



By Robyn Scherr

Speech

Using Words Therapeutically

Language is a potent tool that can be used within our scope of practice as bodyworkers to encourage greater awareness and foster health in our clients. But like any tool, it needs to be used appropriately to be effective. It must be brought out at the right time and for the right reasons.

We know healthy change isn't a priority for bodies that perceive themselves to be in danger; survival is. Rick Hanson, in his book *Hardwiring Happiness* (Harmony, 2013), identifies three core needs for human beings to feel at ease and, therefore, have the capacity for healthy change in a therapeutic setting. The three core needs are safety, satisfaction, and connection. In other words, we need to be out of harm's way, be rewarded in a way that's gratifying to us, and experience supportive attachment to ourselves and others.

As bodyworkers, we create conditions and provide resources for healthy change to occur. We do this in myriad ways: maintaining a comfortable, peaceful atmosphere; holding a nonjudgmental, witnessing presence; and, of course, using effective hands-on techniques. We also foster our clients' connection with themselves in body, mind, and spirit, helping them become aware of what it feels like to have their core needs met.

Just like the calming atmosphere of our offices and our skillful, well-intentioned touch, our speech can be a resource for our clients. What we say has impact. We're seen as the experts in the room, so what we say automatically carries weight. Skillful use of speech lowers the power differential inherent in all therapeutic relationships and fosters greater autonomy and self-reliance in our clients.

Striking the most useful balance between speech and silence—knowing *what* to say and *when* and *how* to say it—comes from understanding the different types of speech we may use during a session, being aware of the reasons why we choose to speak, and having the clinical discernment to know how our speech is being received: is it helping to foster greater connection within our client or is it distracting from the healing process?

Learning to recognize all of this allows us to begin using our words more skillfully. Then, whether we're chatting about the weather, gathering information about a recent injury, or being present with a client as she experiences an emotional release, our words can be therapeutic.

Now, I'm well aware the most common complaint about us is that we talk too much. I've read the surveys, and I've had clients come to me from other therapists for just that reason. But what's a conscientious bodyworker to do? Never mention the torrential rain outside (wishful thinking for this Northern Californian)? Remain mute when a client asks us what we notice, how our day is going, or if we've seen the latest episode of a favorite show?

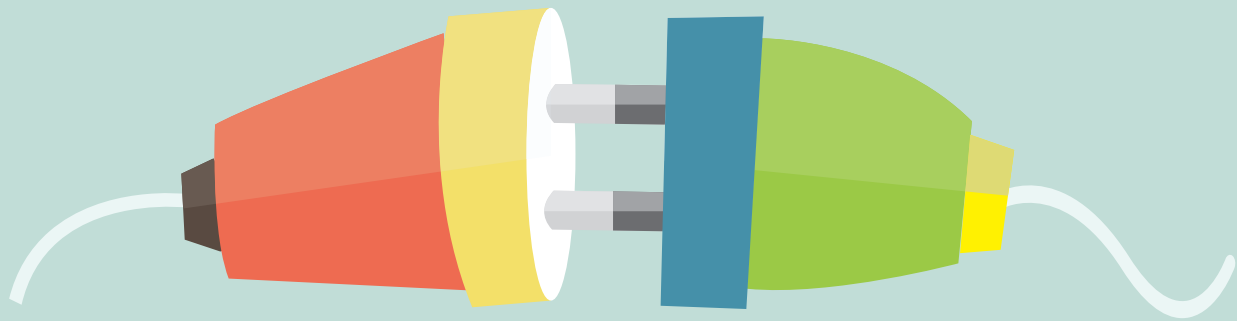
I was told in massage school to always keep the focus on my client. What I didn't get were the details or any supervised practice time. Once I was out in the world, I was left to figure it out on my own. So I asked senior therapists, got a lot of supervision, and made a bunch of mistakes. I did my best to notice what worked and what didn't. I also gained some insight into why our clients talk to us and how their speech, even if it may seem counterproductive, is likely aiming to meet a core need and, thus, can serve a therapeutic purpose.

SILENCE ISN'T ALWAYS GOLDEN

Our human need to express ourselves is innate and vital. If we maintain silence when speech is called for, we may actually be damaging the connection we have with our client. The following story illustrates this.

Like I hope you are, I'm frequently a massage client. I'll never forget one particularly lousy session. He'd been billed as a skilled massage therapist, and I hoped to get good work. I also hoped to learn something, and I told him that when we met. He did a typical intake, and we got to work. I gave some feedback about pressure and he adjusted, but didn't say anything. That seemed a little odd, because most people will have a short verbal exchange, but his pressure did improve.

Several minutes later, he used a technique I really liked, and I asked him about it. He told me, "Now's your time to just receive." I asked if he'd tell me about it after our session, and he said, "Now's the time for silence. Just reeeeeeeivee." At that point, I was truly uncomfortable.



Try This

Work with a colleague to begin developing your awareness. Use nonleading questions such as: “What are you aware of right now?” “What are you noticing as I ...?” “How would you describe what your leg feels like?”

Poor choices would be questions like: “How does that make you feel?” “How do we make this pain go away?” “Do you think your anger is keeping your shoulder from healing?” All of these are leading, assumptive, and completely out of your scope. They’re also, I would argue, unhelpful in any case.

Asking nonjudgmental, nonleading questions about sensation helps us not assume.

Even if you think you have an idea, or a clear “knowing” of what a pattern is about, it’s your projection; the information is coming through your mind and body. You can’t know if it’s accurate or helpful, and it’s not your business to say. Doing so would be out of your scope of practice.

Pay attention to yourself. Are you grounded and neutral? What’s your breath like? Can you feel your feet and the back of your body? How are you gathering information? Do you use your eyes and ears? What do your hands tell you? Your gut? Your feet and legs?

We each track in ways that are unique to us. Build your sense library. Learn what tissue feels like when your client is connected and engaged; even if there’s tension, it’s a working tension. Discover what tissue feels like when your client is not connected, has checked out, or is uncomfortable. If it’s difficult to discern what your body’s signaling to you, read *Full Body Presence* (New World Library, 2010) by Suzanne Scurlock-Durana. You may also wish to work with a mentor who can guide you.

As a client, I was using words to find connection with the person who was touching my body. And by refusing to engage me in conversation (however briefly), or acknowledge what I'd said, he conveyed that he was in charge of the session, not me. It was to be all on his terms. I felt my body brace slightly and withdraw. I became less receptive to his work. He just continued on, as if he didn't notice that the work wasn't working. While I tried to "just receive" for several more minutes, I ended the session early.

I wonder what might have happened if he had said, "Let's end a few minutes early, and I'll show you," or, "Let's schedule a different time for that." I certainly think I would have been more comfortable with him and more responsive to his work.

Our clients talk to us during sessions for good reasons. They want to connect, give and receive information, gauge how safe they are, and, yes, maybe even distract themselves a bit from some difficult sensations that arise as part of their process. But those are all good reasons.

You may be familiar with asking yourself, "Am I speaking right now for my benefit or my client's?" Consider also asking yourself, "Do I want my clients to be quiet for their benefit or for mine?" By enforcing silence, we may not be helping our clients connect with their tissues; we may actually be encouraging them to shut down.

They may not be able to ask directly for what they need. They may not be skillful in giving feedback. Most people are not well versed in navigating therapeutic relationships. But *we* should be. We set the tone, create the boundaries, and can help our clients use our work to meet their core needs in a safe way.

Our words (yes, even chatting about a television show) can be useful tools to help a client stay in the present moment. The point is not to stop them from talking, but to help them communicate with us. The key is to pay attention to tissue, resist our natural human fascination with story, and, especially, avoid interpretation.

There are the contents of our speech and, then, there is everything else that's happening. Keeping track of this during a session can seem like walking and chewing gum and patting your head and rubbing your belly all at once, but it's doable. Your best feedback instruments are your hands.

Regardless of the subject matter, always keep track of what the tissue under your hands feels like. Is it receptive to your touch? Is it responding to the work? Or do you feel the tissue tensing, recoiling? Engage all your senses. Can you maintain an awareness of your client's breath and tone of voice? Can you register the difference between a client who is relaxed and silent on the table, a client who is silent and actively engaged in her process, and a client who is silent and checked out, irritated with what you're doing, or not in connection with herself or her body?

CHALLENGING TECHNIQUE OR SENSATION

Many of us employ techniques that can be challenging for our clients. Depth, friction, and stretch are some of the sensations that can produce a guarding response. Everyone has a unique threshold for discomfort, and physical sensations are more manageable when we feel connected, feel like we have some control, and are mentally relaxed. Speech is an essential tool here, because it helps us assess how a client is responding to the work, and it also gives that client more input into how the work progresses.

Talk with your client when using a technique that may be challenging or when working in an area that may be sensitive. Explain what you're doing and why, communicate about touch and pressure, and ask her to tell you how it feels and what might be more helpful. You'll know you're on the right track when the tissue engages and responds, and you're able to stay within your client's tolerance.

THE CHECKED-OUT CLIENT

There's a difference between being deeply relaxed, asleep even, and being checked out and unaware of your body. But for many clients, "checked out" is all they know, and they equate it with relaxation. Can you feel the difference as you work? I think it's vitally important because it helps you keep your clients safe. For instance, in deep-tissue work, it's not safe for a client to be out of touch with her body sensations. The work could be too light to be effective or, worse, too deep and injure her.

Why not be transparent by using speech?

It can be as simple as, “I’m curious what you’re feeling while I’m here at your right arm,” or, “I notice when I’m working here at your thigh that your shoulders tense up. Can you feel that, too? What’s happening for you?” If having that much awareness is painful, frightening, or uncomfortable for your client, that may be a good sign to refer her to a physician or mental health professional.

“WHAT DO YOU NOTICE?”

I believe what my clients notice in a session is much more important than what I notice. As a craniosacral therapist, fostering connection within my clients is my goal. But rather than just toss the question back, I’ve developed a vocabulary of first-order sensation words that avoid interpretation and judgment, but accurately describe what I’m noticing. I may say, “This area is more dense than further down,” or, “Your right shoulder feels more fixed than your left, and a bit forward.” And then I’ll say, “But what you notice and feel is really what’s important here. What does it feel like to you?”

Their answers are usually quite insightful, and just their putting attention toward what they’re feeling has a positive effect on the tissue. Clients often ask what I’m noticing when there’s been a change, so when I notice signs of release, I let them know. I’ll point out fasciculation, heat, sighing, softening in the tissues, and so on.

They may not have noticed these sensations before, at least not in this context, but they can feel them. I just help them recognize what it is they’re feeling. It’s one more way to empower my clients; they’re able to know when the work is helping them, which helps make them the experts in the room.

PERSONAL QUESTIONS

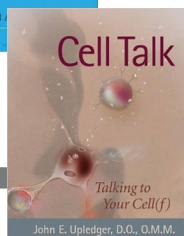
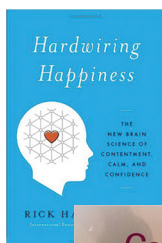
While I live in a large, urban area, we all know it’s a small world. I often have a few people or places in common with my clients. I’m committed to maintaining confidentiality for them and a healthy amount of privacy for myself and my family. I also aim to be honest and of service.

When clients ask how I am, I’m mindful of their core needs and craft my answers toward meeting them. Just last week, a client saw me at the vet picking up a cone and bandages for my dog. When she comes in tomorrow and asks about it—and she *will* ask—I’m going to tell her briefly, but honestly, how Willa’s doing. I’m also going to tell her that I’ve scheduled my week so Willa won’t be home alone until she’s able to rest comfortably. This assures my client I won’t be distracted during our session, and I don’t have to pretend my life is a long, perfect stretch of ease and bliss.

ADVANCED USE OF SPEECH IN CRANIOSACRAL THERAPY

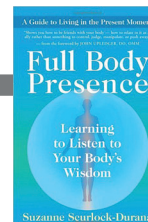
In upper-level craniosacral therapy (CST) classes at the Upledger Institute, a specific form of speech is taught: Therapeutic Imagery and Dialog. It’s an advanced use of dialoging and takes years of training and dedicated practice to master.

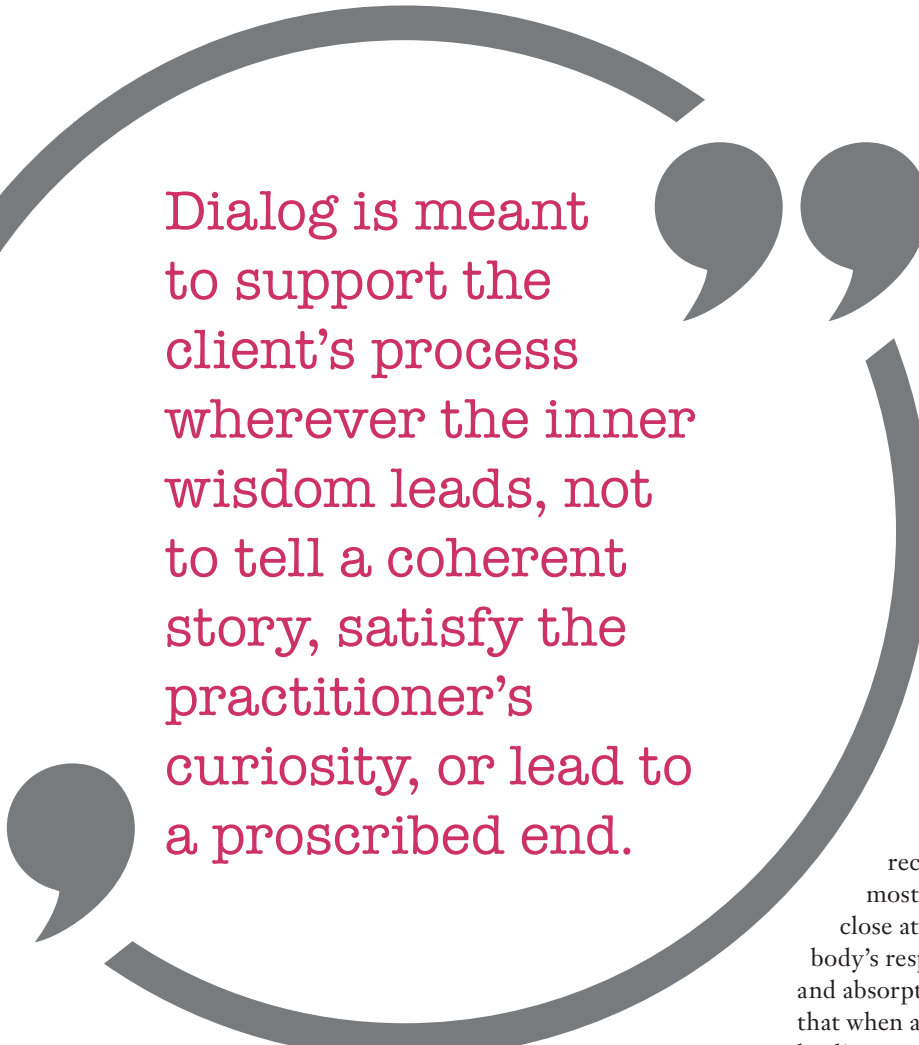
A concept central to CST is that all our life experiences are processed through our bodies. When an experience is overwhelming (physically, emotionally, or otherwise), the body holds onto its effects and does its best to work around it. Bodies reliably vie for homeostasis, and even when they’re in intractable pain or engaged in destructive behaviors, our clients are always aiming toward the best health possible to them in the present moment. Deep within, I believe, the body knows what’s needed to heal, and it will when the right resources are available.



Resources

- Hanson, R. *Hardwiring Happiness*. New York: Harmony Books, 2013.
 Upledger, J. *Cell Talk*. Berkeley: North Atlantic Books, 2003.
 Scurlock-Durana, S. *Full Body Presence*. Novato: New World Library, 2010.





Dialog is meant to support the client's process wherever the inner wisdom leads, not to tell a coherent story, satisfy the practitioner's curiosity, or lead to a proscribed end.

As a craniosacral therapist, my job isn't to diagnose, prognosticate, or fix, but to assess, foster, and facilitate that inner knowing. John Upledger, DO, the founder of CST, called the part of us that knows what needs to happen the "Inner Physician" or inner wisdom. That knowledge is usually beneath a person's everyday awareness, and the purpose of Therapeutic Imagery and Dialog is to engage clients with the therapeutic process already underway in their tissues.

When I introduce this to clients, they report feeling a palpable sense of rightness about it in their bodies. Most embrace the idea that they have the answers they need within them, and I am their educated collaborator. They can easily accept that while we all need support, it's we ourselves who do the healing. As one client said to me, "My surgeon took out the tumor, but I healed. He took out a lot of tumors from a lot of people, but not everybody healed as well as I did."

The concept of inner wisdom is often discussed in reference to the phenomenon of SomatoEmotional Release (SER). SER is the process that happens when a client's body has sufficient resources to release a pattern of trauma or holding. It isn't something therapists induce, but a spontaneous event directed by the inner wisdom.

It's the craniosacral therapist's job to recognize this process and facilitate it. The most important way we track this is by paying close attention to the craniosacral rhythm, the body's response to cerebrospinal fluid production and absorption. In his research, Upledger noted that when a body was in a significant place in its healing process, the electrical potential of the entire body would drop measurably, and the craniosacral rhythm (CSR) would suddenly become still. This spontaneous stop is distinct from the gradual stop of a still point, which can be therapist induced.

Since therapists don't tend to have sophisticated electrical measurement devices in their offices (and they can be distracting for clients), we rely on tracking that hard stop in the CSR, known as the significance detector (SD), with our hands. Emotions may surface in an SER, or they may not. What is always true is that SER involves an engagement of the entire body.

The inner wisdom can present in any way imaginable: as an identified character, part of the body, helpful entity, color, or sensation with no words. The concept is more important than the name or manifestation. I ask open-ended questions (e.g., “Tell me more,” “What do you find interesting about that?,” “... and then what?”) rather than questions with yes/no answers, which would limit the possible responses to ones I’ve already considered. To avoid ambiguity and misunderstanding, I do my best not to assign meaning to what my client says.

Dialog proceeds as long as it’s useful, with the practitioner paying close attention to the CSR/SD. Dialog is meant to support the client’s process wherever the inner wisdom leads, not to tell a coherent story, satisfy the practitioner’s curiosity, or lead to a proscribed end. It’s not uncommon for clients to stop talking mid-sentence; as long as their process is continuing, no further talk is necessary. My primary focus is on what’s happening under my hands.

CASE STUDY

The following is a case study of an SER with emotional content. It shows what’s possible with an advanced practitioner and a client who’s comfortable with process work.

On assessment, my awareness was drawn to areas of shortening and tightness in my client’s right hand and forearm. As I lifted the arm just enough to take gravity off, it folded up across his face, palm out, covering his eyes. I was aware of a sudden stop in the craniosacral rhythm: the significance detector. We remained here for several seconds, and the tension in his body increased. I asked, “What are you aware of right now?”

“Yellow,” he said.

I repeated, “Yellow.”

“My eyes ...” I maintained my position and the tissues in his arm and shoulder began to engage forcefully. “Hunh.” He grimaced, and squinted his eyes so they were nearly shut. They filled with tears. “Wow. So bright ...”

Several moments passed as the arm and shoulder warmed and trembled. I tracked tension in both his legs, and an audible rumbling in his belly. “What else?” I asked.

“I forgot my sunglasses, and it was so bright.” His arm maintained position with my neutral support, but all the tissues were softening and lengthening. The right hand, which had been rigid and splayed, relaxed and curled. “I miss him so much.”


Tears released and he took a few deep, ragged breaths. His CSR returned, then slowed to a still point. His legs relaxed, and his belly softened. I helped his body release residual tension through the palm, and we moved on. Later, as we were scheduling our next session, he told me, “The anniversary of my dad’s death is next week. My shoulder’s bugged me since we buried him. I couldn’t think of a reason why—I hadn’t hurt it—but now I guess I know.”

I didn’t need the story to work effectively, and I didn’t need to say much. It was intellectually satisfying to get some context afterward, but it wasn’t necessary for the work; staying connected to the tissue and what was happening with the craniosacral rhythm was. My job was to stay grounded and neutral, as a steady and supportive witness, without attachment to any outcome. I know I’m going to spend the rest of my career honing these skills.

CONCLUSION

When it comes to using speech in bodywork, there’s one guideline: don’t speak when talking serves your own needs, and not those of your client. Everything else resides in a gray zone. What might be perfect for one moment with one client is utterly inappropriate for another.

A list of rules won’t help. We must develop the verbal skills to be able to relate authentically and appropriately with each client, and the clinical discernment to recognize how well our speech is serving them in the moment. Touch is the primary medium in bodywork. Speech is an adjunct. We track the success of our work through our hands (and elbows and forearms)—through palpable change in the tissues. **m&b**

 Robyn Scherr is diplomate-certified in craniosacral therapy, the highest level of certification in the field. She’s a certified mentor and frequent teaching assistant for all levels of the Upledger Institute curriculum. Find out more at www.livinginthebody.net.