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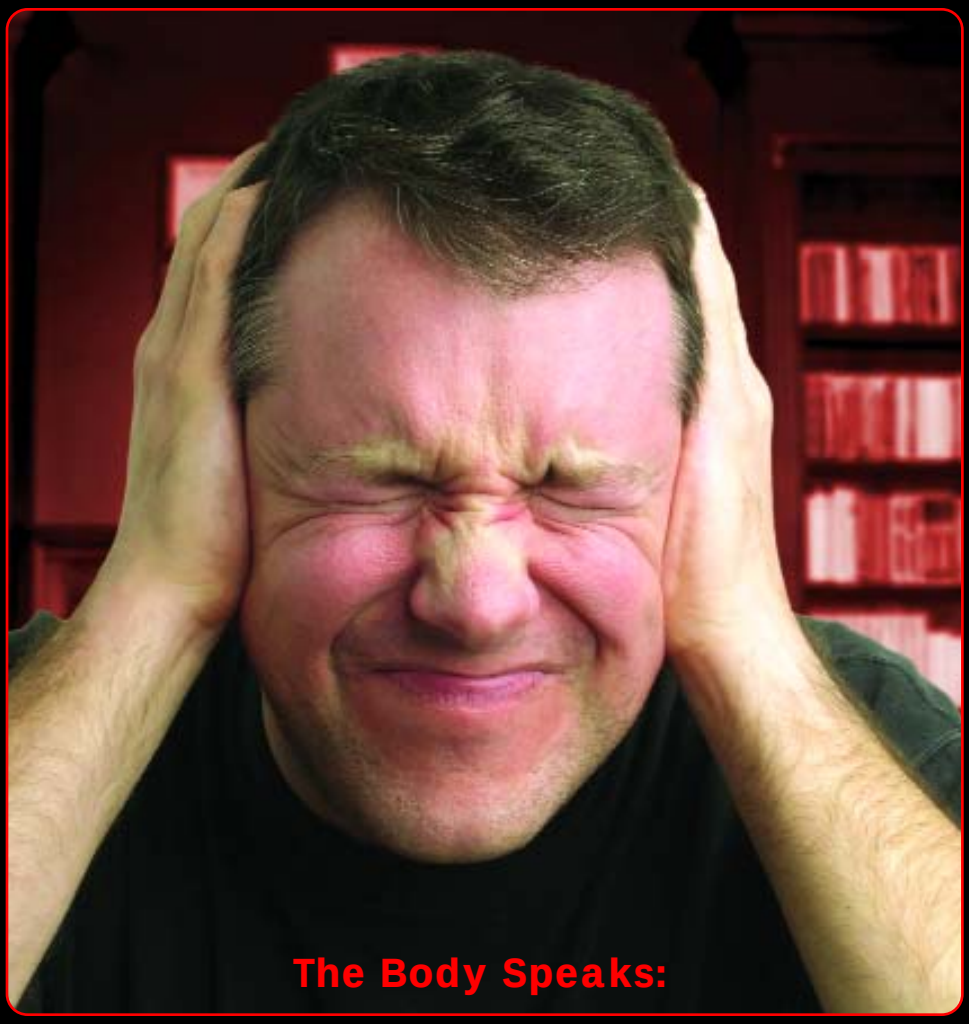

The Body Speaks:

Are We Listening?

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Abstract

The way we speak to our clients has a tremendous impact on how they ultimately respond to our healing interventions. The field of Psychoneuroimmunology (PNI) brings scientific credibility to the awareness of the communicative link between mind, brain, and body. This article discusses the importance of approaching the body as a communication system, thus utilizing a healing language that works in consort with the body's innate healing function.

Introduction

Traditionally, the language we use with our clients has been based upon the mechanistic/medical model, which approaches illness as a malfunction that needs to be diagnosed, fixed, and/or eliminated in order to re-establish health and well-being. We tend to ask the client to describe the problem or the symptom as if it were something distinct from his or her experience. This approach to healing has been called the Warrior Model, which assumes that the body is essentially failing and needs to be fixed in order to overcome nature. Science and medicine have become warriors against disease, death, and ultimately the body as a whole (Miles, 2005).

Healing language, on the other hand, approaches the body as a communication system and maintains that certain symptoms (those of a somatic nature) are an expression of an imbalance within the body. Many illnesses are the body's attempt to correct this imbalance via physical expression (i.e., symptoms). Symptoms can be the action of a friend rather than an enemy. Certain symptoms are a natural process of the body attempting to re-establish its balance (Page, 2002).

The field of Psychoneuroimmunology (PNI) brings scientific credibility to the awareness of the communicative link between mind, brain, and body. PNI has opened doors to understanding how our life experiences are transduced into responses within our immune system and has led to scientific understanding regarding how our experiences are retained and registered in our somatic systems. We can now better understand the body as a communication system and comprehend that certain symptoms serve a communicative function (Ader & Cohen, 1991; Ader, Felton, & Cohen, 1991; Ainsworth, 2000; Carr & Blalock, 1991; Goleman & Gurin, 1993; Kiecolt-Galser & Glaser, 1991; Pert, 1985, 1999; Rossi, 1990, 1993, 2002, 2004; Roszman & Carlson, 1991; Schedlowski & Tewes, 1999; Schurmeyer & Wickings, 1999; Tewes, 1999; Tewes & Schedlowski, 1999; Watkins, 1997; Westerman & Exton, 1999).

There is scientific evidence that there is a class of genes that responds to environmental experiences. This new science is called functional genomics and is defined as the way "…genes express themselves and interact in health and illness—that is, how networks of genes are turned on and off in response to signals from all parts of the body as well as the outer environment… Most of our genes are not independent biological determinants of behavior but active players responding quickly, from one moment to the next, to the cues, challenges, and contingencies of our ever-changing daily experience" (Rossi, 2002, p.7). The body's response to internal and external cues is either a healing or a protective response based on how environmental cues are interpreted by the individual. Richardson (2000) proposes that up to 90% of our genes are adaptive and self-regulating in response to cues from the environment. Rossi (2004) discusses activity-dependent gene expression as being a special class of genes that are responsive to psychosocial cues and significant life events. These "experience or activity dependent genes" generate the synthesis of proteins and neurogenesis in the brain that encodes new memory, learning, and behavior and stimulates the body's innate healing response.

It is very important to approach the body as a communication system, thus utilizing a healing language that works in consort with the body's innate healing function. Functional genomics tell us that the body's healing response is unmistakably influenced by cues from the environment. As healers we must be mindful of the language we use if we intend to utilize the body's innate healing response as part of our treatment efforts. Language is not just a cognitive experience. Language is an integral way in which we are physically present with each other. The language we use has a powerful role in influencing peoples' experiences of their bodies (Griffith & Griffith, 1994). Language is an essential component of the psychosocial fabric to which our entire psycho-bio-genomic system continually responds.

Healing language is not designed to rid the body of symptoms; rather, it is designed to accept the symptom expression as part and parcel of the body's unique communication system, therefore giving the symptom the chance to express itself in a healing fashion. The concept of Clean Language (Grove & Panzer, 1989; Lawley & Tompkins, 2000) is introduced as a tool to help the client give a voice to his or her body's symptomatic expression.

When Symptoms Do Not Respond to Treatment

There are clusters of disorders that are largely unresponsive to traditional treatment approaches. Such symptoms include irritable bowel syndrome, hypertension, ulcers, skin rashes, migraines, chronic pain, colitis, fibromyalgia, depression, anxiety, and PTSD. These disorders are frequently caused and/or exacerbated by what is known as Autonomic Dysregulation. After an individual has experienced a stressful threat that has not been adequately discharged via the fight or flight response, the autonomic nervous system is not allowed to return to a state of balance. The sympathetic nervous system, therefore, remains in a state of alert (Roberts, 2002a), because the negative feedback loop (via cortisol), which tells the hypothalamus that the threat is over, is not allowed to complete. With cortisol level low, the body's alarm state remains "on" (Yehuda, Southwick, Nussbaum, Wahby, Giller, & Mason, 1990; Yehuda & McFarlane, 1995). Symptoms affected by Autonomic Dysregulation will reappear and/or magnify when the individual experiences situations similar to the initial stressful threat. This is referred to as the Kindling Response (Levine, 1997; Scaer, 2002). Such disorders represent the body's attempt to communicate its distress and what it needs for healing and wellbeing (Page, 2000; Roberts, 2002b; Rossi,

1993, 2002; Rothschild, 2000) and are often not amenable to traditional treatment methods. These disorders frequently represent a communication failure, not a mechanical failure, and need to be responded to as such. Treatment approaches that focus on attenuating the Autonomic Dysregulation are far more likely to influence the individual's healing response than those approaches focused solely on silencing the symptom expression of these disorders.

Before treatment of these conditions can be successful, it is necessary that the healing professional first provide a venue for the person to fully express the exact nature of his or her symptom. Initiating treatment prior to validating the communicative function of the presenting symptom will ultimately work against the potential benefits of treatment. Treatment approaches that focus on silencing the body's expression (i.e., symptoms) ignore the valuable healing resources that reside with the symptom and within the person. Approaching symptoms as the body's expression of what it needs for healing requires us to suspend our clinical weltanschauung and enter into the client's experiential world that is expressed via his or her symptom. Merely treating a symptom is perceived by the body as an attempt to silence it, thus encouraging the symptom to persist.

When symptoms persist in the face of numerous treatment attempts, they represent the body responding to being silenced rather than being heard. Symptoms will persist until their communicative value has

"When symptoms persist in the face of numerous treatment attempts, they represent the body responding to being silenced rather than being heard. Symptoms will persist until their communicative value has been acknowledged and expressed."

been acknowledged and expressed (Roberts, 2002b).

Silencing the Symptom

Treatment approaches based upon efforts to silence the body will often exacerbate what may be a somatically based disorder. Silencing the normal body response to a stressful event psychophysiologically encodes the event in a state-dependent fashion, paving the way for the development of somatic symptoms (Griffith & Griffith, 1994; Rossi, 1990, 1993, 2002, 2004; Scaer, 2001). Rossi (1993) states how it is precisely this type of psychobiological double bind wherein shock and stress strongly encode traumatic events that simultaneously impede a psychophysiological release. As a result, effective coping behavior is impaired, which leads to the genesis of many types of mind-body dysfunctions that are often diagnosed as psychosomatic problems.

When the body's fight/flight response is silenced, the undischarged energy is expressed as a somatic symptom. One cannot function adequately when the fight or flight response is silenced. Griffith & Griffith (1994) refer to this as the performance dilemma, "…holding one's body suspended within a particular emotional posture, readied for an action that never arrives" (p. 47).

When a problem or symptom haunts a patient, it is only because mind and nature are attempting to bring it up to consciousness so it can be resolved. Merely treating the symptom is tantamount to "killing the messenger" (Rossi, 1990, 1993). Page (2002) states that if we can decode the message of the symptom, we can come to a greater understanding of the person and the imbalance he or she is experiencing. In a similar vein, Levine puts forth:

> "They (symptoms) stem from frozen residue of energy that has not been resolved or discharged; this residue remains trapped in the nervous system where it can wreak havoc on our bodies.... This residual energy does not simply go away. It persists in the body, and often forces the formation of a wide variety of symptoms, e.g., anxiety, depression, and psychosomatic and behavioral problems. These symptoms are the organism's way of containing the undischarged residual energy" (1997, p. 19-20).

Until the psychophysiological mechanisms of the fight or flight response have been discharged, the survival brain continues to perceive that the threat continues to exist and is unable to regulate it to memory as a past experience. Treatment approaches that rely on declarative memory and verbal interaction will not reach the somatically stored experience. Treatment for stored experiences are best approached through unconscious memory via the autonomic or neuromuscular nervous system. Healing language must access this level of experience if somatic release is to be completed (Roberts, 2000, 2001, 2002a, 2002b; Rossi, 2004, 2005; Scaer, 2001a, 2001b).

The Body Listens; Are We Speaking Its Language?

The body has its own language that communicates through ligands, proteins, cell membranes, and genes. These substances provide important sharing of language and information between the cells of the body, which in turn tell the cells to either activate a growth response or a protective response (Ainsworth, 2002; Pert, 1985, 1999; Rossi, 1993, 2001). Lipton (2001), when discussing the function of Internal Membrane Proteins (IMP), states, "There are two classes of IMPs: receptors and effectors. Receptors are the cells' sense organs, the equivalent of eyes, ears, nose, etc." (p. 242). He goes on to maintain, "The IMP complex controls behavior, and through its effect on regulatory proteins, these IMPs also control gene expression. The IMP complexes provide the cell with 'awareness of the environment through physical sensation…'" (p. 243). Cells, therefore, have their own type of awareness and respond to the person's perception of significant experiences. For example, if our cells perceive the environment as threatening, they will send signals throughout the body indicating the need for a cellular protective response. As a result, immune and growth factors are compromised, leading the way for chronic disruption of tissues and their functions.

Cells are constantly listening to signals from the environment. How those signals are interpreted will determine the specific response of the cells. Recent discoveries have shown that human genes are adaptive and responsive to the environment (Ainsworth, 2002; Lipton, 2001; Richardson, 2002; Rossi, 2001, 2004; Schedlowski & Tewes, 1999; Tewes, 1999).

As healers, therapists often underestimate the influence their words and language have on the functioning of clients' psycho-physio-genomic responses. Therapists' words and language will influence whether clients' cellular/genomic responses will be in consort with healing efforts or discordant with them. The body is listening; are we speaking its language?

Healing Language: What We Say Makes a Difference

Somatic symptoms have a functional and symbolic meaning (Roberts, 2002a, 2002b). It is necessary to listen and validate what the body is symbolically expressing via the symptom. Typical approaches to treating symptoms focus predominantly on diagnosing: determining what is wrong and malfunctioning. There is a preponderance of attention paid to the intellectual, cognitive, and informational quality of the condition at the expense of the experiential symbolic significance. When applying this mechanistic approach to a communicative symptom there is a dissonance between what is applied for healing and what is needed for healing. Recognizing the difference between a mechanical malfunction of the body and the body's attempt at communication via symptoms is central to matching treatment with symptom function. When the perspective

shifts from a problem focus to a communication focus, the symptom becomes part of the healing process (Erickson, 1965; Gilligan, 1987; Haley, 1969; Roberts, 2002a, 2002b; Rossi, 2002, 2005; Rossman, 2000, 2002).

Before initiating the healing process, we must comprehend the communicative value of the client's symptoms. We need to engage the client's symptomatic metaphor: the meaning the symptom has in the client's world. By listening carefully, therapists find that the client's description of the symptoms holds the answer to his or her healing. Gleaning all that the body symptom expression has to offer allows the healer to utilize the client's symptom communication in the healing process. There is healing power in communicating to the body that it is being listened to rather than being silenced (Roberts, 2002b).

Utilizing Clean Language (Grove & Panzer, 1989; Lawley & Tompkins, 2000) is an especially powerful way to help the client make the most of communicating the metaphor that is the somatic symptom. It is also an effective way to communicate to the body that it is listened to rather than treated. This type of communication signals to the body that the environment is supportive and safe and thereby stimulates the growth and healing response mentioned earlier.

Clean Language is similar to what Rossi (2002) refers to as "implicit processing heuristics." For the purposes of this article, I chose the work of Grove and Panzer (1989) since their model provides an excellent foundation to learn the vital skills that are a part of Rossi's "implicit processing heuristics."

Applying the principles of Clean Language challenges healing professionals to suspend their inclination to impose their clinical perspectives, interpretations, and metaphors onto a client's experience of his or her symptoms. Traditionally, therapists have been trained to approach a client's communication regarding his or her symptoms as an opportunity to evaluate and diagnose, thus imposing upon the client the therapist's view of the client's world as the preferred view. Doing so ultimately silences the metaphorical information the symptoms have to offer. By interfering with clients' descriptions of their symptoms, well-meaning therapists can rob clients of the very experience needed to resolve their symptoms. The intention of Clean Language is to allow symptom information to emerge into a client's awareness by exploring his or her coding of his or her metaphor of the symptom (Grove & Panzer, 1989; Lawley & Tompkins, 2000; Roberts, 2005).

Approaching the symptom in this fashion reinforces that clients have within them the ability to heal the psychological and somatic symptoms that originate from the silencing of the body. Every somatic symptom has within itself a deeply coded solution. By listening to the symptom expression, clients can actively engage in the healing process (Grove & Panzer, 1989; Roberts 2000, 2001, 2002a, 2002b; Rossi, 2004). They can now have the opportunity to give their symptoms a voice. The body experience being communicated in this fashion is one of novelty and numinosum, thus stimulating neurogenesis—the creation of new memories, learning, and behaviors (Rossi, 2002, 2005).

When employing this approach the healer validates the client's model of the world and facilitates the unfolding of solutions that are encoded within the language and experiences of that world. Clean Language speaks to the client's internal experiential process rather than having to respond to the therapist's (external) diagnoses and interpretations (Grove & Panzer, 1989; Lawley & Tompkins, 2000).

According to this model, Clean Language questions can be put into three useful categories: information about symptom attributes, information about symptom location, and questions that reference the symptom with the past and the future (from the client's perceptual present). The last question allows the client to make any symbolic shift necessary. Note that every question begins with the word *and*, and the word *the* is omitted. The nine basic Clean Language questions are as follows:

1.) Ask for a metaphor: And… X is like what?

2.) Ask for attributes/qualities: And…what kind of X is that X?

3.) Ask for location: And…where is X located?

4.) Ask for relationship:

a. And…is there a relationship between…and…?

b. And…when… what happens to X?

5.) Move time forward:

a. And then what happens?

b. What happens next?

6.) Move time backward:

a. And…what happens just before X?

b. And…where could X come from?

7.) Ask for desired outcome: And…what would X like to have happen?

8.) Ask for necessary conditions: And what needs to happen for X?

9.) Provide an open ending to invite the client to add anything else. And…is there anything else about X?

The following clinical example of how Clean Language works is a composite of numerous clinical vignettes that embody a similar theme:

Mary came to see me upon a referral from her physician. She suffered from chronic lower back pain for many years and did not experience much relief from the treatments she sought. I worked with Mary in my initial session to help give her a chance at full expression of her recalcitrant symptom. This represents only a small segment of the entire session.

Client: "I have always felt this pain in my back."

Therapist: "And you have always felt this pain in your back. And when you feel this pain in your back, what kind of pain is that pain?" (Asking for metaphor)

C: "It is a burning kind of pain."

T: "And it is a burning kind of pain. And where is it that you have that burn-

ing kind of pain?" (Asking for location)

C: "It is in my lower back, right here. But sometimes it seems to move around.

T: "And it is in your lower back, right there (repeats gesture). But sometimes it moves around. And when it moves around where does it go?" (Asking for location)

C: "It seems to go lower."

T: "It seems to go lower. And then what happens?" (Moving time forward)

C: "I get really miserable."

T: "And you get really miserable. And then what happens?" (Moving time forward)

C: "I just withdraw from everyone."

T: "And you withdraw from everyone. What kind of withdraw is that withdraw?" (Asking for metaphor)

C: "I feel small and alone."

T: "And you feel small and alone. And where do you feel this feeling of feeling small and alone?" (Asking for location)

C: "Right here in my heart."

T: "You feel this feeling of being small and alone right there in your heart" (repeats gesture). "And where does this feeling of feeling small and alone in your heart come from?" (Moving time backward)

C: "I felt that way all the time as a child. Like no one cared and no one would listen to me."

T: "And you felt that way as a child. And you felt like no one cared and no one would listen to you. And is there anything else about the way you felt as a child?"

C: "Angry."

As the initial session ended, Mary stated that the pain in her back was barely noticeable. "My back hasn't felt this good in years. It's like someone finally listened to me."

I continued to recycle through variations of the nine basic questions throughout the session, drawing her more and more into her experience of her symptom and thus giving the symptom the voice that was silenced for so many years.

This approach of listening to the client's symptom as the body's avenue of communication allows the therapeutic focus to help the client develop a clearer expression of his or her symptom from his or her world. There is no interpretation, directing, or coaching. As the symptom is given a voice to express, its need to do so symptomatically decreases (Roberts, 2002; Rossi, 1993, 2002, 2004; Scaer, 2001). Mary was able to work on the core of what her back pain was attempting to express.

As clients are allowed to express their symptoms in their terms and in their language, the therapists begin to develop a compendium of information and language that they can utilize in their healing approach with their clients. Hypnosis, for example, is a particularly powerful method to utilize clients' language during the hypnotic experience as evidenced in the fashion that Rossi employs in his "implicit processing heuristics." Rather than developing hypnotic language that is based upon the therapists' clinical weltanschauungs, therapists can communicate directly with clients' symptoms with the clients' languages (Roberts, 2000, 2001, 2002a, 2002b, 2005; Rossi, 2002).

As the clients' stories are acknowledged and listened to, they no longer are limited to express their somatic distress via symptoms (d'Elia, 1999; Langewitz, Kiss, & Schachinger, 2002). Clients can now access a greater repertoire of resources to expand their experiences of wellbeing. Utilizing Clean Language is an effective way to help create an environment of safety and support, thereby facilitating psycho-physio-genomic healing and a protective response that will support any and all subsequent treatment interventions.

Conclusion

When people come to therapists for healing, they want to be listened to and to have a chance to tell their stories. When an individual has had a significant experience that has been silenced, the remnants of that experience are driven deeply into the cells, nerves, and tissues of that individual's body. The symptom becomes the remaining vehicle of expression of the somatically bound significant experience. The symptom is an example of how the energy of the somatically bound significant experience is transformed into the energy of the symptom.

Therapists must help bring their clients' resources into the healing process. They can do this by refraining from imposing their treatment modalities on the clients, which then allows their clients' symptoms to have the voice and expression that has been silenced. The languages individuals use play an integral role in opening the avenue of communication that allows the symptom to express and thereby release.

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