

DEVELOPMENTAL PROCESSES IN CLIENTS WITH CHRONIC HEALTH CONDITIONS

Bill Palmer MRSS(T)

*This article is formed from extracts of a forthcoming book, entitled *The Tiger in the Grove: Developmental Process Therapy*, by Bill Palmer. Bill was one of the founder members of the Shiatsu Society and specialises in working with chronic conditions, where processing emotional stuckness is as important as dealing with the physical aspect of the issue. Developmental Process Therapy is a way of using Shiatsu insights to help people process life issues through the body. Using this style of work, some deep developmental or personality problems can be resolved through bodywork in a relatively short time.*

All our chronic conditions are etched into the way we use our bodies. But the body is very tangible and you can learn to move consciously. However intractable and problematic a life issue is, if you can discover how it is embodied, then you have a handle on how to experiment, to loosen up, to become unstuck and to move within the body you are.

Ideals like 'health' and 'balance' take us away from the present experience of who we are, they dilute our present struggle to live fully now by making the present feel deficient and focusing on a dream of future perfection. The future may be too late. I believe it is better to learn to live fully as you are than to waste time trying to reach an ideal state.

This article illustrates this principle by tracking one of my clients through their therapeutic process.

1. The Story

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

This was what I call the 'medical story' – a description of physical symptoms, to which the client is a victim. Notice that, as is typical with such stories, Sue had no choice about the symptoms that form the medical story. People coming to a body based therapy often start by presenting a medical story. If they initially perceive their problem to be emotional they would tend to choose a form of psychotherapy to help them.

In chronic conditions the medical story is usually the tip of the iceberg, but the important point is that *this is where to start*. I believe that there is no point in looking for deeper causes from an expert's point of view because it doesn't help the client to have more choice. **Unless clients can make the connection themselves, it only transforms the client from being a victim of the condition into a being dependent on the therapist.** Listening to the medical story, however, usually gives an entry point into the client's deeper process if you can find some way of relating the story to sensation.

In Sue's case, I started to move her into the present by suggesting that she get into a posture that expressed her experience of the symptoms that she had listed. She hunched her shoulders and raised her arms as if warding off blows from an assailant. She looked really scared and her breathing was shallow.

I suggested to Sue that she notice which part of her body was moving when she breathed. I then said that I would place my hand on different places and I wanted her to see if she could bring her breathing movement to those places. This was not in order to 'treat' her. At this stage I was only starting to bring her awareness

from the story to her body. However, immediately I touched the first place, on the sides of her ribs, she burst into tears and said that my touch frightened her.

I asked her whether she wanted to continue what we were doing and, when she agreed, suggested that she continue trying to breathe into that place. At first she found it extremely uncomfortable and difficult to stay with the experiment 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.

I did not feel it was the right time to try to explore her extreme reaction to touch. Instead, I concentrated on helping her to become aware of sensations in the present without analysing them. If deeper analysis goes too fast then the client can only *describe* their state (which forms another story) rather than *experience* it in a way that gives them new choices.

If therapists interpret their perceptions too quickly then they are encouraging the client's nervous system to leave the present and to get caught up in new stories. The therapist's interpretations may be good for his ego but, I believe, in most cases, are not helpful for the client's process.

2. The Second Session

In the next session, Sue arrived with a migraine, looking very 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.

Historical stories are often moving and there is temptation for both client and therapist to explore and release the associated feelings. In this way of working, however, feelings are respected and acknowledged if the client expresses them, but the therapist does not dig for them and always tries to guide the client's experience into their sensations rather than their emotions, since this gives the entry point for creative bodywork ...

After talking with Sue for a little time about how she felt about this episode in her life I asked her how she responded to being cuddled or comforted by friends in her present life. She said she felt very irritated by what she called the 'hugging culture' and, although she talked in some depth to her friends, she was not physically affectionate.

At this point I suggested a physical experiment to change the context to the body. I asked if she would be willing to try to explore how she reacted physically to closeness instead of describing the emotional feelings. With her agreement 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 6 feet she said she felt uncomfortable and was starting to tense up.

I noticed that her movement was retreating and contractive. When someone reacts to a stimulus by in this way, they subjectively feel themselves to be a victim to the stimulus. When she became aware of this, I suggested she consciously experiment by holding up her hands and to say 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 an example of a common theme in this way of working. **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 Meridian reaches out to get things from the outer world and

accepts them (swallows them) into ourselves. The Large Intestine Meridian rejects that part of the incoming energy that we are not ready to accept.

You could say that in Sue's case the Stomach Meridian was Kyo, while the Large Intestine was Jitsu, 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 Jitsu energy in the large Intestine to become alive rather than stuck, she felt protected by its ability to powerfully reject and was able to relax.

The important 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 like building a house starting with the roof instead of the ground floor. We had come to the end of the second session and she said she felt good about the work and her migraine had disappeared.

3. The Third Session

Sue started the 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 SP21, 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 somehow Sue had disappeared – 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 and by my questions.

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!'

There is a common and dangerous preconception amongst body-therapists who often try to calm the energy down when the session brings up intense emotions. 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.

It is easy to become lost in the stories while working verbally. Instead, we help the client to embody the underlying energy.

While energy is a hard word to define, in most cases an emotion has a direction of movement. By encouraging the client to express that direction through physical action, the energy is acknowledged and embodied without getting lost in the emotion or denying its force. In Sue's case I encourage her to swear more and use the energy of the words to keep me away. For about 15 minutes she was fully engaged in this. Then 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 instinctively felt that the energy of rejection – woken up in the first session- had not completed. In this session she went all the way through her embodiment of rejection until the energy was satisfied. This opened the door for a new phase. The direction a new phase might take is usually unknown. I find that going back to sensation allows the new direction to emerge authentically.

I suggested to Sue that she closed her eyes and explored the sensations in different parts of her body. After a few minutes, she said that her lips were tingling. She started to push her lips out and then made a loud smacking kiss sound. 'I want to be KISSED!' she said. But she sounded as though she were acting. I felt real emotion behind her statement but 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 their conditioned emotions and memories associated with the action. 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 making 'rooting movements' similar to 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. The rooting movements were starting to get larger and more dramatic when she suddenly became rigid and tentatively reached out her hand to me. I held out mine but did not grasp hers, allowing her to find her own way to contact. I held her hands at a distance, the tension in her body increasing all the time. I noticed that her throat was absolutely rigid and, at last, felt it was the ripe time to suggest that she try swallowing. 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.

4. Later Sessions

During the following few months, our work resembled traditional Shiatsu doing bodywork appropriate to the energy of the day but Sue was also using each session to practice and strengthen her ability to accept touch and, if she couldn't accept it, to consciously and powerfully reject it.

This phase illustrates one of the basic principles of this work. **Change needs practice and repetition.** There need to be long periods in any therapeutic relationship which seem a humdrum, even boring repetition of the same issues without the excitement of the first revelation. It is vital to realise that these periods are essential. During this time, the client's nervous system is practising the new ways of being and confirming the powers that first awoke in the dramatic sessions.

After about six 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 experiment in her normal life with the new skills she had practiced in our sessions.

This is the third principle of this work: **Integration of the things learnt in the actual sessions into the whole of life.** The physical experiments devised and practised during the therapy act as a support for behavioural experiments that the client tries out in their life. Sue, in particular, used the lessons of her bodywork to transform an important friendship with an older woman. This friend was quite dominant, acting out the critical mother to Sue, who felt suffocated. Sue had found it impossible to make clear boundaries in the past and, as a result, had no option but to protect herself by withdrawal.

Within one session, she experimented, in imagination, with feeling her physical reaction to her friend. She felt the weakness in her abdomen and legs (along the Stomach Meridian) that probably 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 Large Intestine meridian to feel firm and to feel how to say no naturally, as one adult to another. She reported in the next session that the friendship had transformed and she felt really close to her friend for the first time. Her friend had kicked up a fuss, acting the drama of being hurt and rejected, but Sue had been able to maintain her centre 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. She still occasionally comes for some support, but, if you think of therapy as a developmental process, she has effectively 'grown up'.

The Three Principles

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 that freedom frightening and upsetting. 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 aim, no diagnosis but to trust the client's developmental process to do the work. My role is an assistant to the client's process, and three principles help me to keep this focus:

PRINCIPLE ONE: Start from Direct Experience

Transform 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. The therapist focuses first on awareness of sensation because sensation is one of the best vehicles for coming into the present.

Listen to the direction of energy through movement Awareness of sensation initiates authentic movement. If the client learns to be aware of the direction they want to move, then they also become aware of their blockages and disconnections. The focus of the bodywork emerges from this. There is no need for an expert, mysterious process of diagnosis. In fact, diagnosis is liable to further distance the practitioner from the present by creating a 'diagnostic story'.

PRINCIPLE TWO: Confirm New Skills Through Practice

Devise experiments to incorporate change: The direct and spontaneous work described above has generated awareness of energy issues in the client and given them an experience of how to liberate these issues. However, the old habits and stories have not gone away.

As in Sue's case, this provides a context for ongoing themes to be consciously practised during the following sessions.

Energy can change fast, the body takes longer: This period of practice is as essential to therapy as it is in sport, and for the same reasons. The sense of self is founded not only in memory but also in our

posture, our habitual ways of moving and our total body shape. A really new sense of self needs unfamiliar muscles to be activated and strengthened and for neural pathways to change. This takes time.

PRINCIPLE THREE: Integrate with Normal Life

Stabilising the state 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 which they are in relationship 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 unconsciously try to sabotage the change. Peer pressure is very strong 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 it continues into a change of role in these relationships and thus changes the extended self. Only then can someone continue in the new state without relapse or interruption.

The Capacity of the Client: Not all clients take to this work as well as Sue and I don't want to give the impression that this style of work is a formula that will work for everyone. Some clients present need is for support and nurture rather than challenge to change. With some people I have spent a year or more doing straightforward bodywork with no experiments before they develop to a stage where Sue's type of work becomes possible.

Postscript:

I have been working this way for years but it was only when I formulated the three principles above into words that I realised where I had instinctively learnt this style. They are, in essence, the 'Three Principles of Garab Dorje', the basis of a spiritual tradition called Dzog-Chen, which I have attempted to practice under the wry guidance of Namkhai Norbu Rinpoche for a large part of my life. This makes me very happy, it integrates my life, no longer do I have one philosophy for personal practice and another for professional therapy, I realise, with gratitude, that Dzog-Chen has seeped, unnoticed, into the way I do everything.