

# MOVEMENT SHIATSU AS DEVELOPMENTAL PROCESS

By Bill Palmer

This case history describes a period of therapy with a young woman, who I will call Sue, which was on the borderline between psychotherapy and Shiatsu. As with many people with chronic conditions, she initially presented purely physical symptoms, which were, in fact, relieved by the therapy. However, this story traces how she used the focus on the body to deal with a past trauma that might normally be the province of psychotherapy.

In slight contrast to the dictionary definition, I define a condition as chronic when it becomes part of the fabric of the personality and distorts the 'weave' rather than being something that is temporarily painted onto the fabric. In other words, a condition is chronic when it becomes part of the person's self-image and they start referring to "my bad back" rather than saying "I've hurt my back". By this definition, even a long term illness need not be 'chronic', as long as a person has not incorporated it.

The approach called Movement Shiatsu [1,2] specialises in dealing with such chronic conditions by stimulating blocked developmental processes. Its paradigm differs from the usual model of diagnosis and treatment, although a diagnosis frequently emerges from the process of the therapy. Instead, it focuses on helping the client to develop self-awareness and on giving them tools to experiment with new patterns of embodiment and behaviour.

This attitude is familiar in the context of oriental medicine, whose philosophy often states that facilitating self-adjustment works better than planned intervention. However, it is also supported by recent theoretical research by Dirk Helbing, a physicist at the Swiss Federal Institute of Technology [3,4]. Helbing has been doing research into systems that are complex enough to sense their environment and which have the ability to adjust themselves. This obviously includes people! He proves that, if such systems get into a problematic state, the cleverest external adjustments will not work efficiently, while helping the system to adapt itself *in response to its senses* quickly and automatically evolves an effective solution.

The problem with chronic conditions is that the person is not responding to their senses, they are responding to stories about themselves, which have grown around the condition, so this self-adjustment does not take place. This case history shows the different ways in which Sue avoided being present in her senses and gives examples of using experiments as well as touch to help her to feel herself rather than 'narrate' herself. Because the self-adjustment initiated by this took place in her body, in her emotions and in her behaviour it can properly be described as a change in her 'energy'.

## Energy and Shiatsu

Like the energy in physics, the Qi of Oriental Medicine is not a substance or a force but a property which manifests in different forms and which expresses the potential for change. **It is a pattern that remains recognisable in different aspects of the manifest world.** For instance, the Organ Qi of oriental medicine describes functions of the organism which manifest analogously in the anatomy, in the physiology and in the behaviour. I don't think this is the same 'energy' that physicists work with, but describes a property of the same kind, recognisable at different levels of existence. I believe these patterns are as 'real' as the energy of physics. However, the only instrument we have at present, which is sophisticated enough to perceive these multi-modal similarities, is the human brain, so it is tempting to think of the perception of Qi as a subjective process.

Developmental themes are a good example of these patterns because we learn them through bodily movement as a baby, through play as young children and at later ages through relationships. A developmental theme is the process of learning a life skill such as 'The ability to get support from the outer world'. Babies learn to do this through feeding and then through a progressive toning of the muscles that

contact the ground, allowing them to push against it to move [5]. Adults continue to explore this theme, for example, through learning to trust friends and learning what foods they need to be healthy. Oriental Medicine names this skill the Stomach Qi, maybe originally because the stomach organ was seen as a physical metaphor for this capacity to receive nourishment.

More generally, the art of Shiatsu is perceiving these multi-modal themes and working with their physical manifestation. So by working with the body, one is actually working with all the different aspects of a person. This is not so much an intellectual process as an artistic act, like the writing of a poem where the use of metaphor or a clustering of words can make linkages in our emotions, our relationships and our whole view of ourselves. Poems and energy are only really grasped by the intuition which sees the whole rather than the intellect which takes things apart.

*i can entirely her only love  
whose any mystery makes every man's  
flesh put space on; and his mind take off time  
that you should ever think, may god forbid  
and (in his mercy) your true lover spare:  
for that way knowledge lies, the foetal grave  
called progress, and negation's dead undoom.  
I'd rather learn from one bird how to sing  
than teach ten thousand stars how not to dance  
e.e.cummings*

## **Quality of Touch**

In Shiatsu, I think that it is the quality of touch more than the location of the pressure that makes the difference. This quality of contact also extends into the whole relationship between practitioner and client. For instance, someone like Sue finds it difficult to accept support because they are not secure in their sense of self and so easily feel 'invaded' even if the contact is benevolent. With such a person the practitioner might know that she needs to build up her ability to protect herself. Nevertheless, he may trespass on her boundaries making interpretations or asking her questions about an aspect to which she has not given him permission. In that case his work in the physical mode would be contradicted by his verbal contact.

In this case history, I try to show how all aspects of the contact with the client contribute to the energetic therapy. I hope that the reader can see the common energetic intention running through the quality of touch I used: the verbal interaction, the meridians that we worked with and also the physical and behavioural exercises and experiments that she learnt.

## **The Medical Story**

Sue was a single American woman in her twenties. She came to work with me saying that she was very stressed and suffered from frequent migraines and extreme period pains.

This presentation was the 'medical story' – a description of physical symptoms, to which the client is a victim. People coming to a body based therapy often start by presenting a medical story. However, with chronic conditions, as I have defined the term, the physical issues are entwined with the person's self image, so treatment is more complex. In such a situation, I believe the most useful intervention is helping the client to discover themselves instead of searching as an expert for the causes of the condition. If the client can make the internal connections themselves, then their view of themselves naturally transforms and the physical symptoms can be released from their stuck position. Helping the client to relate the medical story to sensations in their body often initiates such a process of self-discovery.

In Sue's case, as she started to talk about her pain, I noticed that she hunched her shoulders and retracted her neck. I suggested that she pay attention to this movement and asked her to let it develop into a gesture.

She raised her arms as if warding off blows from an assailant. She looked scared and her breathing was shallow, her back rigid and jaw clamped. At this stage, I was not trying to understand anything, but was simply helping her to transfer the verbal story to a sensation in her body

I suggested that she notice which parts of her body were moving when she breathed. I then said that I would place my hand on different places to see if she could expand her breathing into those places. This was not in order to 'treat' her. I was starting to challenge her victim-relationship with her body by linking her sensations to conscious action. However, immediately I touched her ribs, she burst into tears and said that she felt scared.

I didn't feel that she was asking me to stop touching because her tissues did not contract. Instead, I felt that she was hungry for contact but that was afraid of it because of a past trauma. However, I think that it's important to be careful to only work at the level at which the person has given permission. **Sue at this time, had only talked about her physical symptoms, so I refrained from exploring other avenues.** Instead, I simply asked her whether she wanted to continue what we were doing; she agreed. At first she found it extremely uncomfortable but, after a while, she became calmer and relaxed her whole body. We spent the rest of the session gently trying other places to breathe.

Because one's intuition often latches onto a truth about the client through the subtle messages received through touch, it is tempting to share these perceptions. It also gives both client and therapist a sense that they are getting somewhere, and creates a comfortable illusion that the therapist knows what is going on! However, I feel that interpretations given too quickly can encourage the client's nervous system to leave the present and to get caught up in new (diagnostic) stories. Instead, if one leaves a client with the uninterpreted sensation of their process, it may be less comfortable but it stimulates their awareness to go deeper. Sue demonstrated this in the next session.

## The Historical Story

In the next session, Sue arrived with a migraine, looking pale and drawn. She said that the previous session had reminded her that, as a child, she had had a dreadful skin disease, which meant that any touch was horribly painful. She couldn't be cuddled, comforted or play with other children for years. She felt that her reaction in the last session was connected to this.

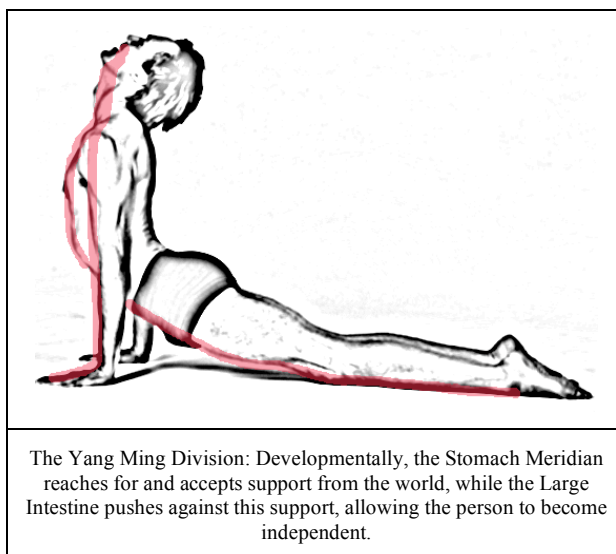
**Sue was here giving me permission to work at a deeper level than the 'medical story'. She had introduced the 'historical story', which often recalls a traumatic experience or a painful episode.**

To bring the story into the present, I asked Sue how she responded to being cuddled or comforted in her present life. She said she felt irritated by what she called the 'hugging culture' and, although she talked in some depth to her friends, she was not physically affectionate. I suggested a physical experiment to try to bring this awareness to the body rather than the emotions. I moved to the far corner of the room and slowly moved towards her, asking her to comment on her sensations. When I got to a distance of about six feet she said she felt uncomfortable and was starting to tense up.



I noticed that she was contracting away from my approach and pointed it out. When she became aware of this, I suggested she consciously use an energy which was not contractive by holding up her hands and saying "NO!" whenever she wanted me to stop coming closer. After, overcoming some embarrassment she suddenly started to fully engage in the NO! and her gestures became powerful and commanding.

This process is a technique for helping the ‘victim’ to transform into a more potent role. In this case, instead of feeling that she was *failing* to allow people to get close, she was starting to feel she was *succeeding* in keeping them away. Often, when someone feels that they can make a positive choice to reject, then they feel safe to accept. In terms of meridians this phenomena shows the action of the Yang Ming division (Stomach and Large Intestine) in the organism. The Stomach Energy reaches out to get things from the outer world and accepts them (swallows them) into ourselves. The Large Intestine Energy releases and rejects that part of the incoming energy that we are not ready to accept. The common theme is in maintaining healthy boundaries so that you can accept the support of the outer world without being smothered by it. In developmental movement, the Stomach meridian accepts the support of the earth while the muscles along the Large Intestine push to move the body away from the ground.



You could say that in Sue’s case the Stomach Energy was inaccessible to her, while the Large Intestine was over-reactive. But to try to support and activate the Stomach Meridian directly would have been a mistake since she was too traumatised. She couldn’t authentically say ‘YES’ because she didn’t feel safe enough. However, by helping the energy in the Large Intestine to become alive rather than stuck, she felt protected by its ability to reject and was able to relax.

The point that this illustrates is that a person’s development has to start from where they are, not where they want to be. Trying to get Sue to accept closeness at this stage would be too hard for her. With chronic difficulties, supporting the ‘Kyo’ may not be possible until the client is able to bring the compensatory ‘Jitsu’ into awareness, value it and release their feelings of dependence on it. I often find, in chronic cases, that the work follows the Jitsu and allows it to lead the therapy to the Kyo, instead of searching for the Kyo straight away. We had come to the end of the second session and Sue said she felt good about the work. Her migraine had disappeared.

## Physical Clichés

Sue started the next session by saying that she felt able to start hands-on work.

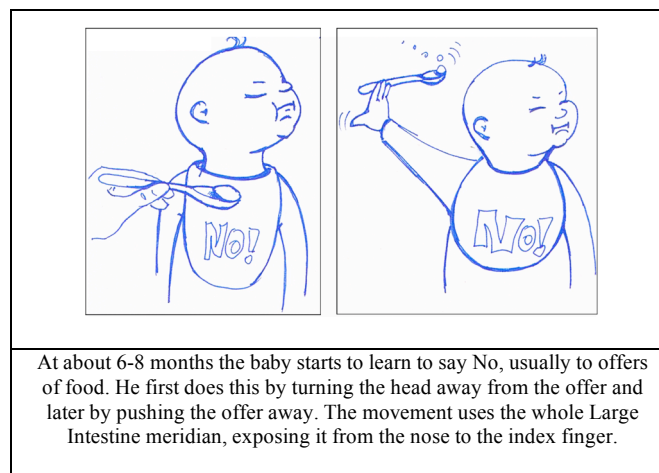
I had my doubts, for reasons I will explain later but, following the basic principle of starting with the direction that the client presents, I suggested to her that we try the breathing experiment of the first session again. I instructed her to watch for any signs of tensing against my touch and tell me to stop when that happened.

I placed my hands on the side of her ribs, touching SPLEEN 21 (Dabao), and asked her to try breathing so that her sides expanded. After a little while, although she was succeeding in the experiment, I felt that nothing was happening. I felt that the feeling of contact, so strong in the previous session, had evaporated. I asked her what she was experiencing. She said that she felt irritated by the experiment.

I asked her whether she wanted to say 'STOP' and she said, in a lacklustre way: 'No. I've got to give it a go.' After a few seconds she said 'I'm lying, I want you to piss off!' Immediately the feeling of contact was back. She felt it and laughed. 'I want YOU to PISS OFF!' she shouted with glee, 'I DON'T want you to TOUCH ME!'

Dealing with chronic conditions almost always means that deeply buried feelings start coming to the surface and the therapist's job is to support the client in remaining present within them rather than trying to calm them down.

However, one can easily get lost through processing feelings emotionally and I prefer, again, to help the client to embody the underlying energy through physical action. In Sue's case, I showed her how the Large Intestine energy develops through pushing-away movements in a baby using the whole Large Intestine meridian.



We then explored how this develops into a forward push, using the muscles along the meridian to rotate the arm, giving much more power than a non-rotational movement. These movements are used instinctively by boxers to deliver maximum potential to the punch. I encouraged her to use the same movements, as well as swearing more, to defend her boundaries.



In this picture one can see the pushing power developed by the muscles along the Large Intestine meridian which not only extend the arm and shoulder but also rotate the limb. It is this rotation that gives the feeling of power and connection to the movement.

Because she could sense the power of the movements, she was able to fully engage with the energy without getting lost in the emotion. After a few minutes, the energy seemed to evaporate from her voice. I asked what had just happened and she replied:

‘I just realised that I don’t want to keep you away but don’t know how to let you in.’, she said.

These moments are key points in a session. I had doubted her desire for bodywork at the beginning of the session because I intuitively felt that the energy of rejection – woken up in the previous session - had not completed. In this session she went all the way through her embodiment of rejection until the energy was satisfied and the complementary energy could start to grow. I am continually impressed by the practicality of basic Taoist philosophy. Instead of trying to inhibit an energy, if you encourage it to complete, then it naturally lets go and gives space for it’s opposite.

In order to allow the new direction to emerge authentically, I suggested to Sue that she close her eyes and explore the sensations in different parts of her body. After a minute, she said that her lips were tingling. She started to push her lips out and then made a loud smacking sound. ‘I want to be KISSED!’ she said. But she sounded as though she were acting. I was convinced she had fallen into a ‘physical cliché’. I asked her to allow her lips to move again, but with the smallest movement possible.

A physical cliché is a movement that the nervous system is conditioned to associate with certain actions (like kissing). If the movement reminds the person of that action then they can easily go off at a tangent in their process, getting caught up into the conditioned emotions and memories associated with the cliché. The

point of suggesting a very small motion is to avoid the creation of a recognisable gesture that could trigger a physical cliché.

Sue started trying to move the sides of her mouth. She started to lift her chin and turn her head as if groping for something with her mouth. Suddenly her movements felt really authentic, she was doing something in the present without a concept of what it was, but the movement was nevertheless charged with intense energy.

I realised that she was ‘rooting’, like a small baby searching for the nipple. These movements are a fundamental part of the reaching stimulated by the top part of the Stomach Meridian [5]. In a baby, the ‘rooting reflex’ is stimulated by touching STOMACH 4 (Di Cang). Sue’s motions were starting to get larger and more dramatic, when she suddenly became rigid and tentatively held out her hand to me.



**Rooting reflex:** the first reach learnt as baby, stimulated by Stomach 4. The reflex turns the head towards the touch and opens the mouth preparing the baby to latch onto the nipple.

Since the rooting reflex is the start of the baby’s ability to reach, I wanted to encourage Sue to stretch out instead of resolving the situation by taking her hand. So I held out mine and waited for her to find her own way to contact. I held her hand at a distance, the tension in her body moving up until her throat was absolutely rigid.

After a short while, I felt it was the ripe time to suggest that she try swallowing to stimulate the next action of the Stomach Meridian, which is accepting nourishment. All at once her body relaxed and we ended the session with tears silently streaming down her face, with the feeling that an important step had been taken. She had discovered the direct experience of letting someone in.

## Forms of Touch

During the following sessions, we started to do work on the body. Sue was using each session to practice and strengthen her ability to accept contact and, if she couldn’t accept it, to consciously and powerfully reject it. Instead of describing the Shiatsu in detail, I would like to focus on two of the Forms of Touch used, and to explain their energetic function.

When I touched Sue, I usually felt two messages in the response of her tissues. The first was wariness or even fear. I felt she had a shell around her and that touch did not reach her. It was not that she was tensing against me but that, in some way, her tissues lost their life. I guess that contact either recalled the pain of her childhood illness, or triggered an emotional memory of how difficult that time was. Her energetic response was to withdraw and to avoid feeling.

The previous no-touch work was essential to show Sue that she could open her shell in the knowledge that, if the feeling got too intense, she could protect herself. My first target in doing hands-on bodywork, was to show her that she could retain that safety even while she was being touched. To do this, I used a Form that I call Yang Ming Touch. This is more than just a technique, it is also a quality of relationship which focuses on ‘clarity about boundaries’. Therefore, my previous care not to dig for historical reasons for her condition before she introduced the subject herself was an aspect of Yangming Touch.

However, the physical aspect of this form of touch involves meeting someone at their boundary and waiting to be invited before going deeper. Therefore, when I felt her ‘dead shell’, I did not try to press deeper to find life, but took up the slack in the tissues until I could feel their elasticity and then waited for her to choose whether to let me in or not. This form of touch can be practiced by stretching too, in which case one

takes up the slack and waits for the tissues to release by 'choice'. It gives the message: "I am willing to meet you but I will come forward at YOUR pace".

Sue described her response to this touch as "a breath of fresh air" because she didn't feel pressurised by me or by herself to be different. In fact, most of the pressure came from herself and her view of how she should be, and she took a while to let go of it, but this form of touch was a continuous theme eroding her habitual sense of pressure and giving her space to be herself.

The second message I received from touching her was that she was hungry for contact, her body seemed to pull at my fingers and I noticed that when she did let me in, she seemed to collapse; her breath rushing out of her like a balloon deflating, but also with a sense of relief.

When she did allow me past the shell, I started to work with a Form I call Taiyin Touch because it stimulates tone in the flesh (which is related to the Spleen Function) and self-expression (which is related to the Lung Function). As with all the forms of touch, this is a quality of relationship which expresses itself in the physical contact. The focus of Taiyin touch is to amplify and bring awareness to a person's 'bounciness' or responsiveness.

The physical aspect of this form is encouraging the flesh and the organs to have balanced tone – neither to be hard nor to be collapsed. Technically it involves linking that part of the body with the breathing and encouraging it to expand from the center, as if there was a balloon inside. This is a very different motion to the way in which the muscles move the body in action and has the effect of 'inflating' the tissues, so that they become bouncy and responsive.

Sue sometimes used all of a session to explore this energy, sensing her internal organs and helping her flesh to inflate and tone. However, I think the most useful aspect of this Form for her was its manifestation in our interaction. Taiyin interaction is simple, warm and responsive. So when she expressed something to me, I just gave my heart-simple response rather than a strategic thought-out opinion. I think that this gave her a sense of reality and solidity. What she said produced a direct response, therefore she felt 'I exist' and 'I matter'. One could feel her expanding and opening in that emotional environment.

These examples confirm my belief in two principles:

- 1) In Shiatsu, HOW you touch is more important than WHERE you touch.
- 2) How you relate has as much effect on the energy as how you touch.

### **Integration with Normal Life**

After a few months of work, Sue said that she felt much better physically – her headaches had almost stopped and period pains had significantly reduced in intensity. During our sessions she felt more able to accept touch and comfort, but she still found it hard to sustain any closeness or intimacy in her normal life.

We started to discuss how she could start to transform her normal life with the skills she had practiced in our sessions. Sue used the lessons of her bodywork to work with an important friendship. This friend was quite dominant, acting out the critical mother to Sue. Because Sue had found it impossible to make clear boundaries in the past, she found herself trapped in a relationship in which she felt 'smothered'. She felt that she had no option but to protect herself by withdrawing.

In one session, she experimented with feeling her physical reaction to her friend, imagining confronting her. She felt the weakness in her abdomen and legs (along the Stomach Meridian) that maybe traced back to an unfulfilled longing for her real mother's contact when she had the skin condition as a child. However, instead of feeling a victim to this, she used the strength she had developed in the Yang Ming to feel firm and to feel how to create comfortable boundaries, as one adult to another.



She reported in the next session that the relationship had completely changed and she felt really close to her friend for the first time. When Sue had challenged their usual roles, her friend had felt hurt and rejected, and tried to manipulate Sue back into their habitual position, but Sue had been able to maintain her strength and tell her friend that she loved her but also wanted space for herself.

At this stage, we both felt that Sue had 'graduated'. She no longer needed me to assist her. If you think of therapy as a developmental process, she had effectively 'grown up'.

## **Principles for working with Chronic Issues**

Chronic problems are like prison, and the sufferer needs to overcome the phenomenon of *institutionalisation*. A prisoner during a long sentence may desperately long for freedom but, on his release, finds freedom frightening. He starts to long for the security and familiarity of his cell, and may re-offend, in an unconscious attempt to regain it.

Sufferers from chronic conditions are faced with a similar dilemma. They want to be free of the problem but their body and personality have adapted so much to the condition that they find change difficult and frightening. It is not enough just to help such a person back into balance, because they will be inevitably drawn back into their familiar, but problematic, state. Instead of trying to move a client's energy into a particular state, I find it more helpful to have no target but to trust the client's developmental process to do the work. This case history has illustrated three aspects of this approach

### **1) Transforming Story to Sensation**

The 'medical story' (symptoms), 'historical story' (past events) and 'physical story' (physical clichés) are all examples of conceptualisations, which fix and condition the client's view of themselves. To liberate the client's energy these stories need to be brought into the present. I find that focusing on sensation is one of the best vehicles for coming into the present and exercises, experiments and bodywork emerge spontaneously from this focus.

### **2) Making the quality of relationship consistent with the bodywork**

The development of an energy skill takes place at many levels. In one's tissues, in posture and in one's relationships. The therapist needs to be consistent at these different levels, to relate to the client with the same energy as he uses when he touches. Equally, the client needs to practice the energy in interaction as well as in physical movement. Learning a developmental skill takes practice, just as in sport or playing an instrument.

### **3) Experimenting with behaviour to bring the therapy into normal life**

Although the client may be learning to incorporate new and more choice-full ways of being during the therapy session, they often find it difficult to maintain or use this awareness in the rest of their life.

Each person, with whom they are connected, has their own reasons for being in the relationship. A change in the client may mean that the pay-back that their friends have enjoyed is no longer available and their friends may unconsciously try to sabotage the change. Peer pressure is powerful and it is difficult to maintain one's new found clarity, while your friends are clamouring for you to return to your familiar old neurotic self!

Our sense of self is largely produced by the way we fit into our web of relationships. In fact, this web could be called the '**extended self**'. A change of self is not fully complete until these roles alter to transform the way in which other people perceive us. Only then can we continue in the new state without relapse or interruption.

## Conclusion

Not all clients take to this work as well as Sue and this approach is not a formula that will work for everyone. Some clients need support and nurture rather than experiment and challenge. With some people I have spent a year or more doing straightforward bodywork before they feel that Sue's type of work becomes possible. With some people, this type of work will never be what they need or want.

The skills of a therapist are similar to the skills of a good parent: To facilitate growth in a client without imposing your own opinion on the best direction to take. However, one of the most important parental skills is the ability to change the relationship according to the age of the child.

The same is true for therapy. I am continually asking myself "What age is this client now". Sometimes a person feels like an 'infant', so needs non-verbal, non-confrontational support. Sometimes they are a 'teenager', so need strong boundaries and clear communication. By seeing therapy as 'development facilitation', these changes of role become a natural and useful part of the therapeutic process.

Sue illustrated this well in her journey from traumatised child to potent adult. Nothing in her history had changed, only the way she responded to it. For me, this ability to include and accept difficulties is the greatest challenge and the greatest benefit of growing up.

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