

## Presencing Issue 22

### Guiding the Client into Presence

**Client's Role:** In the previous issue of *Presencing* we examined the possibility that the client can become a major player in the bodywork session. Not only does the client live in the body we are working on, but the client is the expert on what is occurring now in the body and what it feels like. The big question is whether or not the client is aware of what is happening and whether he/she is able to access and express that awareness. In general we have assumed that our goal is to provide symptomatic relief for



the client. "If we can accomplish that goal without the active involvement of the client... then why not?" In fact many of us have assumed that the best way to satisfy the client's needs is to turn off any kind of active processing in our clients' mind by putting them to sleep or in a deep *alpha* or *theta* mental state so that the conscious mind is occupied in its own mental perambulations. We use many sensory stimuli to create these effects for the client: meditative music, aromatherapy candles, warming tables,

hot stones, tuning forks, different kinds of touch stimuli. With the use of all of these pleasuring accessories we can create a very relaxing environment for our clients.

**Amnesia:** Years ago when I was living on Orcas Island I gave a session to an anesthesiologist. He told me that he felt a tremendous amount of burning pain in both of his shoulders and an aching pain in his low back as if he had been punched in the kidneys. He had been on the Island for a week attending a spiritual growth workshop and was totally pissed off because neither he nor his family, who were staying at the resort, had had a good time. His wife and children were bored as "there was nothing to do," and he felt that he had learned nothing in the spiritual retreat and had become more and more uncomfortable in his body. I realized that no matter what

I would do to create a soporific effect for him during the session, his whole demeanor and frustrated state was more ready for a scrap rather than "floating in an ocean of pleasantness." I heard something inside that sounded crazy. "Bring him into his own internal environment," into the hell he was experiencing. I found myself saying to him: "You take patients out of pain by taking them out of their own conscious awareness; right?" He agreed. "I am going to take you out of pain and frustration by bringing your conscious awareness directly into the pain and frustration you are feeling inside!"



**Guiding into Presence:** I can admit now that I was not certain that anything therapeutic would come out of this experience, but I couldn't think of anything else to do... I guided him into his body by having him

feel into different parts of his body where I had placed my hands in order to assess the tonus of the tissue. I also asked him to fill my hands with his breath. Something cautioned me not to have him engage his muscles and nerves in order to push against my hands. After several attempts he was successful in feeling the expansion of his in breath into each place where I touched him. I then gave him



some rhythmical movement in various parts of his body using the Trager Approach that I had learned. The movement was soothing to him and did not produce additional pain or stimulate fresh pain in the regions of discomfort. Next I applied just enough pressure to the upper shoulders so that I could feel the tissue tonus in the traps, levator scapulae, and supraspinatus muscles on both sides. As we went from muscle to muscle I asked him to breathe into my hands and report what he was feeling. He was able to bring his breath into my hands and I could feel some

softening and warming. He had some difficulty describing he was he was feeling but I what noticed right away that his voice was lowering and his breathing was deepening. As he was attempting to describe the feeling, I could feel something shift in my hands, a reflexive release... the shoulders just let go. He said: "I am feeling warmth and lightness in both of my shoulders, and I can feel little movements inside."

**Addressing the Punch:** Next I turned him on his side so that I could address his "punching" low back pain. I found that the quadratus lumborum was very tight on the right side and their seemed to be an area of lesion around the intersection of the spine and lower ribs. Without knowing why I started tapping that lesion and I asked him to breathe into where he could feel the tapping. I gave him some small rhythmical movement between his lower ribs and pelvis. I could see the QL softening and when I palpated the area I could feel that he had already released the muscle... I continued the movement and started to see more and more articulation along the spine. I asked him again to tell me what he was feeling now. It took him a long time to reply. I thought he had fallen asleep. I will never forget his words: "I can't understand what is happening. I am changing all over... my body feels like it belongs to me and I want to be here."



**Assessing the Presence:** I continued the session, using mostly Trager movements. After he was dressed we had a short conversation. What he said to me was: "I am going to have to rethink the work I do. I cannot understand what happened to me. I feel like a different person. Maybe this is why I came here." After that session my work changed. It seemed as if, like the doctor, I was going to have to change the way I thought about my work. The session happened a few weeks before I had my first experience of

presencing, (see *Presencing* Issue 8). Now I realize that what happened was that he had went into his own inner hell as it existed NOW. The signals were strong enough that he had no difficulty knowing where to focus. The doorway this personal freedom was exactly the doorway he had spent his career suppressing in his patients. The symptoms and the emotions were crying out for attention, but the doorway to his personal hell said: "Give up Hope All Ye Who Enter Here!" Entering that doorway, in fact, released his symptoms and brought him fully into his life!

**Implications for Client Involvement:** If we pay close attention to our interactions with clients during



sessions, we will find that most clients do not have a first person relationship with their body. They cannot feel into their body as it is now. Instead they tell us a "third Person" story about their body. During intake the client reports what has happened since the last treatment: "The pain was gone for about 24 hours, and I could sleep through the night. But on Thursday morning I could hardly get out of bed. I was stiff and the pain was back. Since then I'm getting less and less sleep. The pain becomes so intense, that it wakes me up and then I cannot get back to sleep." If

you ask the client to tell you what she is feeling right now, like the anesthesiologist, she cannot tell you. You will find that this selective amnesia continues throughout the session unless you use some device to bring the client directly into the body part you are working on. Pain is a signal that occurs right now. However our first reaction is to withdraw our conscious awareness from the pain, and let the connective tissue compress around the lesion. When the pain returns we withdraw our awareness again. Clients want to withdraw in the same way when we work on the painful area. This is why they zone out or go to sleep.

**Why Presence?** Because presencing allows the client to feel what is happening right now in her body; Because presence allows the client to feel into discomforts without the usual fearful conditioning; Because presence allows the client to interact directly with the affected area with curiosity while bypassing the settings in the cerebellum; Because the proprioceptive and interoceptive interactions actually contribute greatly to reducing or eliminating the symptomatic guarding; Because the shift towards more feeling awareness produces a growth in physical and mental articulation, i.e. in consciousness.