

Touching and Listening

By Keith Eric Grant, PhD, NCTMB

Perhaps if I recognise bodily tightness and constriction as being attributes of myself, then, with a little reflection, I would gain insight into those aspects of my life that are uncomfortable.

I would learn how I am reacting to life physically and emotionally. It is, after all, the unconscious aspects of the central nervous system that are responsible for postural muscular hypertonia. If, on the other hand, I keep tightness and constriction firmly located in my body - the machine - then a mechanic is what is called for. I may never realise the extent to which my body reliably reflects my attempts to integrate my environment, my relationships, my thoughts and feelings.²

In the Mediterranean climate of central California, it is difficult to predict the timing of the winter rains. During the high summer and long, hot fall, a persistent zone of high pressure sits off the coast, and storm tracks simply veer around it. When the high finally breaks down, the storms move in, settling the dust and bringing the sound of rain to soothe our ears. The needed moisture starts the process of sprouting and growth. This winter's heavy December rains foretell that, and by the time you read this, the hills will have turned bright green and daffodils will be blooming white and gold in gardens. We are not so distant from our human beginnings that the sounds of rain and the sight of growing plants fail to soothe us. What affects us emotionally ties strongly into our abilities to cope with and recover from the stresses of life.

The importance of the ties between mind and body has been stressed by physician and cardiac specialist Bernard Lown.¹ Lown notes a study in which hospital patients that had rooms with a view of a tree recovered more quickly than those with rooms facing only parking lots. What we see and feel matters. More pointedly, Lown underscores the importance of the human connection to the outcomes of medical practice. The loss of many of those connections to the exclusive use of tests and technology has become an expensive detriment to recovery.

As practitioners of touch therapies, Lown's words are as relevant to us as they are to physicians. Our effectiveness as practitioners strongly depends on our choice of words, body language, and willingness to listen to our clients. Lown particularly emphasizes the importance of listening to the client to take a detailed history. The listening process gleans the information to assess the chief complaint, but also uncovers what underlies that complaint in the context of the client's life and coping processes. Many times, the chief complaint is only the entry ticket to the practitioner's office. As with a ticket to a show, to pay attention only to that ticket is to miss the show itself.

Lown also stresses the importance of touch to the practitioner/client relationship, noting that, after touch is involved in the examination process, the client's underlying concerns often flow forth much more freely. The simple act of touch has established a connection of trust that was not there before. Bevis Nathan, a British osteopath, has written a thorough review of touch within the therapeutic relationship of manual practice. Within that context, Nathan has taken the important step of considering the therapeutic effects of the touch connection itself:

"A respectable woman in her sixties was being treated for low back pain by a manipulative practitioner. The practitioner had the partially clad woman lie on her side on the treatment couch, with her knees bent up. She placed her thighs against the patient's shins, supported her lumbar spine with both hands, and, leaning over her, squeezed her knees firmly in her abdomen and chest, slowly and rhythmically. After a few repetitions, the patient cried, 'Oh, this is so agreeable.' ... If asked to describe the reasons for the improvement in this patient's symptoms, is it justifiable to ignore the positive effects of pleasure? Is it so certain that a physiological rationale for deep muscular stretching and facet joint mobilisation is an adequate account of what is occurring in this instance? What are the effects of the technique on the basal ganglia, cerebellum, limbic system and elsewhere? What are the effects on the patient's self-esteem, on her view of her body as being old and without value? What are the effects of stimulating deeply held, preverbal memories of being rocked and cradled by her mother? Or by her late husband? What are the effects of one person merging with another in rhythmic motion, with an attitude of respect, compassion, and intent to heal? The question again arises, what is it primarily that heals - the technique and its tissue-specific physiological effects or the experience of being held/healed?"

Terry Orlick, a sports-performance coach, divides a life of pursuing excellence into "gold" and "green" zones.³ The gold zone is one of absolute focus and striving toward a goal; the green zone contains pursuits of balance, connection, and relaxation. Orlick notes that ongoing stress, particularly in the absence of coping

strategies, opens one up to health problems. In contrast, positive, uplifting activities - joyful experiences - strengthen our immune systems and aid healing and recovery. The positive body language, encouraging words, and, perhaps most important, time that a massage practitioner shares with clients are such positive experiences. Relaxation, the focus of pursuits and the quality of our presence guides our techniques when facilitating healing and wellness. We make the greatest contribution to our clients' lives by touching and listening.

"Under every deep a lower deep opens."

- *Ralph Waldo Emerson*

References

1. Lown, Bernard, M.D., 1999: *The Lost Art of Healing*, Ballantine Books, ISBN 0-345-42597-9.
 2. Nathan, Bevis, 1999: *Touch and Emotion in Manual Therapy*, Churchill Livingstone, ISBN 0-443-05657-9.
 3. Orlick, Terry, 1998: *Embracing Your Potential*, *Human Kinetics*, ISBN 0-880-11831-8.
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