

“ Now, if you are sitting opposite me, I can see *you* as another person like myself; without you changing or doing anything differently, I can now see you as a complex physical-chemical system, perhaps with its own idiosyncrasies but chemical none the less for that: seen in this way, you are no longer a person, but an organism. Expressed in the language of existential phenomenology: the other, as seen as a person or as seen as an organism, is the object of different intentional acts ... One's *relationship* to an organism is different from one's relationship to a person ... For example, if one is listening to another person talking, one may either (a) be studying verbal behaviour in terms of neural processes and the whole apparatus of vocalising or (b) be trying to understand what he is saying. ”

RD Laing *The Divided Self* Pelican. 1960 p21

The above quote is from the psychiatrist RD Laing, who became famous in the 1960's for his criticism of psychiatry's tendency to reduce patients to 'physical-chemical' systems gone wrong, rather than try to understand them. In more subtle ways any relationship between therapist and client can slip into a dynamic of reducing the client to a set of symptoms, seen through the lens of the therapist's particular paradigm. Similarly, as craniosacral therapists we may find ourselves relating to our clients as 'primary respiratory systems' rather than people. This may give us a deeper access into the organism, but unless we become curious about the story that we are hearing through our touch we are still objectifying our clients and reducing their experience to specific physiological phenomena.

Listening to the verbal story

At the beginning of a session there will be some form of dialogue between therapist and client. We may take a case history during the first session, and in subsequent sessions ask further questions about how the client has been, whether they have seen any improvement in symptoms etc. Our questions and our intention in asking them will, from the very beginning, set the tone of the therapeutic relationship. This will inform the client very quickly as to whether the therapist is interested in them as a human being or only as a set of symptoms. Of course we need to know about symptoms, and clients will want to know that we are engaging with whatever issues they are coming to us with. But if we are also curious about *who* the client is, we will start to engage with them and listen to them in a much deeper way than if we are only interested in their symptoms. Most of us have far more experience of being objectified and told what is 'wrong' with us, rather than being deeply listened to. Deeply listening is one of the most healing experiences one human being can offer to another.

The body as story

Matthew Appleton

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There are many cues we can offer to a client to let them know we are interested in who they are and prepared to listen deeply to their experience. We may ask them about their journey to the session when they arrive. When they describe a difficult experience we may ask them how it was for them to have that experience. We are inviting them to engage as human being to human being. We cannot do this in a rote way, but need to be genuinely interested in who this person is who is sitting in the treatment room with us. The underlying motivation is one of curiosity about the conditions operating in this person's life and how they are organising their life around these conditions. As we listen to the story and the expressive nuances of how the person tells it, what does it stir in us? What do we notice arises in the relationship between our clients and ourselves? What do we notice when we track not only what the client is saying and how she is saying it, but also our own internal responses?

By now we are not just listening to the client's list of symptoms, but creating a space whereby a deeper kind of listening becomes possible. As clients we feel this and we experience a quality of 'therapeutic holding' that allows us to be more present with our own experience. *'Someone is listening to me. What a relief. Maybe I can bring more of myself. Maybe I can allow more of my vulnerability to be here.'* As therapists, when we pay attention to what the client is saying, how it is being said and our own responses, we are listening to the 'relational field'. This allows us to respond with more 'accurate empathy' than if we are simply listing symptoms. The relational field is the specific field of connectedness that is generated at any one time between two or more people. It is rich in different tonal qualities that inform us as to what is being generated at any particular moment. By listening to our own internal responses

with an attitude of open curiosity we are engaging rather than simply observing. This may mean that at times we take some of our attention away from the client and touch into our own experience. We may notice particular sensations that tell us we are being affected by the other person's story. We do not need to act upon this, unless it is appropriate and clear enough to do so. We may simply allow it to inform us in an open-ended way. In time this sometimes nebulous experience may become more formed and I may get an understanding as to why it is that I notice I'm holding my breath when I'm with this person or feel an agitation in my abdomen when I'm with that person or feel my heart opening when a client talks about a particular subject. We only need to touch briefly into our experience and acknowledge it without it needing to be anything more than that. If it has something to tell us it will become clearer over time.

Listening to the embodied story

If you have come to help me you are wasting your time. But if you have come because your liberation is bound up with mine then let us work together.

Lilla Watson

(Australian aboriginal activist and academic)

We can adapt this quality of listening to our work on the table. We tend to view the body as an object, but it would be more accurate to view the body as a process, with many processes enfolded within the larger process of the whole. These processes are shaped by, and express, our stories. When I listen to the tidal expression of a client, what does it tell me about their story? Is it a happy one in which everything flows? Is it a sad one in which life has to be held back and diminished? Is it a tight one full of fear? Is it an angry one full of resentment?

If I read a novel I do not expect to understand the whole story on the first page. I get curious and drawn into the novel. The story then begins to develop. In the same way, when I put my hands on a client I do not expect all the answers at once, but stay curious and allow the story to manifest. If I am not curious, but focused on trying to fix something, the story will not unfold. My present-moment curiosity and capacity to listen deeply is like the laser that picks up

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the sounds that are encoded in the grooves of a compact disc. It is the present-moment contact between laser and disc that allows the sound to unfold in a coherent manner.

In the same way that we listen to the nuances of a sound when listening to a piece of music or the nuances of word-play adopted by an author when reading a book, we can listen to the nuances of the tide. It is these textures and tones that enrich the experience and give it meaning. If I listen to the body as story I open myself to the textures and tones of the other person's experience, as well as the purely physiological phenomena. In the same way as described above I listen to the relational field, touching into my own internal textures and tones, thoughts and feelings. Just acknowledging them. Being curious and open, without needing to force or fix anything. The client feels listened to and in that field of deep listening the story can unfold at ever-deeper levels.

How we express primary respiration tells a story. Patterns of secondary (pulmonary) respiration also tell a story. Patterns of muscle tension tell a story. Contracted tissues tell a story. Postural patterns tell a story. We can enquire with our clients into the nature of the story. *'What do you notice when you bring your attention to that aching?'* *'I'm noticing that your left side feels different from your right side. Does it feel different to you?'* If the answer is 'yes' then: *'How does it feel different?'* We can get our clients interested in the story that their body has to tell. We deepen into the story as a mutual enquiry, operating from a place of open-ended curiosity, rather than needing to know.

This mutual enquiry keeps the work alive and interesting. It allows us to drop the pretensions of being the clever clinician and open up to an unfolding story that will inform us and our clients, from a level of intelligence we can only be open to and not the master of. At one level this will be the story of one person, but at another level it is all our stories as we grapple with the conditions of our lives. In the struggles of our clients we will recognise our own struggles. In their capacity to adapt and evolve we will recognise our own inherent health. As our clients become more conscious so do we.