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Broaden Your Touch Repertoire

Let the Body Lead the Way

By Robyn Scherr and Kate Mackinnon

How much information are your hands capable of receiving?

Broadening your touch repertoire to include a receptive approach will make you a more versatile and effective practitioner.

As bodyworkers, we know how important and powerful touch is in people's lives. We are all born with an incredibly sophisticated neural network that helps us understand and use signals that come in through the largest organ in our bodies, our skin. Not only that, our entire nervous system—including our brain—is constantly learning from and changing itself in response to those signals. This is the very definition of neuroplasticity. Touch informs us and forms us.

It's easy to remember that our clients receive input through the quality, depth, speed, and intentionality of our touch. But we can overlook that just the act of our touching them gives *us* input as well; we receive information we often don't recognize, or that we ignore or dismiss because we don't know its value. We can forget how powerfully touch informs us and rely on technique alone. Recognizing a broader spectrum of input from our touch is one of the cornerstones of good

therapeutic presence, as it helps us hone in on the most helpful engagement.

Let's explore how to expand your palpatory sense, learning what information the client is showing us when we touch with the least amount of disturbance or invasiveness, keeping our hands relaxed and alert to receive the most input possible. This noninvasive approach will make any bodywork modality more effective.

TRADITIONAL PALPATION AND THE "FIX-IT" MENTALITY

We are trained to palpate within a medical model. We are taught how to feel for certain qualities such as a tense, tight area that could mean scar tissue, a soft boggy feel representing swelling, heat for inflammation, or the hard end-feel of a braced joint. All these ways of palpating provide useful information. Note that all are in search of discovering specific pieces of information. We go in, literally, with a plan and an idea of what we will find. This is a model of being the expert in the room, looking for what's wrong and devising a plan to remedy it.

We carry that mentality into the session. As bodyworkers, many of us are trained with the following way of approaching our business: greet the client, listen to their concerns, settle them on the table, do an assessment in a way that's comfortable and familiar to the therapist, and then set about remediating the stuck places, or what's been deemed wrong. Hopefully there is a check-in along the way: gauging comfort for the client, and how well their body is accepting the changes the therapist is trying to bring about by measuring against the initial assessment. This approach can create good change for our clients; however, we only

get what we're looking for, and that means we can only find what we already know.

We also limit avenues for change to those that address the problem we've identified. Whether "light touch" or "deep tissue," the focus is on seeking out and doing. The major downside of looking for problems is that it is easy to override the client's system because we have an agenda.

The opposite of that would be to touch with the intention of finding out what information can come *into* our hands, instead of what our hands can go in and find. What we find may be surprising, like noticing a sore knee is actually helped most by releasing the opposite shoulder rather than working on a tight set of quads. We may also find what's going right in the body and learn that bolstering what's going right rather than trying to find and fix what's going wrong may be just what's needed.

As much as we focus on pain and dysfunction in bodywork, we know that if our client can come to us, and even most of the time when the client is unable to come to us and we go to them, there's more going right in the body than going wrong. This is true even for clients who are ill, but a simple example of this would be a client complaining of neck pain. Perhaps we find that their neck and torso are stiff and resistant to touch, but their feet are very open to being worked, and that the client begins to relax and enjoy touch at their feet. This client may be best served by working the feet thoroughly, and then expanding work into other areas of the body that can also experience these calming, pleasurable sensations. You may be surprised that their neck releases without any work there at all.

It's good to remind ourselves that when we focus on what's wrong, we are aligned with the part of the client that wants to change (see "Cultivating Neutrality: Grow Your Therapeutic Presence," *Massage & Bodywork*, November/December 2014).

We have no room to see how the pattern is

serving the client and whether it is in their best interest to go in with the intention of correcting back to "normal" or "proper" alignment. In sessions like these, often clients' bodies either resist or give in. There is greater likelihood of missing the source of the issue, and only changing the compensations. When we take away compensations that are working for the client, we've done them a disservice. And as we are sure you've seen, often those compensations come right back, and we're left with a client who says, "It felt better for a bit, and then started hurting again."

When you can keep your hands curious and open to new information, outcomes improve. This openness can be especially useful with clients who don't improve despite all your orthopedic tests or amazing protocols of wonderful techniques. If outcomes are baffling or less than ideal, consider taking in more information and following what you find, rather than coming up with a plan and attempting to fix what's wrong.

A PALPATION MODEL

Craniosacral therapy (CST) is based in noninvasive touch, so it provides an effective model for this session approach. In the CST paradigm, we become a mirror for our clients, so clients can feel themselves more than our intervention. This can be especially important for folks who are already in sensory overload. And since many people in acute and chronic pain are in sensory overload, this can be a large percentage of the clients you see.

As in other forms of bodywork, trust is vital for the CST practitioner: first we must trust that the client's body is smart and communicating with us. Then, we must trust the communication our hands

are receiving and be willing to respond to that. This trust develops over time, as we build a library of sensation and track treatment outcomes. Assessment becomes “taking a baseline,” to borrow a concept from Emilie Conrad’s Continuum Movement method. It’s asking, “What is happening in this body right now?,” rather than measuring against a set of standards. Evaluation and the treatment become more of a conversation (sometimes including words, sometimes silent) than executing a plan. Assessment is repeated at the close of the session, not to see “how the plan worked,” but to notice what this *new* moment’s baseline is, providing feedback to both the client and practitioner.

For those of us who are trained to “do to” our clients and accustomed to crafting and executing a plan, this can be a challenge! But it’s a challenge worth exploring. It leaves us open to finding out more information without being limited by what we already know. With this expansive awareness, our touch can be more sensitive and flexible to meet the needs of clients at each moment in time.

When we are palpating from a place of allowing information to come into our hands, we are able to identify more clearly when there is something novel or different from what we’re used to feeling. In a recent multihands session (where a client has more than one therapist in a session), we were with a new client who reported having several abdominal surgeries in the last year. She told us she had a high pain threshold and made light of the surgeries as if they were not all that significant. On assessment, we noted her abdomen was relaxed, without much fascial tightness. This itself was interesting, because usually with abdominal surgeries there is a lot of tightness and many directions of pull. Given our client’s ease on the table and her lighthearted tone (and the fact that CST is performed with clothes on),

it might have been easy not to appreciate just how extensive these surgeries were.

As we stayed with the tissue, we noticed that in addition to that uncanny ease of motion, there was something else we couldn’t quite identify in a large section along the midline. With a few general inquiries about her surgeries and no answer to what we were feeling, we continued working in silence for several minutes. The client then suddenly said, “Well, they took out so much scar tissue and so much of my skin they did have to use pig skin to close the wound in the last surgery.” All of a sudden what we were feeling made sense, and we were able to treat that area with more precision. Much of the rest of the session involved the client feeling beyond her own tissue and into that new skin, incorporating it into the felt sense of her body. And, as a bonus, our hands now know what pig skin feels like in a human body, increasing our felt-sense library of knowledge!

A MODEL IN ACTION

As CST practitioners, we are accustomed to encouraging our clients’ body awareness and their experience of touch and internal sensation. We recognize that it’s the client’s body that makes helpful change, more than any technique we can employ, so it’s useful to engage them in the process. We will often ask, “What are you aware of right now?” as a prompt. Clients report that, over time, they become more aware of their bodies. Their treatments are more effective, too, because they’re now better equipped to respond to their bodies’ needs.

When we started working together in multihands sessions, we began to ask each other the same question: “What are you aware of?” We each perform an assessment and settle in to work. Asking each other to state what we’re

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noticing in the tissues deepens our skill level, because we need to think through the nuances of what we're feeling.

Sometimes it's easy to feel through the client's body to each other's hands, and sometimes the connection between our hands is not so clear. This is one way to discover where the body is struggling, to focus on an area that is difficult to palpate through. Other times, we notice that while our hands are in the right place, it's the specificity of our touch that needs to change. Perhaps they're connected in with the tissue fairly globally, and honing in on a specific structure helps expedite the change the body wants. It can also be the other way around: sometimes one of us is too focused on a structure or tissue type, and a more global approach is better. If the client has good body awareness, they will often track all of this with us.

Over the years, this type of questioning has become well ingrained in our practices, so that even when we may be touching with significant depth or pressure, our clients remain relaxed and receptive. We don't create a guarding response in our clients because we are not imposing ourselves, but rather responding accurately to their needs for that depth of pressure. Recently, a client asked why she could not feel much in an area where our hands were. Although we could feel change in the tissues, it was not something the client could track. By deepening the palpation by a couple of grams, and therefore applying a little more drag, the client was able to feel what was happening. And while our work showed signs of

being effective before she participated, it was more effective, and more specific, once she was involved in the process.

THE THERAPIST'S FELT SENSE

To palpate with accuracy, we must allow ourselves to be moved by the client's tissues. Otherwise, we are just feeling where their tissues meet our own restrictions. So we need to be very aware of our own body. We need to be able to notice where we may be holding tension or have discomfort, and how much presence we have in any one area. For example, when something does not feel good in our own body, it is easy to simply ignore that area and have no presence there at all.

If we are distracted from our own body sensation or preoccupied with discomfort or effort, we will convey this through our touch. The equivalent would be putting on ear mufflers and babbling aloud when we are trying to listen to a certain sound someone is making. And sometimes, when we are learning a new skill or unsure of what we are feeling, we can have a tendency to put in too much effort, just with our intention. Even if we're employing very light touch, this can feel invasive to the client.

So, we can see that it is not just light touch alone that is needed to be noninvasive; we also need to consider our sense of our own body, and our intention, as we work. The more awareness we have, and the more comfort and ease we can create in our own bodies, the more potential we create for

clients to feel themselves. We are essentially being role models for them. Becoming the role models we want to be for our clients may involve unlearning a lot of the lessons we get around touch early in life.

TOUCH AS FIRST LANGUAGE

When we are born, we are unable to talk to communicate our needs. Fortunately, most of us can cry very loudly to get attention when we are distressed! Words spoken or sung to calm us can be helpful, but the real support comes from being held and touched in a way that meets our needs. Touch is our primary sense for well-being.

Babies and toddlers respond to touch. When touch does not feel good to them, they communicate by recoiling. They respond to touch that meets them by meeting it in return, and often showing the person touching them just what they want (leaning in for a tighter hug, extending the spine to request a lift up, taking away one hand but leaving another in place). Touching a child noninvasively allows for more "conversation" to happen between caregiver and child. There is a respect for the child's boundaries and body integrity.

Unfortunately, all too often, babies and young children are not respected in regard to touch. Children instead learn to "put up with" or submit to touch that does not feel good. This begins the process of being educated out of this innate understanding we are born with around the language of touch.

We adults have, by and large, been taught to submit to discomfort "for our own good." We learn early that our bodies are not completely our own, and that we must ignore or override distressing sensations. This translates easily to the massage table, which can lead to poor communication and poor outcomes. You may feel this in sessions with your clients, when they tighten to resist your touch or go limp, "giving in" to pressure. One of our goals as bodyworkers is to ensure that coming generations don't have this hurdle (see sidebar on page 57). Imagine how much more effective your work will be

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when your touch meets your client's needs, and doesn't elicit guarding or collapse.

Recently co-author Mackinnon was working with a longtime client who had an acute injury to her left knee after tripping on a sidewalk the week before. It had been resolving, and then she went to see a doctor who carried out routine orthopedic tests to diagnose the problem. This flared up all her pain and she went back to using crutches again for a few days. When she came in, the knee was clearly swollen, and the client was in a good amount of pain. Mackinnon started out by employing her physical therapist skills and palpated the medial ligament in a traditional, medical manner. It was painful with very little pressure. That alone told the therapist she was going to gain little information with this kind of touch.

Instead, she then put her hands on the front and back of the client's knee and listened. She was able to feel the many structures that were affected by the client's accident and found that global inflammation was the most pressing issue. As Mackinnon's hands remained on the knee, she could feel small movements take place under her hands and see movement along the lines of pull down to the ankle as the body accessed its own self-healing capacity. The inflammation began to resolve and the client reported less pain.

As Mackinnon's hands continued to cradle the knee, the client recalled that this knee had been badly injured before. She was also able to see how the doctor's exam had exacerbated the pain. She was due to see another doctor later that day for more tests, and then was scheduled to travel for several days. She was able to reflect on the timing of this and see that she would be better off postponing her doctor's appointment, which was likely to aggravate her symptoms for a bit, until after her travel.



Compassionate Touch for Children

We work every day to help our clients gain a healthy awareness of their bodies and a healthy relationship with touch. And we're working toward the day when children aren't educated out of their natural awareness of nurturing touch.

How can we raise new generations that aren't dissociated from their bodies? One way is to introduce the idea of healthy touch in school, teaching children to recognize touch that is nurturing and helpful, and how to avoid touch that isn't. There are easy ways to talk about touch, and bringing Compassionate Touch safely into schools is one way. One of the basic ground rules around touch in schools is that permission is always given for touch from both people, either verbally or by a simple gesture like putting out your hand for a shake, or bending down and opening your arms to invite a hug.

Children can also be taught how to use Compassionate Touch with one another. For example, when a student falls and hurts their knee, their friend can say, "Please, may I touch you?" And if their friend answers yes, they can then put their hands on their friend's hurt knee and think kind, loving thoughts. Susan Cotta's book *I Can Show You I Care: Compassionate Touch for Children* (North Atlantic Books, 2003) is a great resource for children and schools, and also for touch therapists. We use the book in our offices.

Students and teachers alike have found Compassionate Touch to be a very effective way of increasing pro-social behaviors in the classroom, and it's an important component of any social and emotional learning curriculum.



Amplify Your Bodywork Skills

Join like-minded colleagues at Esalen in Big Sur, California (January 12–14, 2018), as educators Robyn Scherr and Kate Mackinnon help you attune your palpation to clients' needs.

“Noninvasive Palpation: Amplify Your Bodywork Skills” will teach you how to palpate the tissues, fluids, and frequencies of the body—in its various densities—with ease and specificity. Imagine how effective your work will be when you can track and respond to inflammation, strain, and metabolic processes accurately, and without force. Noninvasive palpation makes any bodywork modality more effective, enjoyable, and more comfortable for clients. There's no more precise and sensitive instrument than well-trained hands.

Lecture, gentle proprioceptive movement, and sensory exploration will be balanced with plenty of practice time at the table. For more information visit <http://bit.ly/2xAXNBF>.

FELT SENSE AND THERAPEUTIC PRESENCE

The most useful practice we have found to enhance our awareness and increase our therapeutic presence is Suzanne Scurlock-Durana's *Healing From the Core* curriculum. In its essence, it helps us assess ourselves (take a baseline) by noticing how much of our bodies we are able to access through our felt sense, and then gently bring awareness and presence to places that may feel stuck or absent.

This is a constant exploration, different every time we practice, and we find it vital for our ability to palpate accurately. It requires getting really comfortable with curiosity and that place of “not knowing.” It helps keep us in check when we're tempted to think we have a solution to a client's problem. By staying grounded and aware in our own bodies, we are better facilitators and empower our clients' own self-discovery.

NONINVASIVE PALPATION

We think the best way to develop noninvasive bodywork skills is to practice with peers who are also interested in honing their own felt sense. Set up a trade where the purpose is more about discovery than treatment.

You may wish to review the various touch receptors as preparation. It can be useful to remind yourself of the different inputs our skin can register (light and steady, light and fleeting, deep and steady, deep and fleeting, direction, temperature, etc.). But remember that nothing in the body acts in isolation. Our felt sense is always a blend of every input that's coming from our insides, our sense organs, and our skin.

A relaxed, steady hand that uses only its natural weight will help you avoid giving distracting input to yourself and your partner. Often “light touch” therapists stiffen their hands, arms, and shoulders to achieve that sense of lightness, a not-quite touching. And “deep touch” therapists

stiffen or compress their joints to press. We propose learning what it feels like to simply place your relaxed hands on your partner, and then becoming more aware of yourself.

To start, place your hands somewhere on your partner's body (abdomens are a great place to start exploring), notice what happens in your body for some time, then notice your partner. How deep into the body is your awareness? Without changing your hands at all, can you feel more into the depths of the body? More to the surface? Can you identify soft tissue, bone, fluid, movement? This exploration alone will increase the accuracy of your assessments.

You can then take this curiosity into treatment. During sessions, periodically take a moment to explore what's in your current awareness. Notice where in the body you're most engaged. Ask yourself, “What is happening as I employ this technique—in my own body, in my client's body, directly under my hands, and throughout my client's body?”

We have found that when clients are touched with relaxed, alert, curious respect, they relax more easily on the table, are more receptive to techniques when they're needed, and have more capacity for change. This process is educational to the client and helps them come back into a healthy communication with their bodies and with touch. They are able to take more ownership of their health and well-being, and be better advocates for themselves. It's also much easier on our bodies, as we can remain relaxed and at ease, even at great depths. **m&b**

G Robyn Scherr and Kate Mackinnon are both diplomate-certified in craniosacral therapy. Find out more at www.robyscherr.com and www.kmackinnon.com.