Biodynamic Massage

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MESSAGE FROM THE EDITOR

REBECCA WARNER-HODGKIN

The theme for this issue came to me deep in the middle of winter, when we were battling snow, freezing rain and those long dark winter days. I was struck by the fact I have become much more aware and sensitive to the changing seasons. As if somehow I could easily observe each leaf in autumn changing colour, dropping to the ground and withering away leaving us in what can feel like winter's barren wasteland. Desperately hoping to feel that ray of low spring sunshine and see those first few blossom buds. Now in the midst of this heady summer it seems hard to even remember how dark and cold those days really were.

Somewhere, however, deep inside me that connection to each changing season remains. I am further convinced by the writings that follow that I am not alone in living and breathing a deep connection to the ebbs and flow of the world around us.

In her article Lindsey Nicholas reflects on the possibility of creative expression as a means of completing our own inner cycle, that it can help with a release of tension or self-soothe. Whilst Yvonne Lentge shares the experience of working and observing her own menstrual cycle.

You will find poems from myself and Amy Barnes, each of us bringing a unique perspective to what it might mean to notice change in others and the world around us.

We are incredibly fortunate to have articles by both Peter Mackereth and Clover Southwell, drawing on their long experience and practice in the biodynamic massage community.

Finally we conclude with two excellent book reviews by Ruth Baigent and Theo Raymond. The former reviews Luke Tanner's book on the use of touch in dementia care, the latter a new method of bodywork, developed by Cathy Thompson and Tara Thompson Lewis, which whilst new still feels very familiar.

I am grateful to all the authors, for their writing, hard work and the thoughtfulness of their contributions.

To Lindsey, Theo, Debbie and Elisabetta, I can not say thank-you enough!

The journal would not exist without the support, labour, and dedication of the Association's entire committee.

Rebecca

LETTER FROM THE CHAIR

LINDSEY NICHOLAS

I am struck by the references and qualities in this journal, as to how much the sense of what we do as biodynamic practitioners is informed by a deep and related sense of creativity. Whether it is the search to find form and expression through drawing, pottery or words (our writers have talent!), there seems to be essential ties between working with the life force, contacting our clients' primary personalities through touch, and reaching our own personal expression through colour, images, physical media and also poetry. Do they spring from the same well?

Perhaps it is because we work with energy - we become attuned to 'vitality affects' as they are also sometimes known - that we understand that what is going on in a client cannot easily be translated in rational terms, the clues being in the descriptions of flow and feeling that defy exact definition: 'jagged', 'stuck', 'heaving', 'trickling', 'softening', 'flaming', 'exploding' – these adjectives all describes inner states and references to flow that we intuitively understand. Our clients also use images and sensory references to tell us what's happening to them inside, and of course we understand this intuitively. I've often thought that a massage session could be classed as a small wonder of the poetic form, with its cyclical energetic shaping and dynamic emotional interactions, expressing what words alone cannot convey.

It is perhaps not surprising then that so many of us reach into our bodies and non-rational processes to find artistic expression, however that calls us. Is it an act of self-soothing? Or a way to complete another inner cycle of tension and release? A way to integrate everything we have learnt about our clients and ourselves through our work? It would be interesting to hear more from you about why you do it – if you know!

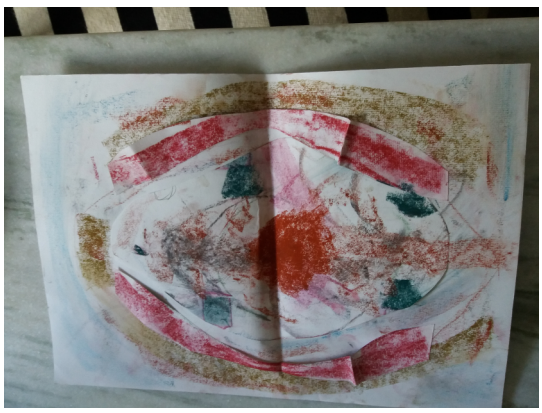
Which brings me to the workshop the Association organised on 21st April, run by artist, Lorna MacNeil. We learned a lot about Lorna's personal journey and relationship with consciousness through her artwork – which was transporting and beautiful.

The session was also well attended by the creative members of the Association I have alluded to above.

Lorna's aim, seemed to me not just to draw out our flow, but to inform us with the understanding that creativity was important to us as more than just an occasional pleasure, as something much more integrated to our daily lives. She suggested to one participant that drawing could be a diary activity, for instance. In other words, instead of reflexing to the idea that art needed to be something you 'got good at' (my words), it could be more simply expression – working with the impulse in the way we do through movement, and also with massage work.

It could be far more fundamental, intuitive and every day in terms of practice and self-reflection.

Lorna asked us to bend wire to express our inner flow – and also to use pastels and paper to express our sense of where we were in our personal journeys in the present moment. Everyone produced something completely unique, and Lorna sensitively responded to what we had learnt about ourselves creatively through this simple process. Some of the pieces were beautiful (mine was a bit of an impulsive 'mess' but did express where I was at the time).



I remember, in particular, one circular radiating piece, and its creator saying she wished she had had a larger piece of paper, as she would have liked to have gone 'on and on, making something bigger and bigger'. There seemed to be so much untapped, potential expression in her, as there is in all of us. A sense of this being infinite. So, I would urge everyone in this Association to draw on this well of creativity and work with it, both for themselves and also for our practice. My feeling is that the Association can draw strength from a richly woven fabric of energetic and artistic contribution. There is certainly plenty in this journal and I really hope to see more.

Lindsey

VISIONS AND VOICES
BY
YVONNE LENTGE

In November 2017 I attended the ABMT post-AGM workshop with Kate Codrington on building a practice using the vasomotoric cycle. My motivation for coming was a hope that it would give me encouragement in the early stages of setting up my body psychotherapy practice, and a wish to connect with others on a personal as well as professional level. I am happy to say that needs were met on both counts.

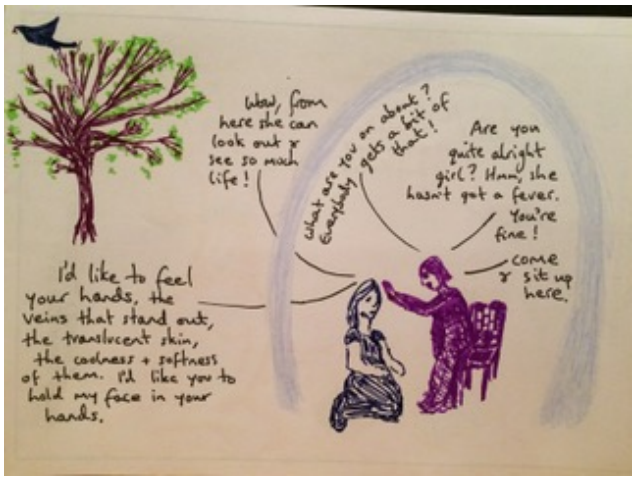
An unexpected gift from attending the workshop is that, after several months of struggling with sleep problems due to peri-menopause, I began a series of Menstrual Medicine Circle sessions with Kate via Skype. The form I filled in before we began put me in touch with things I hadn't considered for a long time such as how I felt when I first started menstruating and the responses I got or didn't get from the people close to me.

In our first session I was invited to visualise different stages of my womanhood represented by the four seasons. I enjoy working with imagery and am usually responsive to this type of work, but on this occasion I struggled to to see anything clearly.

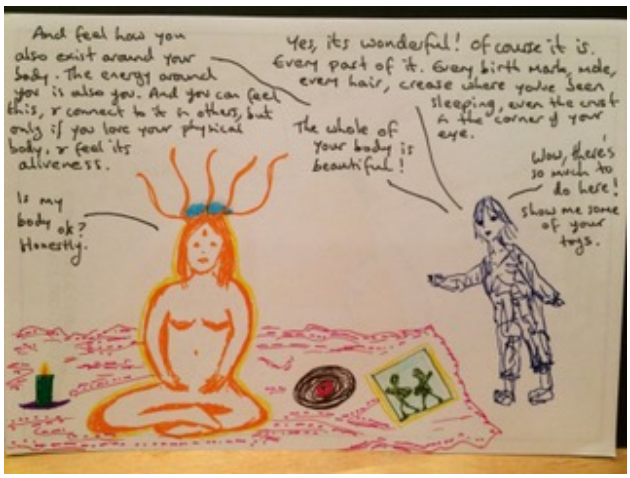
Later the same day I noticed a picture hanging on my wall consisting of four postcards in a single frame. I bought these postcards depicting paintings by German artist Sulamith Wulfing nearly 20 years ago and have always enjoyed them.

But suddenly I saw that the women in the paintings perfectly represented my phases of womanhood, Spring through to Winter positioned from left to right in the frame.

In my second Menstrual Medicine Circle session I had a wonderful experience of entering into the postcard scenes and meeting the women in them. Each had her own distinct personality and voice as she shared her wisdom with me.



I began with Autumn, a place of serenity and restfulness that I am yearning to find within myself. I shared my feelings of insecurity and she replied simply and clearly.



Next I visited Winter. In a touching exchange she showed me how the world looked to her. When I came to Spring I found that she needed my help and I had much to offer her.

Lastly, in a moving and meaningful encounter with my Summer woman, she offered me a powerful gift.

I decided to draw these encounters with the women of my seasons. I had never drawn anything until I started having Biodynamic Psychotherapy in Autumn 2013 when unexpectedly I felt a need to capture my response in images rather than words. Since then I have drawn all my therapy sessions. I value these drawings (rough, basic and with spelling mistakes) as a means of reflecting on my experience. Sometimes I see things when looking back at them after months or years, that become key to deepening integration. The knowledge that I can gain access to my inner resources in this way is comforting, as well as a motivation to help others through building my therapy practice. To anyone who thinks of themselves as someone who can't draw, in sharing my pictures I invite you to reconsider.

0101
AMY BARNES

In the middle of nowhere
Restless spirits.
Should we meet each other
In this place of nowhere
Perhaps we begin to be
Becoming someone in this somewhere.
We catch glimpses of ourselves
Through the eyes of the other.
Our reflections-
Glistening black-
Coal and diamonds
Deep in the infinity of our soul-
Waiting for light
Presenced by the other.

SPRING IS COMING
REBECCA WARNER-HODGKIN

They planted daffodils in front of where we used to live.

On noticing, I began to wonder if they had always been there.

Until I remembered all the days we were met with sludge and mud, garbage and long grass.

Now there are pretty yellow flowers, their faces set towards the sun, waving gently in the breeze.

Funny the things that let you know something is over.

Like that day I didn't cry when I found one of your records amongst my stuff.

After you left it took so long to get better that I began to wonder if I ever would.

But now someone else has planted flowers where we used to live.

And I find myself at the edge of spring, just like those dancing flowers,

setting my face to the sun and blossoming.

EASING THE BREATHING BODY
BY
PETER MACKERETH

My article has been written in response to attending the ABMT meeting in November 2017. The inspiration for the content came from the session led by Kate Codrington who included the vasomotoric cycle (VMC) as a model for reflecting upon the development of our unique practice. For me, the interactive session provided a timely moment of reflection. After having worked in the NHS for 40 years, latterly delivering and managing complementary therapies in a cancer setting, I had entered the relaxation phase of the VMC on retirement. Whilst listening to Kate, I came to the conclusion that I was not drifting away from therapeutic work, but finding a balance between my creative side (two days a week in a ceramic studio), working at a hospice part-time, and my current niche area of practice – easing breathlessness. Retired, 'but still breathing', this constant and necessary bodily activity has become an area of focus in my teaching, research work, and supervision with therapists. The seed for change in focus was sown over a year ago when I published a chapter on 'Easing the Breathing Body'. The chapter brought together a selection of breathing techniques which were easy for therapists to learn and also to teach to patients. The techniques were explored using a framework, named the *3B Plan for the breathing body* (Mackereth & Maycock, 2016). This centres on three processes:

• *Building resilience* – This first part of the plan could be perceived as a regular workout for the respiratory system. It involves learning about the mechanics of breathing, identifying triggers for changes in breathing patterns, and utilising techniques to change them. The techniques need to be practised as part of a daily routine to build muscle, capacity and flexibility into our respiratory systems.

• *Being prepared for an event* – Secondly, through discussion with a therapist, clarifying events and/or situations that provoke or trigger old unhelpful breathing patterns. I would suggest that clients become skilled in a choice of up to three techniques, and then use them prior to an event or situation that inhibits their breathing. These chosen techniques could be seen as *self-soothers* that empower an individual to respond differently and by choice. For example, a technique, called *Mindful Moist Mouth*, involves taking a sip water and then swallowing, as normal, noticing where the water has touched your mouth. Then take three more sips, each time slowing it down by moving the refreshing water around the mouth before it is swallowed. Finally, breath out with the mouth open bringing attention to the now cooled and moist tongue. Elongating the outbreath occurs naturally with this technique and the process of mindful

"During times of acute anxiety and distress our breathing can become inhibited. It is as if we are attempting to be as still and quiet as possible in case the monster (the threat) hears us."

sipping water and refreshing the mouth is the opposite to a dry mouth, typically associated with anxiety. Examples of other techniques are given later in the paper.

• *Breaking the cycle* – Support for implementing the techniques could additionally be offered by a caregiver, family member, or health professional who had also practiced these techniques. They would be able to guide and support the individual who may temporarily be *caught in the headlights* during a triggering situation. It is essential for the client to review the i*n the moment* assistance by taking time after the event to reflect on what worked and what did not. I also suggest practising the techniques again as a way of imprinting them for future use; this is called *future pacing.* The intervention could also be used within a therapy session, visualising a trigger situation and then practising a technique(s) with support from the therapist.

Armouring and breathing

During times of acute anxiety and distress our breathing can become inhibited. It is as if we are attempting to be as still and quiet as possible in case the monster (the threat) hears us. Muscles become tense, and thoughts and behaviours focus on survival. For some, when experiencing panic, breathing can become rapid, spluttering with tears from crying, and the eyes make seeking movements, signalling to others in the vicinity the need for support and comfort. These reactions should be short-lived in nature, aimed at dealing with the immediate threat and bringing us to safety by calling on others. For a small minority, the reaction to threatening and fearful triggers can include aggressive, often indiscriminate, behaviours, so bystanders and helpers may be targeted. These reactions can further isolate us from potential helpers. If any of these reactions continue for extended periods of time, they become chronic and locked into our musculature and holding patterns in our bodies. This is called armouring – chronic patterns of inhibited breathing and muscular tensions with associated fixed patterns of thinking and behaving. Over time, these wired-in physical and emotional changes limit our capacity to engage in the flexibility of emotions and behaviours that are needed to develop a full and satisfying life. Our life energy can become stuck in our bodies and then we can feel unable to move forward. Wilhelm Reich's concept of armouring provides one of the cornerstones in the improved understanding of human functioning. It ties together the psychological comprehension of the defences with structural anatomy and functional physiology. Alexander Lowen (1972) observed that a person whose functioning is depressed, will feel depressed, and they will consequently exhibit a depressed posture, especially a sunken chest (which may be masked by an inflated pose). Most importantly, the person's breathing will be restricted. The resultant dampening of energy can limit the supply of oxygen to the body's tissues.

A direct and immediate way to open one's body and spirit to the flow of life is then to breathe more comfortably and with greater ease. Alexander Lowen has said, 'to breathe little is to feel little' (1971); it could be argued that by freeing the breath, we can become more in contact with ourselves and with others. Not everyone can breathe deeply for physical, emotional and spiritual reasons. In fact, asking a client to take a 'deep breath' during a therapy session could be a big ask, and provoke anxiety that will further inhibit the breathing body. It is for similar reasons I avoid the phrase 'safe space' when including imagery within my work. If there is such a place, then there is also the opposite – a scary, possibly *hold your breath* place. I suggest inviting a client to think of a time or place of laughter, smiles, comfort, or a time of ease. Making these suggestions will offer choices that engage the frontal cortex and shift attention away from the amygdala – the place in our brains where we react instinctively to fear and threats. In developing my practice with patients experiencing panic and distress, often triggered by medical procedures and investigations, myself and others in the complementary therapy team at The Christie Cancer Centre have developed a variety of tried and tested 'stackable' resources. Stackable is a powerful suggestion (to ourselves and our clients) that in achieving a state of calm and comfort we have resourceful tools that can be selected and stacked to work with. The following are three of a number of stackable techniques described in the chapter 'Easing the Breathing Body' (Mackereth & Maycock, 2016);

1. *Packing* can be practised whilst a client is lying prone or sitting in a chair, leaning forward and resting the upper body on pillows on the couch. First, place your flat hands between the scapulae as the client takes a breath, lightening your touch as the person inhales, and then progressively deepening the pressure as s/he exhales. Move down the client's back and repeat the process three times; suggest a comfortable breath between each of three downward movements. Here, the purpose is to mindfully use the back muscles. When the touch is lightened during inhalation, it invites an expansive inspiration, and when the touch is deepened it promotes a fuller exhalation. Self-packing is possible by placing the hands behind the back, cupping the diaphragm/ lowest ribs each side and moving down to the waist; and then finish holding the outer hips, repeating the shift in hand pressure during the respiratory cycle during each of the three positions.

2. *Palm opening* involves inviting clients to either to lie on their backs or to be seated with their hands resting palms down on a pillow. Invite the client to take a comfortable breath in as s/he turns the hands over, as if receiving a breath through the open hands. You can add 'stretch the fingers and open the spaces between them as if these spaces are gills'. The act of turning the hands over, with the palms uppermost, opens the upper chest and shoulders and arms. By saying this to a client it brings attention to the connection between the movement and the chest. Finally, turning the hands back, palm down, softens the whole body, encouraging the release of a comfortable breath.

"The technique encourages the greater use of the back and belly muscles in breathing, as demonstrated on my YouTube video 'Peter the Pandiculator'."

Again, using this phrasing to the client encourages a connection between the arms and breathing, and thus a realisation that other parts of the body can be brought into play when letting go of tension.

3. *Pandiculation*. The stretch, breath and then yawn cycle, is based on the theory that inhaling whilst stretching and exhaling while letting go of muscle tension, followed by a yawn, can promote a calm state prior to or post a stressful event (Walusinski, 2006; Bertolucci, 2011). Repeating the pandiculation process four times, as a twice daily exercise, was used in a recent study by myself and colleagues to ease breathlessness with lung cancer patients (Ellis et al, 2016). The technique encourages the greater use of the back and belly muscles in breathing, as demonstrated on my YouTube video 'Peter the Pandiculator'. Yawning and its potential for bodyworkers practice will be explored in a future article. What I would say now is, if a client (or yourself as a recipient) in session or post session begins to yawn, encourage its full and glorious expression and discourage a stifling of a yawn.

First, clients can test run all three techniques and then select one or more as a daily resilience building exercise. Second, they can select one or more options for use prior to a challenging event or situation.

Finally, a client who experiences distress and panic in response to certain situations, can be invited to visualise a challenging situation, s/he can then be supported in a therapy session to use a preferred intervention to de-escalate any stress response.

As therapists, we can also use these interventions as part of a mindful centring process between clients and offer them as 'warm ups' to groups at the start of a practical workshop.

Conclusion

The ABMT meeting provided an opportunity to reflect on my emerging niche practice area. In further examining this activity and the VMC, I decided to write this short paper on techniques that I have been using, teaching and researching in clinical practice. Additionally, I think the therapeutic use of breathing, stretching and yawning has much to offer biodynamic massage therapists as a resource. I look forward to examining this technique in more detail in developing an article for the journal and in future dialogue with ABMT members.

Peter Mackereth is a therapist, teacher and potter he has written several books and lives in Manchester.

RESPONDING TO OUR CLIENTS' RESPONSES

CLOVER SOUTHWELL

In this article, Clover reflects on the client and our contract with them: "It pains me to hear this called 'body work', we are not working on a body; we are working with a person."

I love to think of Biodynamic Massage as a conversation without words. Every tiniest shift of our fingers is giving our client some suggestion, inviting him to let something move inside him: to let some inner restrictions melt, and dare to trust who he truly is.

All through the session, from second to second, our client will silently be saying 'Yes' or 'No' to our suggestions—welcoming them or resisting them, though these responses are usually far from conscious for the client.

We use our eyes, hands and ears to see how our client is responding. With such acute 'listening', he can feel deeply understood and 'touched'.

These responses are sometimes 'positive', such as fluid psychoperistaltic sounds, changes in breathing, skin colour and muscle tone, increased energy flow, silent tears, and deeper inwardness.

Probably for most biodynamic massage therapists the favourite responses come through the stethoscope. The variety of sounds that the intestines can produce continues to astound me: some so watery, some so dry. Sometimes they continue for several seconds or even minutes, like peals of thunder. Sometimes they are brief, intermittent. Sometimes so noisy that they even hurt one's ears.

Sometimes the sounds seem reluctant to come through, at other times they seem to be bursting out. Other times they are so faint one has to strain to catch them.

Sometimes our fingers will pause, to give time for the client's response to work its way through a chain of rich psychoperistaltic sounds or a long complex cycle of breath.

Suppose we are now working with some muscle which - through a life of 'rising above emotion' - has become tough as leather. We persist, and at a given moment we feel the muscle soften between our fingers. We are not working lifeless clay. Our client is saying 'Yes'.

It pains me to hear this called 'body work', we are not working on a body; we are working with a person. We don't make things happen, we make an invitation to let things happen.

Such 'positive' response shows us that we are on the right track—that our client is absorbing the massage. So, we may continue to work in the same area of the body, at the same depth and with the same intention. Thanks to our wordless conversation, we are now more fully in touch with this person, and he will probably feel well seen and understood.

Responding to our client's 'Yes' is easy. Responding to a 'No' is less straightforward, particularly if this client has come specifically for biodynamic massage and is not interested in psychotherapy. A client's 'No' may come clear and strong. Sometimes it is ambivalent.

If our client doesn't go along with the suggestions our hands are conveying, he may start chatting at a banal level, his breathing may get very shallow, he may seem to split off (very different from the positive 'floating'). It could be simply that our pressure was painful, and this we can adjust.

Sometimes a 'No' response is relatively trivial and easily dealt with; others are more significant. If our client gets a bit fidgety, or persists in banal chatter, this rather negative response tells us that he is not yet letting himself fully into the process. Possibly he came intending to tell us something before the massage started and now he is on the table thinks he should keep quiet 'like a good boy'. Or maybe the position he has chosen proves a bit uncomfortable, but he refrains from adjusting himself to make it easy for the therapist to work.

We could simply ask 'are you really comfortable?' He repositions his arms and heaves a sigh of relief. The difficulty had been relatively banal, and a simple solution has been found. That 'No' had been trivial, not significant.

Significant 'No' Responses

These negative responses are often not a conscious protest or resistance. Simply, we are running into some ancient resistance-to-self now structured into the armouring in the body tissue. Gerda Boysen thought of this armouring as a horizontal containing force which for years has been holding down some 'unwelcome' emotions or impulses that the client had suppressed in the past and are now pushing to the surface ('impinging from within').

This 'No' is not trivial. This 'No' will have started way back in the past, very possibly in childhood.

Once we have managed to perceive our client's response, how will we understand it? And how does our conversation proceed? The art of biodynamic massage lies in how we respond to our client's responses.

What are we to think when the stethoscope goes silent? This could be some trivial discomfort, or it could indicate we are running into the dynamic updrift of emotional energy from painful experience long ago which our client repressed and had been 'safely contained within the body armour'.

Dynamic Updrift

Gerda Boyesen emphasised that the dynamic of such an undigested experience does not fizzle out and still 'wants to find resolution and complete its natural cycle'. Our client had supressed his impulse by some muscular effort years ago and it remains 'encapsulated in the body depths'. Even gentle biodynamic massage softens and relaxes this containing armour to some extent. So, if this emotion is triggered now in daily life the armour is weaker than it was in comparison to the force of the dynamic updrift.

I learned about the dynamic updrift early in my biodynamic experience. Mona-Lisa Boyesen told me about a psychotherapy client who came to her regularly for two sessions a week.

At one session Mona-Lisa would use massage, which would soften the layer of (horizontal) armouring in the client's body. The repressed emotion was then able to press up through the weakened armour.

The comparative strength of the updrift was now greater than the weakened resistance of the armour.

In the days immediately after the massage, some repressed and contained emotional experience would begin to press up towards the client's awareness; more likely as a vague agitation than as a recognisable emotion.

When this client came for a second session that week, Mona-Lisa would help her focus on the sensations arising and help her to allow her body to follow the emerging impulses. In this way the emotion would gradually become recognisable, and could be explored and expressed in vegetotherapy.

I see this as a beautiful example of how Biodynamic Massage can support Biodynamic psychotherapy. Ideally the same therapist gives both the massage and the psychotherapy, then the flow is seamless and the therapeutic relationship is single and therefore less convoluted.

Armouring and Updrift

Armouring works to resist the dynamic updrift of pressure from the past. Working within a massage contract, we want to help the pressure dissolve through the body, primarily through psychoperistalsis. Working within a psychotherapy contract we might try to explore its source.

Gerda Boyesen spoke of 'conflict in the body', between the restraining force of the armouring - which she saw as a horizontal force - and the vertical 'dynamic updrift' of an impulse or emotion which had been frustrated and suppressed in the original time and is now impinging as pressure from the past.

How is the therapist to deal with this? This depends on the contract they

made with the client when they first came. Is this massage part of our psychotherapy with this client? If so we may welcome the impulse and explore it further. If he's coming purely for massage, we should in my view try to resolve the pressure by helping the energy come down through the body and digest the pressure vegetatively through the psychoperistalsis. The temptation to stray beyond the field of our contract can be strong, but we should respect our client's choices.

Biodynamic massage will naturally have some melting effect on our client's armour, and it inevitably alters the balance of power between the relative strength of the protective/defensive armour and the dynamic updrift of the impulses and feelings that it was developed to contain and regulate. Medieval armour protected the warrior from onslaught from outside. Internal body armouring develops from childhood onwards to protect us from our own feelings and impulses that can seem so dangerous to allow out. Gerda Boysen saw this armour as a horizontal layer containing and holding down the upward and outward thrust of the feelings and impulses, that were repressed and supressed in the past.

The Well-being Client

A client coming specifically for biodynamic Massage is looking to enhance his general health and well-being. Or perhaps he comes simply for the pleasure of being touched in this way for the best part of an hour – we would not want to create too much disturbance (provocation in his system). For many clients, well-being means relief from the pressures of on-going everyday stress, including the stress of emotional interactions. Our client may not recognise this stress as a particular bodily sensation, but simply as a vague unease or agitation, disturbing the peace. This person's nightly sleep is not enough to digest the residual stress of the day. Vegetative digestion happens when a person is physically at rest, secure from threat of interruption but if the person's nightly sleep isn't enough to dissolve and digest the pressure, some residue remains in the system.

Working just within the "protective resistance", biodynamic massage can help a person melt many levels of unneeded but habitual defence: not only the physical tensions but also his restrictive patterns of thought and behaviours. With regular biodynamic massage habitual fears and worries may gently fade away, the client is aware of the resulting sense of ease and freedom. But this is not psychotherapy, simply the easing of some habitual self-limitations.

Silence in the Stethoscope

For most biodynamic massage therapists the response that comes through the stethoscope is our favourite feedback. Hearing no sound in the stethoscope does not mean the client is not responding; this silence is the response: a negative response like someone silently refusing to answer a question. As long as a person is alive and functioning there is always something happening. Keeping still is something. Cutting off is something. Silence in the stethoscope is something. Something we try to understand.

If for a minute or two the stethoscope falls silent, no longer burbling its 'Yes', what will I think? Firstly, this 'No' too can

also be trivial or significant. I might move to work in a different area of the body to see if that is more able to respond. If that does not help I might ask my client to lie on their left side as this position has been found to be the most conducive to psychoperistalisis. The change in position sometimes immediately restores the peristalsis. If not, I would try polarisation between the back of neck and below the navel. If still no sounds come I would try working down the back for which this is a good position, especially drawing the energy from the pelvis through into the legs.

If there are still no sounds even when I reach the feet and toes, I might ask the client where she would like me to work next, and whether she would perhaps prefer I simply rest my hand there. I might do more polarisation and then simply sit quietly with the client. If the peristalsis still does not get going again I would hope to invite the client to talk a bit. I might ask how she is feeling, I might say 'I wonder what sort of thoughts have been moving in your mind as we've been working'.

If this session is part of a psychotherapy contract I will consider the silence as pointing to some level of dynamic updrift of old unresolved emotional experience and would work towards helping my client explore the content of the updrift as it 'ripens' into some recognisable emotion, impulse or memory.

If my client is coming specifically for massage I will search for ways to restore the psychoperistalsis so that on the crucial vegetative level the old emotional cycle interrupted in the past can be resolved through the psychoperistalsis.

Once the dynamic is impinging on the client we need to manage the updrift in a responsible way. Here we come to crucial considerations: is this massage session part of an on-going psychotherapy process, or does this client come regularly for Biodynamic Massage simply because they enjoy being touched in this way for the best part of an hour? Some come to get relief from their everyday stress, and find Biodynamic Massage enhances their general resilience and equilibrium.

If the massage is part of an agreed psychotherapy process, therapist and client may both be glad to open up areas that had been locked away for years.

A client coming specifically for biodynamic massage may not wish to explore the significance of his tensions and resistance. That 'can of worms' had better be left unopened and we should respect our client's wish, however we may be tempted to explore what may be opening up. In my view we should resist the temptation.

To conclude, therefore, once we have managed to perceive our client's response, the art of biodynamic massage lies in how we respond to our client's responses.

BOOK REVIEWS

The Thompson Method of Bodywork: Structural Alignment, Core Strength and Emotional Release

Cathy Thompson and Tara Thompson Lewis

Review by Theo Raymond

I first met Tara Thompson Lewis as an undergraduate when we got to know each other playing bit parts in an ensemble play. While it was clear we both shared a poor grasp of acting, I was unaware until some years later that we shared a great interest in bodywork, and how emotions are experienced in the body. When I went to London to become a massage therapist, Tara returned to New York to take over her mother's bodywork practice. Cathy Thompson was a bodyworker and Gestalt-trained therapist who, after a long battle with cancer, sadly passed away in 2008. Ten years later, Tara has published her mother's work in 'The Thompson Method', a fantastic resource for body psychotherapists, massage therapists, and others in the bodymind professions.

The book is divided into two parts. The first part, entitled 'Cathy Thompson's Philosophy of Bodywork', describes the theory and experiences that inform Thompson's way of working. These include working with 'Kyo' and 'Jitsu' – terms from Zen Shiatsu that roughly equate to 'empty' and 'full' – her views on the connectedness of the mind and body, and how to work with pain, tension, injury and trauma.

With the calm, well-reasoned wisdom of a practitioner with abundant clinical experience, Thompson walks you through her world in a way that feels intuitive yet considered, sensitive yet pragmatic. I found her sections on the causes of musculoskeletal pain, and the one on gravity's effects on the body, to be particularly illuminating. Whether you are a biodynamic massage therapist with experience of other bodywork modalities or not, practitioners will find this a grounded foundation to working with the body, and one rooted into other disciplines in an informative way. While there are few references in the book, I get the sense that Cathy Thompson embodied a broad range of theory over her career, which is presented in a logical and digested form to the reader.

The second section of the book is an extensive illustrated collection of Thompson's exercises for working with all parts of the body. Drawing on her experience in yoga, Rolfing, and other disciplines, these include stretches, breath work, muscle strengthening and vocal exercises, and much more.

Thompson attends to these with detailed instructions, and provides theoretical context that will no doubt broaden the reader's understanding of the body.

The phrasing used to describe the movements has been thoroughly considered, and is often enhanced with a visual element, such as ‘absorb your C7 vertebra’ rather than ‘tuck your neck in’. Although this section can be read as you would a traditional book, readers may find that this section serves them better as a reference tool for self and client care, introducing exercises one by one into practice, rather than getting overwhelmed by confronting them all at once.

One of the things that stands out for me about this section is Thompson’s attention to muscle strengthening. As someone who does a lot of strength training, I often feel that something missing from body psychotherapy is a way of working with developing and stretching muscles in an embodied way.

Thompson recognises the importance of strength training, but suggests exercises that are focused, emotionally sensitive, and that can be applied more usefully in a therapeutic setting than simply telling our clients to head to a gym.

But what makes this work all the more impactful is the honesty with which Tara Thompson Lewis locates herself personally in the book’s production. In the forward and afterward, she candidly brings the reader into her own process of curating, developing, and publishing the work of her late mother.

To conclude, Tara tells us what her mother told her: ‘Bodywork is about the mother’.

She writes: ‘However damaged or healthy we may feel the mother relationship is, there is always the opportunity for healing, as we are in a constant state of destruction and renewal. Whether we are conscious of it or not, we are engaged in a process of birthing ourselves, of regenerating our cells. In this way, we are our own mother’ (p. 306). I hope that you, too, will find a way of integrating the lessons of ‘The Thompson Method’ into your own midwife approach.

Embracing Touch in Dementia Care

Luke Tanner

Review by Ruth Baigent

'With the onset of cognitive impairment, the experience of touch will increasingly determine someone's sense of relationships, their expectations of caregiving interactions and the intentions of their carers' (p45).

Luke Tanner's book comes from his recognition of 'the power of touch but also the negative impact of a clinical, task-oriented culture of care' (p17), and in it he seeks to explore the question of touch in the dementia care sector.

Through case studies and discussion, the book explores different types of touch and how these can affect the person being cared for. Tanner discusses issues such as consent with cognitive impairment, misuse of and abusive touch, intimacy, relationships, sexuality, sensory issues, attachment disorders, types of touch, and types and effects of different care-giving environments.

Through his experience working in dementia care homes, Tanner has found a lack of discussion and a lack of precision in policy regarding touch, but he has also found a general culture of prohibition of intimate touch, such as hugging, though no explicit prohibition has been made.

Within this vague cultural norm, Tanner finds some types of touch are more readily acceptable than others. Massage, for instance, is 'acceptable' whilst hugging or hand holding is not - even when the latter might feel more appropriate, helpful and supportive to the recipient of the touch.

Tanner states: 'In the absence of a focused discussion and debate on touching in professional care and caring relationships, attitudes towards touch within the care sector of the vulnerable are becoming overly determined by discourses of abuse, exploitation and litigation' (p15).

Tanner describes four 'models of care and cultures of touch' which he believes most cultures of care fall into:

- The Clinical Service

- The Confused Service

- The Creative Service

- The Congruent Service

This book has a very clear perspective as its starting point - the beneficial styles of certain types of touch, and the detrimental effect of touch being restricted to what is only considered clinically 'necessary'.

Much touch in dementia care is limited to perfunctory clinical touch, and Tanner discusses the reasons, and the serious consequences of this type of care.

Much space in this book is given to the factors involved in different types of touch, and why certain cultures of touch might be encouraged in spite of negative outcomes.

Tanner offers plentiful discussion points, many of which will feel intuitive to us as fully-trained biodynamic massage practitioners. I imagine, from what Tanner says, that from the point-of-view of a care home worker, much of the discussion will bring fresh insight into a subject that has never had the light of consciousness shone upon it.

Tanner is seeking a radical culture change.

Tanner proceeds to discuss the individual nature of the experience of touch. Again, this covers content which we will be familiar with from our biodynamic massage training. He also discusses touch specifically from the point-of-view of those with cognitive impairment.

Tanner says that ‘caregiving depends on one person's ability to offer help and another person's ability to receive it’ p60). Early attachment is a factor for those with dementia: ‘Dementia often undermines someone's capacity to draw on sophisticated coping mechanisms and the knowledge and insights they have acquired in the shorter term’ so that ‘someone experiencing dementia will be more reliant on the primitive coping mechanisms laid down in their early life' (p62).

Reverting to early attachment styles such as insecure avoidant attachment, can mean a care recipient is mistaken for having more severe dementia than they actually have. They may be simply acting out early coping mechanisms, such as an inability to reach out for help because of the fear of the consequences - in spite of a real need for contact.

Luke Tanner offering free hugs in London

Tanner proposes providing specific, individualised care, informed by knowledge of insecure attachment disorders, in order to provide the dementia patient with the best care. This is important because ‘a person's attachment style can be as much a determinant of their quality of life as their level of dementia' (p71). The right care will significantly reduce stress levels of the patient and ‘caregiving situations can either make or break secure attachment’ (p72).

Embracing Touch in Dementia Care is a book helpful for anyone working in a care home setting and is also interesting for anyone who works with touch generally. Many of us will have experienced clients who are hard to reach and resistant to care. Particularly, with regard to insecure attachment styles, there is plenty in this book that will be helpful for any practitioner in reaching out to these kinds of clients, providing ideas to help them feel safe and able to receive touch, and also to enable them to connect with their bodies through touch.

Tanner's description of attachment disorders is full of understanding and humanity.

He writes with none of the "condemning the other" tone that psychology books often imply, and which can feel harsh and humiliating to any reader who might associate with these descriptions. In our ‘one size fits all’ society, even normal parenting can lead to attachment disorders. An understanding of attachment disorders therefore helps explain why certain people find certain things more traumatic than others, where a ‘disability’ masks mental health problems. For instance, in the case that the client is particularly sensitive or autistic, building a secure attachment is that bit more difficult, and ‘normal’ parenting is likely to lead the child to trauma.

I also enjoy the humanity Tanner expresses in his case studies and descriptions of care homes. I have my own experience of working with people in care environments and hospitals, and always remember one man I worked with called Peter. He was a big, burly fellow and was being encouraged to do a jigsaw puzzle. I sat with him to do the puzzle but he showed little or no interest. I instinctively asked him about what he liked doing when he was at home and he told me ‘I like doing my motorcycles’.

I was struck by the indignity of making this skilled mechanic sit down at a table and do a jigsaw puzzle, and by the implication that if he didn't engage, it was a problem with his recovery rather than, as I felt, a result of a natural lack of interest. I was a young, inexperienced member of staff and I didn't understand a fraction of the huge momentum behind the way patients are treated in care environments.

In terms of discussing activities, discussing medication, discussing anything, I observed a ‘them and us’ atmosphere where the patient was excluded and not consulted or informed. This is clearly identified by Tanner as detrimental to patient care. I felt the patient was secondary to ‘getting the job done’ as simply and efficiently as possible, and a ‘one size fits all’ policy was in evidence. The trail of desolation this practice left in its wake was, as Tanner describes in his concluding chapter, ‘basically unseen’ (p197).

Poor care is hiding in plain sight.

I'm glad to have read Luke Tanner's book, and hope it has the impact it deserves in the area of the institutional care of vulnerable people.