to do on earth, has surprised and much encouraged us.

Besides, these progresses are not so much physical as mental. Martine is a young woman born multi-handicapped. If she didn't have the parents she had she would be bed-ridden since she was a baby. Their combativity and their love were necessary to obtain for her an educative environment, legitimate even if privileged. Her doctors and her physiotherapist have also helped in the quality of the cares she received, they have greatly encouraged the parents to defend their daughter's rights.

To us, and in simple terms, if we succeed with Martine, we shall succeed with others, and this experience often helps us and proves us that "Halliwick, it works!"

After our first Halliwick course, at the end of 1979, we have started to practise with the group in which Martine was, a group of four children severely handicapped. From the beginning and regularly we have invited Mr. McMillan to control and guide our work with Martine. We couldn't have done without his help, it allowed us to maintain a good rythm of work when we needed reinforcement, and to stay in a progression without losing the atteinments.

We were two colleagues to start with and our enthousiasm has been shared with our successors. I would like to thank them for having appreciated these results and for having improved them, in particular Maryrose Monnier with whom I prepared this lecture. The results that you will see on the video are not spectacular, there has been no miracle! We want to tell you how we worked during six years and a half with a severely handicapped young woman, using the Halliwick method. Our main result is: Martine seems to have reached a state of conscience and for us she has become a person.

### Martine.

Martine is a young woman aged 27, born in May 1959. Her handicap seems to be a chorea-athetosis, with a heavy mental condition.

She cannot speak, only a few sounds are understandable by the people who know her well. Though totally dependent, she has always been well looked after.

When she was five years old she was admitted in the unit where she is still today, unit called Fondation Renee Delafontaine, and she returns home to her parents every evening. Martine is an only child and her parents have always insisted to keep her home despite all the cares she needs.

The Fondation Renée Delafontaine takes care of children and

adults mentally handicapped. At the age of 20, the handicapped are admitted in sheltered workshops. The insurance then covers no more educative provision. But Martine was lucky to be kept in an educative group, no other place being yet open for young adults multi-handicapped. So she could benefit of it and be maintained in a stimulating environment where she wouldn't lose what she had learned or improved. Another proof, if necessary, that learning process does not stop at the age of 20!

One physiotherapist has taken care of Martine from the age of 6 to the age of 27. When she started the treatment, it was too late to correct all the former mistakes. She was still using primitive reflexes and was in total abduction. At least her posture has been improved.

In her unit, Martine is lucky to have been for many years with the same specialized teacher, a woman also specialized in very specific massages which greatly helped her to relax and avoid a too bad hip condition. The Rod method has also been practiced for many years, with good results on her swallowing.

#### **The Fondation Renée Delafontaine.**

Fondation Renée Delafontaine is a day-school for mentally retarded people in Lausanne, Switzerland. There has always been a group open to the multi-handicapped, a group to which belongs Martine. It is the only day-school around to accept multi-handicapped children.

Martine entered this unit when she was five years old, she stays there all day and goes back home at the end of the afternoon. Since about ten years, the unit is in modern and convenient buildings, with an inner swimming-pool. Previously, as for the other units, there was no pool and not even the idea that work could be done in water.

Martine spends the day in a group with a special teacher. Once a week she goes to the pool with a person specialized in Halliwick. Once a week she has physiotherapeutic treatment, out of the unit.

#### **Introduction to the film.**

In 1979 Martine used to work in the water with a safety jacket and a ring around her head. We were trying in the water to stretch her limbs by pulling them, without much success indeed.

In 1980, after our first Halliwick course, we have started and still are on a structured program of work in the water. During these six years we have been five different adults in charge of the pool with Martine, but we have always made sure the work would remain the same. Written reports, videos and working programs have helped us, plus Mac's visits to control our work and define our objectives. During the first two years and for the past year we have filmed Martine regularly, and we shall present to you a synthesis of those. We hope you will see the progresses and the evolution of our work. Not only Martine has improved, but so did we in Halliwick and video techniques.

### Programme.

I wish to describe to you how we worked with Martine 7 years ago.

I had spent four months as a special teacher in Martine's group before I enrolled on a Halliwick course, I tried to stimulate her so as to obtain a reaction, I guided her hands to pretend she had done some manual work, I tied life saving jackets on her to go to the pool, and I finally admitted that the environment was most important for Martine, nothing being really satisfying!

On Mac's first visit, being in the pool with Martine, he told me to call her. How useless I thought! but I obeyed! and that's how it all started!

If I tell you all this, it is to insist on what always greatly stimulated us: Martine has now become a person, giving signs of understanding, and in the water we feel she is all there, that her mind is awake. I think that tactile stimulation on her whole body is important in her awakening. In the water she has the opportunity to feel the position and the shape of her body, through tactile receptors.

Now for the last three years, we hear positive feedbacks on Martine's progresses. Her parents, her doctor (who has come to see her in the pool several times) and people close to the family have mentioned how they felt she was more alive and less spastic.

Our main purpose was to avoid regression and contractures. But our results are more significant concerning the person: it is through this work that Martine has become a conscious person.

Our first aim concerned head control and stretching of the arms. We only worked in a lying position, it was too difficult to hold her in a vertical position. Entering the pool, Martine would roll herself on the so-called pre-natal posture and had no head control; we had to hold back her head to avoid immersion. At home she has resented the baths for a long time, she was screaming and fighting. Today her parents mentioned how happy she is in the bathtub and how more active she is.

Right from the beginning we kept calling Martine into action, asking her repeatedly to control her body. It was only in water that we could require something of her, because we knew that only in this element we could provoke reactions as this was impossible on land. So from the very beginning we asked Martine to participate and be active. We insisted until she would make the required movement. We were constantly talking to her, trying to wake her up. Physically and mentally we were fully engaged and we were still protecting her all the time.

1. During a year and a half, two or three times a week, we kept on this same programme, always in a lying position: hold her head in position and stretch the arms.
2. After a year and a half we started working in an standing position, but with the same programme: hold the head (eye to eye to help her keep her head into position), stretch the arms, plus breathing control and stretch the legs to touch the pool floor.

Two years after we had started Halliwick training with Martine, she could stand, though with a heavy support. She stretched her legs, putting some weight on one foot. Head position is still difficult, we keep talking constantly to Martine. We are still in a passive situation: she needs us to support her effort, we keep holding her very tight and still guide many movements. She is identifying the position of her body in water. She breathes out in the water, spontaneously. For us it was an important step when we saw Martine standing, even with help, in the pool. It gave her a new dimension, until then we had only seen her in a wheelchair or lying on a mattress, now we meet her face to face!

3. After 4 years we worked in a standing position, facing her, and holding less; Martine had a better control of her head, she could keep it longer in position; she breathed out under water spontaneously, and her legs stretched easily.
4. After 5 years, to start with, we make her feel lateral rotation, we call her so that she would turn her head and so make a contra-rotation, we change her balance to provoke balance restoration movements. We give a purpose to her movements: stretch the arms to hold the side of the pool or to lean on the monitor's shoulder.
5. Now, unfortunately, she goes to the pool only once a week (and the parents see the difference), we continue to work on head control and stretching of the limbs. The arms are more difficult to relax but her legs move easily in water. Martine looks at us and answers her name, we feel she is all there. Her breathing is good and deep, except during big efforts when she holds her breath. She doesn't need anymore to be called all the time, reminding her what to do. We put her into a situation and she knows how to adjust to it. We have now reached a step of active participation, she answers the stimulations she receives, she recognizes situations and knows what we expect from her, or which movement she must control.

Our hope for the future would be a better adaptation to new situations, spontaneous balance restoration movements, meaningful actions like holding the side of the pool, grab something (or push it), touch the ground of the pool to stand up.

#### **Video of Martine for Nijmegen Congress.**

1. The videotape first shows Martine in her wheelchair, in 1981. She's making very few movements, her shoulders and her pelvis are hold. We hear some sounds she's making, which would tell her mood to the people who know her well. Her head is swinging from one side to the other.
2. The first pictures in water show the work done before the first Halliwick course we attended. We were holding arms and head, hindering her from moving or balancing her body in water. We were pulling her around the pool, stretching her limbs.

3. Then we see her one year after our first Halliwick course. We used to stimulate her when entering the water, to warm her up, stimulate the skin receptors, and help her to relax.
4. Water is stimulating at the immersed body and this strong stimulation eases the work. It is this way she will feel her body, its shape and locate it.
5. Martine holds her arms on her mid-line and listens. Her head leans on the monitor, she won't be able to balance her body if she doesn't hold her head. This is rather to feel confident in the pool!
6. During a year and a half we have repeated the same sequence: the left arm is held by the monitor, the right arm is free to move. Here Martine holds very well her head, which is still not always the case.  
 Now that the head is well in position, the monitor will ask her to stretch the right arm and will gently push her away from her to stretch the left arm. As it is often the case at the beginning of the sessions in water, the head is well controlled and the legs are retracted. This usually lasts 20 minutes.  
 Martine seems sensitive to the support she receives, she even seems to respond to it. This quality of communication is not possible on land.  
 When she stretches the right arm, she makes a contra-rotation, which means she stops the lateral rotation her body is making.  
 Then the monitor will hold Martine in a standing position and hold her very firmly, close to her. We mainly want to give Martine the experience of standing position, a position absolutely new to her, not possible on land. Here too we wouldn't miss the opportunity water gives us.  
 In vertical position, the water level on the body is important. The water level must be between T11 and S2 to allow the body to balance itself, through the head position. To push on the toe will help hip extension. The monitor continues to repeat constantly to her what to do, and congratulates every attempt. In a vertical position Martine does not control her head position any more. The monitor still allows her to lean on her.
7. In 1982, after two years of Halliwick work, at a time when Martine was going to the pool three times a week, we see on the video the work we were doing.  
 We can now sit Martine on the side of the pool, so she can participate already when entering the pool. Also she can feel sitting position on land, before feeling it in the water, and again on land. We allow her, this way, to compare the same position on land and in the water.  
 Before entering the water, the monitor tries to catch her eyes so that she will lean forward and hold her head in the right position.  
 Again we stimulate her when entering the water, but more strongly. This stimulates the hips and allows legs extension. But Martine is physically too much engaged, she cannot feel her whole body.  
 We think it is stimulating for Martine to change the

person she is working with, so that she will only count on herself.

We always start to work with the head, and we keep repeating constantly what we expect her to do. It is very difficult for Martine to hold her head and prevent it from falling forward or backward. The monitor is conscious of her eye level, so that when Martine looks at her, her head is in the right position.

8. It seems on the tape that Martine leans on the monitor's shoulder, as the monitor is still trying to catch her eyes, as if Martine was consciously avoiding it. We can observe in water that same movement from right to left, as it was noticed when she was sitting in her wheelchair. Then we show on the video the work on the legs, the purpose being that she touches the floor of the pool. We alternate work and rest, to avoid her from getting cold, to rest her attention, and to stimulate the body, through all the tactile receptors.

Again we work on the legs. The work is still passive, the monitor is guiding all Martine's movements, giving her the opportunity to identify in her body what is asked to her.

It is difficult to obtain Martine's collaboration, and she gets tired before the monitor does!

By talking all the time to Martine, the monitor tries to awake her and to stimulate her to answer. It is also considering Martine as a person.

By touching the side with the feet we reinforce plantar stimulation, to encourage Martine to seek this feeling on the ground of the pool. It is also so that she can compare what she feels on land and in the water.

One must remember that Martine had never stood before, her first standing experience was made in the pool, when she was over 20 years old.

Martine seems to lean on her arms, she holds them on the midline, symmetrically.

Work is being led a bit too fast for Martine's capacity to understand and coordinate, but we reach our objectives: Martine leans on one leg, and stretches one arm. Her scoliosis may explain why her left leg keeps away from the ground. This is the reason why the monitor should always stand on the right of Martine, to help her straighten up her body and correct her hip flexion.

9. Getting tired, she controls less and less her head position, but the monitor refuses to help. She has to make the effort and water will force her to do so. If she leans her head forward, she will soon know she shouldn't. Martine is still passive, she is learning to recognize her body positions, to identify her movements, and her balance reactions.

Out of the pool we continue the work. This way we see how much she benefits from water: hold a sitting position, control head position, stretch the arms. It is very important to continue on land if we want progress not only in the pool, and this is our work purpose.

10. Next sequence shows Martine 4 years later, with the monitor who has been working with her for the past five years and whom I thank again for her collaboration to this lecture.
- The main difference lies in Martine attitude: she doesn't need the monitor to guide all her movements, she is now active, she answers the stimulations and knows how to react. We feel her body now belongs to her, even if she does not control and direct all movements, we mainly feel her consciousness.
- This is what we call disengagement, physically as well as mentally, and it is disengagement that allows the person to own her body and her movements.
- She looks at the person who calls her. This head movement will allow her to correct lateral rotations and keep her balance in water.
- She spontaneously blows into water.
- We always follow the same working sequence: head, arms, legs.
- It is still difficult to hold Martine in water, but we help her less than 4 years ago, and the hold is lower, so that she must give a bigger effort to hold her head. Once the head is well controlled, we work with the arms. We insist much less on what she should do, she is now able to recognize situations and react correctly.
11. The monitor is asking her to look at her, and she holds her between T11 and S2, if possible she would hold lower, to force her to better control her head position.
- We always work very slowly, and very slowly is still too fast for the handicapped.
- Head is still moving sideways.
- The monitor leans on the side of the pool to be able to hold Martine away from her. You don't see on the picture how difficult it is to hold Martine lightly, and the huge effort Martine is making. It is the only time in the week that we ask her to be active, because water is the only element which allows her to be active!
- To help her stretch her arms we give her a target: we ask her to hold the side of the pool. We wish she would look at her hands, it would help her movements. Now we ask her to hold the side with the left arm, but no answer comes, so the monitor guides her left arm.
- Martine seeks the position, where her head is completely backwards, and enjoys it, she then breathes deeply and relaxes. The educator looking at her and talking to her will encourage this backward position: Martine looks for the sounds! This is why it is so important to stand in front of her, at eye level, so that her head position will be correct.
- Usually she relaxes her head backward after loss of tone, after 20 minutes in water, when legs start to stretch. Some days are happy ones, some are not. Martine's mood is not always the same, and the results in the pool can be very different one week from the other.
- We try to experiment in water what cannot be done in everyday life: sitting on someone's knees. She feels the

monitor's leg with her foot.

She now has some voluntary movements of the head, arms and legs, she seems conscious of what she is doing and of whom stands beside her.

We notice on the tape physical disengagement: Martine is held much further from the monitor. She gently touches Martine stomach to help the flexion of the body.

She often uses the monitor's leg to seek plantar stimulation, it is as if she had found the way to the ground. Now Martine is at the right depth to touch the bottom of the pool with her feet, which shall stimulate legs extension. When she loses contact with the bottom, her legs retract. When changing position we also notice this leg-retraction.

After about 45 minutes in water, the weekly session is over, and we shall ask Martine to continue her work on land. The hip situation is no better. To avoid lateral flexion we should take Martine out of the pool on the other side of the pool, so that we would always stand at the right of Martine.

12. Then the tape shows Martine after the pool session, on the bed where we dress her. One leg is in extension, and Martine shows her pleasure to be relaxed. Since the very beginning of our work in the pool, Martine has always seemed happy after the pool, she sings and seems to enjoy her relaxation, or perhaps the feeling of her body. We have achieved no miracle, we cannot say the results are spectacular, they are very little, at least the ones you can see, but we have avoided regression and maintained in a progression.

#### Conclusion.

To conclude, we may never succeed in teaching Martine to swim but swimming is only the smallest part of the overall objective.

If through our work with her in the water, she gains a pleasure from her life, if we can give her even the slightest degree of independence and social acceptance, then we will have considered our work to have been worthwhile. Not only for her but also for her parents who consider the work in the pool essential in Martine's progress during these last years.