

## **Listening as non-intervention. © Howard Evans, 2020**

Siddhartha listened. He was now listening intently, completely absorbed, quite empty, taking in everything. He felt that he had now completely learned the art of listening. He had often heard all this before, all these numerous voices in the river, but today they sounded different. He could no longer distinguish the different voices - the merry voice from the weeping voice, the childish voice from the manly voice. They all belonged to each other: the lament of those who yearn, the laughter of the wise, the cry of indignation and groan of the dying. They were all interwoven and interlocked, entwined in a thousand ways. And all the voices, all the goals, all the yearnings, all the sorrows, all the pleasures, all the good and evil, all of them together was the world. All of them together was the stream of events, the music of life.

When Siddhartha listened attentively to this river, to this song of a thousand voices; when he did not listen to the sorrow or laughter, when he did not bind his soul to any one particular voice and absorb it in his Self, but heard them all, the whole, the unity; then the great song of a thousand voices consisted of one word: Om - perfection. (Hesse 1988: 107).

### **Two ends of a therapeutic spectrum**

Previously, we discussed the importance of the therapist's ability to listen, in relation to psychoanalysis and craniosacral therapy. These two therapeutic approaches can be seen as representing either end of a spectrum of therapeutic interventions.

Psychoanalysis works with language and dialogue. Physical contact is avoided. The belief is that, through working with the psyche, not only mental but also physical problems can be addressed (Freud 1986: 37). Psychoanalysis works with a model of the mind inherited from

Freud and little altered since. In fact, Freud's model of the human mind consisting of three psychic agencies called ego (I), superego (over-I) and id (it) with three psychic states called conscious, preconscious and unconscious is so commonly accepted it would be easy to assume that it is true and yet there is no physiological evidence to support the model. Ego, superego and id are now considered metaphorically as: 'points in a psychical space'. (Laplanche and Pontalis 1988: 449-53).

Craniosacral therapy depends little on language and verbal dialogue except, perhaps, for diagnostic and feedback purposes. The work depends greatly on physical contact and is often conducted in silence. Although craniosacral therapy works with the physical body it is also considered to be therapeutically beneficial in conditions of a psychiatric nature such as depression (Milne 1995: 273; Upledger & Vredevoogd 1994: 268) and autism (Upledger & Vredevoogd 1994: 262-3). Craniosacral therapy works with a model of the human system based on fluid movement. Although the description of the fluid system is grounded in modern physiology and anatomy it is still controversial with regard to the mobility of the cranial bones. Also, the cause of the cranial wave has yet to be proven. It may be due to the expression of 'the breath of life' as suggested by Sutherland or it may be caused by some other agency as yet unknown.

Another significant difference in these two therapies is their relationship with the numinous. Freud considered himself a: 'Godless medical student and an empiricist' (Gay 1988). He was a scientist and his work was developed from his studies in neuroanatomy.

The 'soul' he was concerned with was biological rather than spiritual. Psychoanalysis can be thought of as a humanistic approach to human health. (Bettelheim 1982: 32). Craniosacral therapy on the other hand is quite clearly vitalist in its foundation. Its founder, Andrew Still, started out as a magnetic healer and had connections with metaphysical and spiritualist groups. (Kaptchuk 1996: 40). Sutherland was a student of the mystic, Swedenborg. (Milne 1995: 55). Sutherland's writings are rich in references to God and the 'breath of life'. Both Sills and Milne continue this tradition in their writing, referring to higher powers manifested either as spirit or alluded to through the modern correlate, quantum mechanics.

Upledger generally takes a more western, scientific approach in his writing but does, nevertheless, believe in the existence of 'vital life energy' which he believes to be electromagnetic. (1994b: 240).

He also discusses working with chakras, energy centres conceptualised by ancient yogis in India. (1994b: 229).

### **Listening as non-intervention**

These two therapies, so different from each other in approach and theoretical model, nevertheless ask the same of the practitioner - the ability to listen. Perhaps, by now, it is clear that listening refers more to a state of being rather than simply the act of hearing. Here, we will attempt to understand the significance of this practitioner skill by turning to the question:

Is it possible that this broader state of listening provides access to the patient's ability to resolve their own mental and physical problems?

In 'The Art of Listening', Eric Fromm says of the therapeutic effect of psychoanalysis: 'From my own point of view I would say, briefly, it rests on three factors: (1) The increase of freedom when a person can see his or her real conflicts. (2) The increase of psychic energy after freeing it from being bound in repression and resistance. (3) *Freeing the innate strivings for health.*' (my italics). (1994: 40).

Franklyn Sills, in an article discussing the various fluid rhythms considered in craniosacral therapy, says of one of them which he calls the 'Long Tide': 'A "reconnection" with the Long Tide can help clients touch their deeper resources and the "inherent health" of their system.' (1996b: 4).

James Jealous, an osteopath, says: 'The health that we speak about in osteopathy is at the core of our being and cannot be increased or decreased to a greater or lesser degree. In other words, the health in our body cannot become diseased.... This health, this Original matrix within the human body interfaces with every physiological, structural and psychological stress that one contacts.' (1996).

Each of these therapists seems to be suggesting the same - that the human body carries a memory of and tendency toward health. Looked at from this perspective the word 'disease' is freed from its negative connotations. The symptoms that make up a disease are seen as manifestations of the health of the human system responding to trauma or infection.

This view is equally valid both from the perspective of the bodyworker and of the mindworker. The character neurosis encountered by psychotherapists in their patients can be viewed as a healthy response to the environment, based on the available experience of the moment. Ron Kurtz, the originator of the Hakomi Method of body-centred psychotherapy, refers to them more positively as 'character strategies' and says of them: 'Character strategies are organised, habitual patterns of reaction. They are long used responses to real or perceived stress or to goals, needs and wishes.' (1990: 43). The physical equivalents are the lesions to which osteopaths refer, which are the body's responses to real stresses or traumas. Lesions may also be the physical manifestation of character strategies as suggested by Wilhelm Reich. (1993: 270-1).

### **Is the therapist relating to sickness or health?**

If physical lesions and psychic repression and resistance are healthy responses to real or perceived traumas or stresses then it is possible that contained within them is not only the information necessary to maintain them but also the memory of the way the system was before the adjustment was introduced. This would be the memory of health.

In a paper on diagnostic touch, Rollin Becker says: 'The patient's body has the answer written into and through the physiological functioning of his brain and nervous system, his circulatory patterns, his fluid balance interchange, his organ systems, his endocrine makeup, his structure-function interrelationships.' (1996: 3).

This idea finds parallels in psychoneuroimmunology (PNI), a branch of medicine concerned with understanding the interaction between consciousness, the brain, the nervous system, the immune system and the environment. In a review paper two researchers in this field, Pelletier and Herzing, refer to current thinking on the nature of the brain. Pert, one theorist they quote says: 'The word I would stress in regard to this integrated system is network... what we have

been talking about all along is information. Perhaps, then, mind is the information flowing among all of these bodily parts.' (1988: 28).

Another theorist they quote, Roger Sperry, says: 'Instead of excluding mind and spirit, as has been the rule for all of us in brain-behaviour science for many decades, my new logic required that mental and "spiritual" forces be reinstated at the top of the brain's causal control hierarchy as real interactive "emergent" properties of brain processes and given primacy in determining what a person is and does.' (Pelletier and Herzing 1988: 29).

This way of thinking makes sense of the placebo effect recognised in medicine. The placebo effect describes a phenomenon in which a patient recovers from illness, often miraculously, even though the treatment given is useless. One major study into this effect involved looking at the results of a series of specific medical interventions which were once considered to be beneficial but were subsequently shown to be useless. The study showed that 70 percent of the patients responded with good to excellent results to the bogus treatments. (Benson 1996: 31). The placebo effect would seem to point to an inherent capacity to return to health and, by implication, a memory of health to return to.

Clearly it would be inappropriate to try to harness the placebo effect per se. Apart from the fact that it would require a medical intervention based on conning the patient, its effectiveness would be hampered by the fact that the practitioner knew it was a con. According to Freudian thinking, this fact would be unconsciously communicated to the unconsciousness of the patient and would undoubtedly undermine the effectiveness of the intervention.

It would seem from the study mentioned above that the placebo effect is enhanced when everyone involved has faith in the intervention. In fact, Herbert Benson, a medical doctor and the author of the book in which the study was quoted, lists 'faith' as one of the primary factors in returning to health.

Benson goes so far as to say: 'I believe that humans are wired for faith and that there is a special healing generated by people who rely on faith.' (1996: 300). He also supports the idea of a memory of health which he calls 'remembered wellness'.

If it is true that the entire system does carry the answer to its problems at every level of its being then the therapist's work may be not simply to do with relating to the problems presented by patients but also relating to the solution or the memory of health contained within them. As Jungian psychotherapist James Hillman puts it:

Because symptoms lead to soul, the cure of symptoms may also cure away soul, get rid of just what is beginning to show, at first tortured and crying for help, comfort and love, but which is the soul in the neurosis trying to make itself heard, trying to impress the stupid and stubborn mind - that impotent mule which insists on going its unchanging obstinate way. (1994: 18).

### **Relating to the memory of health**

Assuming that there is such a thing as a memory of health, the question remains of how to encourage its manifestation in the patient. The theme that has underwritten the previous discussions on psychoanalysis and craniosacral therapy is that of therapeutic listening. Perhaps this skill is significant in this process.

There is a story which the psychoanalyst, Jung reputedly embraced. It was told to him by Richard Wilhelm and concerned a 'Rainmaker' who was called to a Chinese village which was suffering from a drought. The rainmaker asked to be provided with a hut on the edge of the village and disappeared inside. After some days it began to rain. When the rainmaker re-emerged Wilhelm asked him how he made it rain. The rainmaker told him that he did not make it rain.

He said that when he came to the village, he found a place that was out of balance and inharmonious. He retired to the hut and meditated. Once he managed to recover his own state of balance: 'Naturally, it rained.'

This story inspired the 'Rainmaker Model' which is used by Jungians to describe the relationship between patient and psychotherapist. (Mansfield and Spiegelman 1996).

Anthony Lunt, a student of R.D.Laing says of this story: 'Jung was so keen on this incident because it emphasised so well the message that it isn't what a therapist knows that brings about change but rather it is his state of Being in the world that heals.' (1990: 34).

Further indication of this idea is found in a paper by James Jealous which discusses accessing the different fluid rhythms in craniosacral therapy (as mentioned in the previous chapter): 'Precise access to different perceptual fields is a skill that all palpatory studies should address, otherwise only accidental contact with these "other" rhythms is possible. Accidental contact does not allow the physician therapeutic and diagnostic access to these other physiological states.' (1994).

These 'other physiological states' to which Jealous refers may include the memory of health. In the language of craniosacral therapy this would be the 'long tide' and its 'inherent health' which Franklyn Sills talks of. In psychoanalytical language it would be the 'innate strivings for health' which Eric Fromm refers to. As Jealous indicates, work is required on the part of the therapist to allow more than accidental access to this level. This seems to point to the importance of the therapist's work on his own state of being. If the therapist only relates to the problems and symptoms of his patient or reacts to his verbal or physical story the patient may be kept from accessing his own capacity to return to health.

If the patient is to be helped to access his memory of health the therapist must not only believe in this possibility, he must also have access to this level of health within himself. I believe that this memory of health is not simply a thought or some other product of the mind but is somehow, silently contained within the tissues of the body. It might be a product of Freud's 'it'. It might be a manifestation of the craniosacral 'long tide' with its relationship to 'breath of life' and 'spirit'. It might be divine or biological. It is probably alluded to in many of the metaphorical models of the human system found in the fields of medicine, psychotherapy, bodywork and healing.

It seems that a key to contact with this memory of health in the patient may be listening. Not simply listening to the story but listening with openness, inclusiveness and freedom from judgement. Carl Rogers points out that this is not normal listening and may be 'one of the most difficult things you have ever tried to do.' (1992: 332). I believe that this way of being with the patient is as relevant to the bodyworker as it is to the mindworker.

Regardless of the mode of contact we use in our relationship with the patient we always have the opportunity to relate to a whole person. Our reactions, judgements and diagnoses can only reduce that wholeness and limit the patient's possibilities. They may even limit their return to health.

## **Conclusion**

Perhaps the metaphor used to describe this memory of or tendency to health is unimportant. What is important is the capacity of the healer to create an environment and a relationship of limitless possibility in which the patient's own memory of health can manifest itself in its own way. This relationship must be free from judgement and reaction to what is trying to emerge. This depends on the therapist's ability to be present to what is and to listen to and receive the client without judgement especially from the level of his own unconscious.

In many ways this is contrary to the myth of the 'wounded healer', currently popular in the healing profession. This myth derives from, among others, Chiron a centaur in Greek mythology who, despite his skills as physician, is unable to heal a wound in his own knee. This myth is used to point to the vulnerability of the healer:

The therapist as 'wounded healer' stays connected to their own pain and is not as easily seduced by inflation or the client's need or conviction that the therapist be 'sorted out', 'together', or beyond pain and conflict. (Eiden & Lude 1996: 10).

the doctor who acknowledges ordinary human vulnerability, and who does not affect to have all the answers to the patient's problems, is adopting this "wounded position" (Bennet 1984: 127).

Being open, inclusive and free from judgement does not imply having all the answers nor necessarily open the therapist to seduction from inflation. It does not even deny the therapist's right to his own pain. It does, however open the therapist up to not knowing and this not knowing allows for anything to happen, including miraculous and incomprehensible moments of healing. Perhaps one of the best terms to describe this way of being as a therapist is 'negative capability', a term coined by John Keats to describe William Shakespeare.

Of it, Keats says: 'Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after facts and reason.' (Casement 1992: 223).

As mentioned in the introduction, moments of sudden healing often seem miraculous. Witnesses to spontaneous remissions or the placebo effect in patients would probably also attest to the sense of the miraculous. P.D. Ouspensky says 'A 'miracle' can only be a manifestation of laws which are unknown to men or rarely met with. A 'miracle' is the manifestation in this world of the laws of another world.' (1983: 84).

This state of 'negative capability', of not knowing, of doubt and uncertainty may be just what is required to allow the miracle of healing to arise - to allow contact with a level of life that can only be alluded to through metaphor. However, negative capability is neither normal nor comfortable in the healing professions. Healers tend to pursue their work because they want to or think they can help people. Patients come to them because they want to be helped. This sets up a dangerous dynamic. The healer is encouraged to pursue techniques that yield measurable results and diagnostic models that offer satisfying answers. The patient expects immediate gratification through answers and treatments.

Although most therapists and patients these days would balk at the slowness of psychoanalysis there is still, perhaps, much to be learned from Freud's expectation of the therapist. As Anthony Lunt says:

To my mind Freud's most important contribution to the practice of psychotherapy was his urging of the therapist not to focus his mind on what the patient is saying but rather to allow himself 'free-floating attention', that is, to put the conscious mind to one side and to listen with the unconscious. 'From the heart to the heart', as Beethoven wrote in one of his manuscripts. (1990: 12)

Relating this to therapeutic bodywork we might also urge the therapist to listen 'from the body to the body'. Freud is clear that work is required of the therapist to achieve this. In the analytical world this is the personal analysis of the therapist. In more general terms this can be called the development of the being of the therapist.

Most modern psychotherapy trainings offer little more than a shadow of this self-development work and medical and bodywork trainings offer next to none. Listening has been relegated to a series of glib counselling techniques aimed at verbally telling the patient that the therapist has heard their words. This is a far cry from the state of listening alluded to by Siddharta at the beginning of this paper.

If the human system does carry a memory of health, it is profoundly important that healers develop within themselves that state of 'negative capability' necessary to allow contact with it. This requires work on the being as well as the doing of the healer. As Chogyam Trungpa says:

The basic work of health professionals in general, and of psychotherapists in particular, is to become full human beings and to inspire full human-beingness in other people who feel starved about their lives.

(Kurtz 1990: 53)

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