

Healing with Words

**COMMUNICATION IS AN INTEGRATED PROCESS WHICH
CAN ENCOURAGE OR IMPEDE HEALTH AND HEALING**



Author Russell A. Bourne Jr., PhD, is chief of staff at the Upledger Institute and course developer of UT's therapeutic imagery and dialogue workshop.

By Russell A. Bourne Jr., PhD

We have known for some time that injury, illness and disease are affected by and can affect one's cognition, emotions and psychological adjustment. Therefore, it is quite appropriate for health-care providers within the broad fields of bodywork and physical medicine to concern themselves with the mental, psychological and emotional aspects of health. To respond only to a patient/client's physical status without an accompanying appreciation of the role of emotions and psychosocial factors is an incomplete approach to health and wellness.

At The Upledger Institute Inc. in Palm Beach Gardens, Fla., our patients confront the emotional and spiritual aspects of their physical dysfunctions through the use of CranioSacral therapy. While helping them untangle the meanings presented in the course of recovery, we are mindful of language use in the therapy room.

The idea that thoughts and emotions influence our bodies has been understood for thousands of years. In popular media, we find numerous references to body/mind/spirit communication and its role in health. Most of us blush when embarrassed or cry when

viewing an emotionally touching scene at the movies, evidence of the influence of thoughts and emotions on our physiology. In each case, an idea or thought triggers an observable physiological alteration.

Thus, it is easy to see that from the intracellular to the interpersonal, communication is the essence of all human interaction. Yet communication is not merely a mental process to be separated from the physical, psychological, and spiritual dimensions of life. Rather, it is an integrated process that occurs in all manner of circumstances, some of which encourage health and some that impede health and healing.

There many methodologies for using language in a therapeutically effective manner. When used in a thoughtful and attentive manner, language can be a powerful adjunctive therapeutic agent for those bodywork therapists who incorporate imagery and dialogue in their sessions.

COMMUNICATIONS PROCESS

The refinement of ordinary communication for therapeutic processes is elegant-

ly simple in theory, but can be quite complex in application. One model of the communication process is depicted in Figure A. As represented in this model, communication appears rather straightforward.

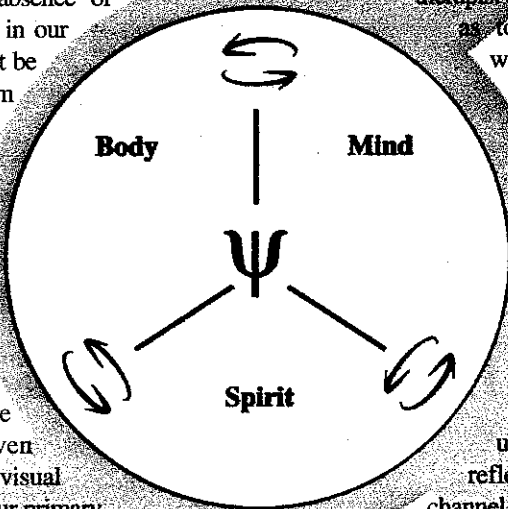
We begin with an idea or message (i.e., words, images, feeling) in the sender's mind which he or she wishes to share with another. Given the absence of widespread telepathy in our culture, this idea must be encoded in a form capable of being perceived through one of the senses. Obviously, we may communicate through sound, visual images, touch, taste or smell. However, most frequently we choose words (even when describing visual items) and touch as our primary modes of communication. Indeed, for many people, the first step in this process — thinking — is considered a verbal process because the sender is talking to him- or herself silently while formulating the idea or message to be communicated, including the method of encoding and delivery.

Upon perceiving the message through one of the senses, the recipient must decode or interpret the words, images, touch/gesture, etc. If all goes well in this regard, we have understanding between parties as a result. Unfortunately, things have a way of going awry and the goal of shared understanding may be difficult to achieve. To begin with, as German existentialist Herman Hesse once noted, "Everything becomes a little different as soon as it's spoken out loud." Even among those who speak the same language and are from the same cultural heritage, it is clear that all words do not have the same meaning to all people. Words and images that connote abstractions (i.e. truth, beauty or freedom) and/or subjective experiences (comfort, pain, joy or sadness) offer tremendous possibilities for individually relevant meanings to emerge in the dialogue and an equal risk for misunderstandings. Thus, our choice of words and the manner in which we put

words together to formulate our messages can be important.

SENSORY CHANNELS

One aspect of employing specific language in a therapeutic manner to facilitate the initial connection between the therapist and patient, as well as to deepen rapport within the therapy



Body/mind/spirit and communication's role with overall health and wellness.

session, involves using words that reflect the sensory channel most often used by the patient. When one examines specific word choice, it is possible to determine which of three primary sensory channels a person uses in representing and understanding their life experiences. These

is possible to ascertain the primary system within which they communicate. After making this assessment, one can use similar predicates to be more compatible with the person's preferred system, thus facilitating rapport and understanding.

For example, in communicating distress about the future, a patient who primarily employs the kinesthetic/feeling system might use the following expression, "I don't *feel* too *strong* about my future." Within the visual/seeing system that sentiment might be expressed as, "The future doesn't *look* too *bright* to me right now." The auditory/hearing corollary to this might be expressed as, "Don't *talk* to me about the future; I don't like *thinking* about it." Each person is communicating his/her feeling, vision or thoughts about the future while choosing particularly descriptive words within one of the three sensory channels.

When someone expresses an opinion in one channel, "My family doesn't *see* things as *clearly* as they think!", a therapist's response that is congruent with that channel, ("What is it that you would like them to *see* differently?" or "How would you like for their *picture* of things to be changed?") is more effective than one

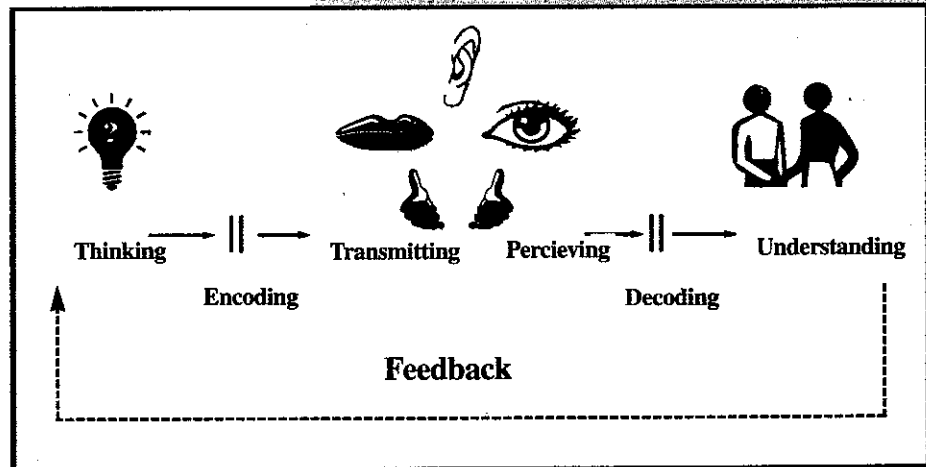


Figure A - A model of the communication process.

three primary systems are kinesthetic/feeling, visual/seeing, and auditory/hearing.

People tend to select certain predicates (verbs, adverbs and adjectives) to reflect these systems when describing themselves and their life. By paying close attention to the predicate choice someone employs, it

from an incongruent sensory channel.

Other examples of similar meanings expressed through different channels include believing one's self to be misunderstood: "No one ever really *listens* to me, know what I'm *saying*?" (auditory).

continued on next page

continued from previous page

"People just don't see things the way I see them" (visual); and "It feels like I've lost touch with everyone" (kinesthetic).

IMPLICATION AND CONTINGENCY

The deliberate use of implication and contingency in language can encourage a positive therapeutic response. For example, to say, "When you notice a change of feeling in your legs, please let me know," implies that the patient will notice something. The only question is when, not if. Similarly, one might ask, "Which of your legs is beginning to feel ...?" The question is not if one of his or her legs feels a particular sensation, but which leg feels it. Similarly, a therapist might ask "where" a particular experience is felt rather than asking "if" the patient can feel that particular response in the body.

In the case of using contingencies, we can connect an idea or suggestion to a particular behavioral response in order to increase the likelihood the patient will accept and use the idea or suggestion. The statements, "When you feel even more comfortable, you can begin to open to your inner wisdom" and "Later tonight when you go to bed, you can continue to learn more about yourself," connect a therapeutic idea to a naturally occurring behavior.

Most experiences and behaviors precede or follow identifiable behaviors or experiences. Using the language of contingency simply employs this natural and learned process for therapeutic purposes. This idea also is seen in the following: "As your body begins to move and shift in new ways, so can your thoughts and mood shift and change in directions appropriate for your own health and healing."

TIME FACTORS

Life experiences encompass three dimensions of time: the past, present and future. Twenty years of clinical practice has shown me that people experiencing physical and/or emotional distress are frequently oriented to one dimension of time. The capacity for physical and general psychosocial health is greatly enhanced when all three dimensions are valued and appreciated for their contributions to the experience and understanding of life.

There are some physical symptoms that

can be clues to the time orientation of your patient. For example, patients with a primary orientation to the past may display limited movement, depression, fatigue, general lethargy and physical complaints that are vague and recurrent. This orientation may inhibit recovery. Accident-prone patients and those who suffer from repetitive injuries (i.e. carpal tunnel or back pain), digestive problems or addictive disorders may align more with the present. Patients more attuned to the future may suffer from hypertension, panic attacks and stress disorders such as ulcers, colitis, Crohn's disease, vertigo or tinnitus.

As therapists, we can orient our patients to the dimensions of time using verb tenses. Instead of the phrase "I used to be able to ..." (past), ask your patient to consider "I certainly can ..." (present), "I am developing more ..." (present and future), "I plan to ..." (future), or "It is my goal to ..." (future). When offering suggestions and encouragement to facilitate temporal shifts, it is helpful to focus one dimension at a time.

Language can be a powerful therapeutic tool for healthcare professionals of all disciplines. Using language patterns and shared words from within the patient's chosen sensory channel will facilitate a deeper connection and greater understanding between those working together for a therapeutic outcome.

— Russell A. Bourne Jr., PhD, is chief of staff at The Upledger Institute Inc. HealthPlex clinical services in Palm Beach Gardens, Fla. He published papers in the areas of hypnotherapy, psychodiagnosis, developmental psychology and physical medicine. He is the course developer of UI's Therapeutic Imagery & Dialogue I workshop, and part of the CranioSacral therapy curriculum. The course is designed to provide instruction to therapists and body workers in the use of language and communication patterns to facilitate the well-being of mind, body and spirit. For more information, contact UI at (800) 233-5880, extension 9487, or by e-mail at upledger@upledger.com.

Communication is not merely a mental process to be separated from the physical, psychological and spiritual dimensions of life.

This article appeared in *PT-OT-Speech Today*, May 18, 1998, Valley Forge Press Inc., copyright 1998, and is reprinted with permission.