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Humanity You Crave***

**With Linda Tellington-Jones,
Sandy Rakowitz & Elinor Silverstein**

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## **Using Tellington TTouch Body Wraps with Traumatic Brain Injuries**

**by Robin Bernhard**

The full version of this article was originally printed in the book

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Our first TTouch group for people with traumatic brain injury (TBI) was brilliantly created by Sandy Rakowitz, a TTouch Practitioner and Energy Medicine Healer of 20 years. Our meetings were held at a beautiful little farmhouse on Walnut Hill which doubles as Sandy's home and the home of One Heart Healing Center in Charlottesville, VA.

Sandy had the foresight to include a personal helper chosen by each participant to assist with transportation, group participation and practice between meetings. Two licensed psychotherapists, Jessica Eure, LPC, and myself, Robin C. Bernhard, LCSW, the co-owners of the Virginia Center for Neurofeedback, Attachment and Trauma provided information about the process of recovering from a traumatic brain injury.

Our small group consisted of three people with mild brain injuries, three personal support people, three professionals and an occasional volunteer to videotape. This set up permitted small group work for personal instruction and a larger group experience for support and sharing. Sandy's program consisted of six 2 1/2 hour meetings over the course of three months with three follow-up meetings over the course of the following year.

The use of **Tellington TTouch Body Wraps** was covered in two meetings out of a full program designed to teach participants TTouches they could do for self-help, recovery and empowerment.

The program adapted **the Whole Body Sequence** (previously developed for neurological issues with horses) and included the use of Ear and Mouth TTouches, Clouded Leopard, Heart Hugs, Python Lifts, Coiled Python Lifts and Labyrinth Work.<sup>1,2, 3</sup>

We found that TTouches and Body Wraps reduced the impact of many common brain injury symptoms.

Let it be noted that one of the participants did not continue with every meeting. Even this quiet and gentle approach was over stimulating for her nervous system and created pain. We are not certain, but we believe her reactivity had more to do with an unknown neurodegenerative disease process that seemed to be in a progressive phase rather than due to her older brain injury.

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For this article, we focus on the group experience with Tellington TTouch Wraps during the 4<sup>th</sup> and 5<sup>th</sup> sessions of our 6 session program. The Tellington TTouch Method uses Ace bandages as “wraps” to gently stimulate body awareness.

In our experience, spontaneous and playful use of the wraps fully enhanced the body, mind and spirit of all participants, including the support people and facilitators. The discussion below shows the multi-faceted benefit from this method of bodywork for people with pain, mobility, attention and memory problems and cortical irritability.

Understanding cortical irritability is an important component of working with brain injury. Damage to the brain produces instability and reactivity in the central nervous system. The slightest sensory input can produce enormous reactions from any of the affected senses and these reactions cause pain, affect the ability to sustain attention and create terrible fatigue.

Typically people with brain injury are susceptible to head pain from sensitivity to light, touch and sound, but the pain from over stimulation can be experienced in any location in the body depending upon the type of injury. The resulting disorganization and disorientation from severe cortical reactivity increases feelings of helplessness. The intention was for our group to become a source of empowerment.

All three participants had been repeatedly discouraged by their physicians from believing they could continue to heal and to reduce symptoms so many years post injury. Essentially, the message was to accept all limitations and get used to life as is.

The lack of direction for brain injury rehabilitation can actually result in setbacks and stagnation in healing when people with TBI worsen cortical irritability by pushing too hard and not resting enough. As will be reported below, Terri and Susan had impressive and exciting changes with each meeting. These improvements were cumulative over the entire six weeks and have held for years afterward. We checked in on Terri and Susan as recently as the time of this writing for current updates.

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### **Sandy introduced the concept of wraps this way:**

“In this booklet, *All Wrapped Up*, you may have noticed a page with a picture of a horse all wrapped up. I use the body wraps with dogs, horses and people.

Animals that are fearful, afraid of noises, that startle easily, that have difficulty focusing, noise sensitivity, don't have a clear sense of where they are stepping and who do not know where their body is in space show improvements in all areas.

We use a soft, stretchy, elastic Ace bandage that we put on in those configurations shown so that with every movement light pressure from the wraps gives feedback about the connections in the body. Breathing changes. It gets deeper.

In a matter of moments, the animals start walking and within minutes they settle down or lie down.”

Group members laughed as they studied the image of the horse shown to be wearing a wrap and wonder if they will have to get down on all fours for this wrap experience.

### **Demonstration with Jessica**

Sandy and Jessica Eure demonstrated for the group how the wraps could be used.

The chest/waist, arm and leg wraps were shown, with ample time for Jessica to feel and respond to the wraps.

The group members observed and discussed the changes that they were seeing.

This demonstration was offered to empower group members, who in the past, had not been provided with many choices following their traumatic injuries by the medical professionals that they had encountered.

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We wanted to make certain that our members had the opportunity to choose every aspect of their group participation.

A demonstration is a non-threatening way to introduce new information.

### **The Chest and Waist/Hip Wrap (Crossing Guard Body Wrap)**

Sandy placed the midpoint of the four inch wide elastic wrap at the nape of Jessica's neck, crossed it over her heart and brought the tails around and over the hips toward Jessica's lower back.

Sandy added another Ace bandage so that she could finish wrapping around Jessica's hips. Jessica noticed the wrap on the points of her shoulders and the points of her hips as she moved.

Sandy explained that this was a typical response. Through the skin's proprioceptive function, the wraps bring distinct awareness to some parts of the body and attention to the interrelationships and connections between parts of the body during movement. **The body's sense of space and movement through space is enhanced.**



Jessica is sensing the points of shoulders.



Jessica is relieved to alter position of leg wraps.

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### **Leg Wraps**

Sandy joined a wrap from Jessica's hip to her foot winding the wrap across the thigh, around behind the knee, around the calf and ankle down to the bottom of the foot.

Jessica said that her leg felt cool, like Vick's Vapor Rub as the gentle pressure from the wrap stimulated skin receptors to produce this response. Jessica's foot captured her attention. The group noticed that her foot was "going down differently" to the floor. Jessica started laughing and said that it felt like she had "head lights shooting out of all of her toes – like little flash lights. All the sensation is feet and toes!"

Sandy wrapped Jessica's other leg in a similar fashion. Jessica wanted to close her eyes and focus on the internal stimulation.

All of her attention was being drawn to her feet and toes and she felt like lying down to nap.

Suspicious that Jessica's reaction could be a sign of overstimulation; Sandy removed the wraps from Jessica's feet so that they stopped mid-calf. Jessica felt more awake.

She and Sandy agreed that tiny changes in the way the Ace bandage was placed on the body produced markedly different sensations and states of arousal.

Jessica said that the extra little bit of the wrap that had been taken from her feet and was now hanging from her calves felt like "huge dangling pieces of bandage." She looked down surprised to see how short the tails were. "You feel every little thing acutely."

Jessica said she was still aware of her feet; the headlights were still on, but not high beam.

### **Arm Wraps**

Sandy wrapped Jessica's right arm, again in a spiral fashion from the shoulder to her hand. Jessica, aware of her right arm, felt a sensation like

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an electrical current there and did not want to move her arm or her body. She felt stuck. Jessica evaluated this experience as mildly negative. Sandy promptly removed the wrap and Jessica's arm relaxed. Jessica had broken her wrist on that arm a number of years ago and it was now feeling a little bit painful.

Sandy wrapped Jessica's other arm, to explore the sensations of wrapping the side opposite from the injury. Jessica said her painful wrist felt better and now she only had a little bit of pain in two fingers in the hand on the opposite from the wrap. She became unstuck and walked. Jessica felt alert and present. She noticed that her breathing changed and that she felt both arms were glowing.

### **Summary of Wraps with Jessica**

Jessica described subjective sensory and proprioceptive awareness created by the light touch/pressure of the wraps while standing and while walking. She described what she liked and what she did not like. Her displeasure was respected by removing the offending wraps.

Jessica used vivid language to describe her increased awareness of the spatial relationships in her body. She experienced changes in her breathing pattern and changes in her emotional reactions to increased and decreased central nervous system arousal as the placement of the wraps was changed. When Sandy wrapped over an old wrist injury, Jessica experienced the development of a mildly painful body memory. <sup>4</sup> Jessica was relieved of the pain when Sandy wrapped the opposite side of the body. <sup>5</sup>

### **Demonstration with Terri**

Terri had a long career as a writer and musician when four years earlier, in 2004, she sustained a traumatic brain injury in a t-bone traffic accident that left her with:

- 1) balance and mobility difficulties,
- 2) a number of cognitive issues, including confusion, slowed thinking and problems with speech, vision, memory, word-finding, and decision making



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3) sensory integration issues and cortical irritability leading to pain, sleep problems, fatigue and extreme sensitivity to light and noise.

Terri continued to have severe headaches, dizziness, ataxia, visual impairment, confusion, memory problems, word find issues and grief over the many role losses in her life. Somehow, Terri was gutting it out.

It became clear to the group facilitators that Terri's recovery was imperiled because the demands of her job pushed her beyond the limits making severe headaches more frequent and exhaustion a daily experience.

Neither Terri nor her employer understood that people with brain injuries need years to heal and lots of rest every day to recover from central nervous system overstimulation caused by the demands of daily living.

For example, it is very common for people with brain injuries to be intolerant of the oscillating light from computer screens and fluorescent lighting which can trigger headaches. They need extra for sleep to recover from activities that were once a part of daily life.

### **The Waist/Hip Wrap**



Terri is orienting to the new sensations.

Terri loves the head wrap.



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Sandy applied the hip wrap, and without realizing it, Terri began to stand completely upright. Terri had not noticed the change in her posture because she was attending to her feet. They felt different, but so was Terri's stance.

While looking straight ahead, Terri's gaze gave her the appearance of being deep in thought or being called inward by the changes in proprioception.

That day, Terri had arrived as usual with slightly slumped shoulders, one higher than the other and with one foot curled slightly inward. Now, both feet were flat on the floor. Terri was mesmerized by the shifting sensation in her body as she moved from one foot to the other and gently explored her new posture by moving her hips ever so slightly from side to side.

As Terri walked around the room to explore movement, she was standing completely upright and walking easily without a cane. Terri stated that her balance had been just awful for 2 ½ years and that she often felt as if she might fall over when she walked.

Now, her gate was even and she enjoyed the freedom of fluid movement.

### **Head Wrap with Terri**

Terri expressed curiosity about trying a head wrap, but she intuitively knew she would never want one on her arms or wrists. She felt safe enough in the group to speak up and make that clear. Sandy supported Terri's choice and reaffirmed how each person would intuitively know where they would like to have the wraps and where they would not like to have them.

Sandy lightly wrapped an Ace bandage that was two inches in width around Terri's forehead with the overlapping ends dangling down her back toward the floor. The group playfully called this the Ninja wrap.

At this point, Terri was energized by the wrap and charged up by the group's building excitement about the change in her presence.

Power suddenly moved into her body and Terri felt it, too. Terri demonstrated her new found strength and balance by lifting one leg into the air as if to perform a Ninja kick! The group cheered.

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This was truly amazing. Terri said her mind was clearer and more relaxed. Terri appeared to be standing even more erectly and she said, “Wow, it feels cool. I feel more mobile. My head and neck all feel connected in a smooth way.



**The Ninja kick!**

Everything has felt all rocky and knotty. It has felt like my head doesn't fit right [on my neck] and now it does.

It is very comforting. It is not tingly like TTouch, it is all very smooth. It feels uniform throughout my whole head. It doesn't feel like a mess of tangled wires.

I feel like I can hold my head up which is often hard to do. Right now, it is like nothing. I forgot it was there.”

Sandy remarked how Terri was now showing a lot of subtle movement that was spontaneous when she usually needed to think about each movement to walk. Terri said it felt effortless to walk and hold her head up!

Sandy explained that there was no magical amount of time to leave a wrap on or take it off. She empowered group members with the suggestion that they could trust their intuition about how long they might want to wear a wrap and when they might want to move or remove it.

With the head wrap in place, Terri reported that she was aware of the back of her head.

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The bones that had been so painful in her skull did not hurt. In addition, Terri received some TTouch with the wraps in place.

She reported that “Things are talking in my body but not arguing. Not so much chatter that it is hurting. I am aware. My legs are trembling with all the new sensations. My head is really talking to my neck. The connection is stronger, but not hurting. Last time, TTouch got me really hyped up. This wrap helps contain it.”

**Summary of Wraps with Terri:** Terri delighted in sensory awareness and her Ninja kick showed the group that many changes could happen, almost instantly.

For example, while Terri was paying attention to her feet, she was standing erectly without realizing it. Terri said the waist wrap felt emotionally grounding. It had the affect of orienting her vertically (even though the wrap was horizontally located on her hips) and it helped her to stand erect without effort.

Terri showed better mobility and balance, fluidity and spontaneous movement throughout her body. Terri’s joy and excitement about her sense of muscular strength, improved balance and coordination filled her with renewed hope that healing could continue in spite of what she had been told by the medical establishment.

The group learned that the gentle sensory feedback from the wraps can create enormous changes in the body and that such exploration can be exciting and fun.

In the weeks following, Terri reported that she had some good changes. She startled the security guard at the main entrance to her office building when she went through the revolving glass door like everyone else. Terri reported that she struggled to orient herself within the revolving door and would often become confused and have to go around more than once to find her way out.

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Another development came as a pleasant surprise for her as a musician. Terri found herself humming lyrics to a new song. Until this week, she had been stuck in the music from 2004, unable to learn new lyrics or new melodies since the accident. This was thrilling for her.

Finally, some of Terri's repressed memory about the accident returned. Terri explained how placing her hands on either side of her head to feel her head wrap produced a flashback of head pain and memories from moments after she was hit at the stop light.

The flashback was physically painful and shocking. Terri realized for the first time the power of the blow she had sustained. This knowledge allowed her to see her strength and allowed her to ask for help instead of pushing herself to make up for what she had lost.

Days following the flashback, Terri noted how much lighter she felt emotionally. Terri knew that she could contact the facilitators for help between sessions and she did make a call for help processing this flashback.

**Terri's second wrap session:** Terri reported the following, *"I often feel like my head cannot hold up my neck, but I feel fine while I have this [wrap] on. I don't realize how much work it is to hold my head up all of the time. Even my knees feel better right now. Normally, I am afraid that I will go over, but I am not afraid now."*

After the flashback resolved, Terri could use the wraps on her head without further distress and continued to feel better and lighter emotionally. The group learned that simple sensory information could assist in the recall of lost emotional, cognitive and sensory memory. The recall of memory allowed Terri to realize the severity of the auto accident so that she could give herself permission to stop working and to pursue disability.

### **Demonstration with Susan**

Susan suffered a brain hemorrhage as a result of a ruptured aneurysm requiring emergency surgery to clip the leaking artery. Resulting damage

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was similar to that of any stroke, plus the addition of injuries from the surgery itself.

Susan has used physical therapy, speech therapy, yoga, Alexander technique, and massage to aid recovery. She has recovered her speech and much of her balance, but she continued to have headaches, neck pain, fatigue, memory problems and sensitivity to visual stimulation. She has chronic insomnia and a mind that won't turn off.



### **Waist Wrap with Susan**

Sandy began by placing the middle of the wrap at the back of Susan's waist. Sandy crossed the wrap in front and tucked the wrap smoothly in on the sides of Susan's waist. Like, Terri, Susan stood with attention inward surprised to find that the wrap was not very tight.

<— Susan's personal wrap creation to address her head and neck pain.

Sandy encouraged Susan to walk. Susan started to move forward, took a few steps forward and then backward and shook her head.

Susan said that she didn't particularly feel like walking. We thought Susan might be having a negative experience

with the wraps, but we were unsure so we waited to hear from Susan.

In retrospect, it is possible to say that this was Susan's orienting response. After moments of silence, Susan smiled and said, *"I am probably going to like this. If I have injured my ankle or something, I really like having a bandage on."*



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Susan straightened her posture and said that she would like more wraps. The group noticed that Susan's facial expression changed and that she now looked as relaxed, "as if she were lying on the beach soaking in the sun."

Susan recounted how after her surgery she had once told her yoga teacher that someone should make an elastic body suit that will help people to sit and stand in the right way. She was really pleased with the sensations.

### **Leg Wrap with Susan**

Together Sandy and Susan decided to wrap Susan's right leg. Sandy noted Susan's immediate urge to walk once the wrap was placed.



Susan's orienting response.



Susan's head, waist and leg wrap.

Susan said she was sensing how the wrapped side differed from the unwrapped side as she was moving. Susan said she was much more conscious of "*the level under the skin. It feels like there is more action down there. I am conscious of the wrapped side at the waist and down the leg and it is stimulating something there.*"

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Susan stood quietly releasing an occasional soft “*hmmm*” as she enjoyed the new sensations. Susan’s body appeared to loosen all over, ever so slightly. Another “*hmmm*” sound.

Susan began to show minute, subtle muscle movements all over her body accompanied by a slight swaying back and forth, a sign that the orienting response was complete and the body was now sensing safety. This was happening at an unconscious level.

Susan did not appear to be aware of any of these very subtle shifts in her posture and appearance. Then Susan said, “*Yes, I like it.*”

Sandy offered Susan another wrap and she agreed with a nod, giggle and a smile.

### **Head Wrap with Susan**

Susan became more forthright and asked for a head wrap that would extend around her neck as well. Sandy confirmed it would be fine to connect her head to her neck with one wrap.

Susan said that she thought she would really like that. Sandy gave Susan a choice between having her other leg or her head and neck wrapped and Susan replied that she would like to have both!

Sandy started with Susan’s head. She began with the end of the wrap and made one circle around Susan’s head wrapping over the end to hold it in place. “*Yes, I really like that. It feels very comforting. As I said at the beginning of the session, my head sometimes just feels like a ball. I suppose that instinctively I am protective of it so I don’t let myself feel what is going on inside my head – it is like concrete or something. This feels very comforting and energizing.*”

Susan decided that she would not need the neck or the other leg wrapped. She was ready to sit for a while. Susan walked over to sit on the couch. Susan appeared more relaxed and had more color in her face.

Susan heard from the group that her face appeared to be shifting before their very eyes. Susan’s face looked less pinched and drawn. Her mouth which had been pulled downward at the edges was now turning up.



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**Following week:** Susan: *“I tried wrapping my head and I slept like that. I slept well last week. I think the rest [sleep] was enhanced. I also put it around my neck and it was lovely, but I was afraid to sleep like that. When I do that [use the head and neck wrap], I feel the support all around my neck, shoulders and head.”*

*During this second session using wraps, Susan asked about using the wrap for her neck pain. Sandy supported Susan’s inner sense about where the wrap might be placed.*

Susan pointed to a lot of pain in her shoulder and arm.

Terri suggested that Susan might want the waist wrap first so that she would feel grounded.

Susan noted how the wraps felt calming and allowed her to focus.

She said, *“There is comfort, support and safety with the wraps. If something needs to come out, it can. I can let it come. I feel like I am closed in all the time, like I am holding it all in. [While wrapped] It is like my dreams [nightmares] aren’t going to hurt anything. You are quite safe like this.”*

### **Why Do Wraps Work?**

Our group experienced reductions in specific brain injury symptoms that had been present for years. These shifts occurred within a single wrap session and, then, new and unexpected improvements continued to develop over the next week or two.

The symptom reduction was amazing, but the fact that some of the long standing symptoms from a brain injury could improve with this simple, playful and inexpensive approach generated excitement, hope and expectations for further improvement.

So, how is it that Body Wraps are able to reduce some symptoms that medication, physical therapy or other approaches had not changed over the course of many years of rehabilitation following a TBI?

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In our TBI group, some changes occurred almost immediately after applying the wrap before the person was aware of the change. Group members could see the shifts in skin tone, subtle muscle movements, balance etc. before the person who was wearing the wraps could consciously take them in.

The shifts were quickly occurring in their body at an unconscious or precognitive, sensory proprioceptive level. Other positive changes in symptoms seemed to develop, almost on their own, following the session and continued to develop for weeks after just one or two wrap sessions.

### **Conclusion**

This article has been an attempt to describe the use of Tellington TTouch Body Wraps for people with brain injury and to inform those interested in using Tellington TTouch Body Wraps that there is a wealth of information already available from many fields of science that may help explain the dramatic changes that are seen when the wraps are used.

Some examples have been reported here from our brain injury support group but there have been hundreds of case studies like these from decades of working with wraps that may be found in the archives of the TTouch literature.

This discussion began with:

- The sensory and biochemical systems to explain how touch might produce positive feelings of connection and support.
- How feelings of connection and support help engage the calming portion of the Polyvagal System as a healthier alternative to the fight-flight-freeze response.
- The type of touch created by Tellington TTouch Body Wraps enhances spatial awareness with the potential to support harmonious well organized brain waves similar to those seen in meditation and peak performance and they may actually produce some of the same benefits for the body.
- At the cellular level, old memories of pain and fear have the potential to be changed in an instant.
- And finally and most spectacularly, the heart serves as the organizing

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principal for transmitting and processing all information from all of the cells and all of the activities in the body via many known physiological processes and through a lesser understood field of subtle energy called the quantum field.

The information from HeartMath Research Center suggests there are optimal low frequency states for healing that may be easily accessed, for example, through their work with heart rate variability training. This supports Les Fehmi's suspicions of a low frequency healing state, Anna Wise's work with healers who produce large amounts of low energy delta brain waves during states of healing and Stephen Porges' work about a low frequency biological system for recovering from stress.

But as Anna Wise emphasized, all of the frequencies are needed in a particular balance for optimal function. It just appears that the majority of the needed frequencies fall in the lower ranges. It seems reasonable to suspect, as Stephen Porges did, that there are indeed many entry points into the body's innate process for healing, no matter whether it is through touch, the breath, the heart or the mind, whether the entry points are at the molecular, cellular or quantum level because all are intricately linked via the heart. A shift toward health created through any one of the access points to our innate resources has the potential to shift the entire system.

It seems fitting to end with a discussion of the heart, as that was where the entire journey began. It was Sandy's desire to help that led her to offer a support group for people with brain injuries.

We did not know how effective the group would be or how it might be received. All of us, the participants and facilitators, shared in the thrill of watching these changes for the very first time.

The results were so amazing that Terri and Susan were pleased to have their photographs included and their personal stories made public so that others might be helped. Thank you to Terri and Susan. We are deeply grateful.

### **End Notes**

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