DEVELOPMENTAL PROCESSES IN CLIENTS WITH CHRONIC HEALTH CONDITIONS

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Received: 8 October 2002

Editor's Note: In this invited paper, we are very pleased to publish some extracts from the manuscript of a forthcoming book, entitled *The Tiger in the Grove: Developmental Process Therapy*, by Bill Palmer. A teacher of Gestalt therapists and a body worker, Bill is also trained in Chinese medicine and developmental movement therapy. Here he describes some of the principles behind his work with patients suffering from chronic physical health problems. In this article, drawing on case examples, he describes the three phases of his Gestalt-informed 'developmental process therapy'. These are (1) to explore the processes of development his clients are struggling with; (2) to help his clients become aware of how they are supported or hindered by the way they 'inhabit' their bodies; (3) to suggest experiments clients can use to loosen up habitual ways they use their bodies. This elaboration of the 'paradoxical theory of change', applied to this specialised field, has relevance for all therapists, not just those who focus on physical process work.

Key words: bodywork, chronic illness, change, medical story, imbalance, development, experiment

Many years ago I worked with a woman, let us call her Barbara, who had a tumour in her brain. She was a beautiful, alert, alive woman and the doctors had given her six months to live. She came to me after three months of this sentence had passed and I started by asking her what she wanted to achieve in our work.

She answered by praising her illness. Before she knew she had cancer she said her life was dull and drab, her relationship had no interest for her any more but she stuck with it for lack of motivation to do anything else. Clinically she was depressed. Within weeks of being diagnosed with cancer, her life had transformed. She glowed with life, lived each day to the full and she had re-discovered an exciting sexual relationship with her husband.

Barbara said to me that her aim in working with me was to get support to maintain this level of aliveness; to cope with the fear of death so that it wouldn't freeze her zest and to relax into the enjoyment of whatever time she had left. She said that this illness was one

of the most important gifts she had received and that she would prefer to live fully for six months than to squander a longer time in a panic to be cured. She was not being blindly fatalistic – she had agreed to a course of radiotherapy – but had refused surgery and chemotherapy, feeling that they would weaken her so much that she wouldn't have a chance of enjoying her life. In fact she did not die until nine years later and said, shortly before she died, that she had relished every minute of the nine years.

What her example gives to me is respect for a person's own agenda in life. Often, when a client comes to therapy with a particular problem it is easy for the practitioner to pre-judge the aim of the therapy. In fact, both client and therapist can fall into the tempting trap of thinking that the aim of the therapy is to resolve the problem.

If we have an underlying view that what we are doing is treating people to bring them into a state of health, and if that view of health is defined according to our own judgements, then we may easily miss the opportunity to help our clients to develop their full potential and to live a satisfying life. Health can therefore become a dirty word, a concept that interrupts our contact with the client's healing process. If I had assumed that the point of working with Barbara was to help her cure her cancer then I would have missed the most important point in her life process at the time.

Imbalance is Necessary for Movement

Many people have the unrealistic view that the aim of therapy is a state of harmony or balance. However, if either the therapist or the client judge their state in contrast to an ideal equilibrium, then their condition is seen as something that is *wrong with them.*

In my view, this is a major block to the healing process. In the medical model something that is wrong with you is an illness to be eliminated. This is a valid viewpoint, but it is a limited one and does not take account of the fact that an illness or a neurotic pattern may be a driving force that pushes the person into a newly creative stage in their life.

Just as in walking you have to leave the static balance of standing in order to move, I believe that many 'conditions of imbalance' are the symptoms of someone trying to move forward in their life or signs of them trying to develop a new capacity.

If you eliminate this 'problem' then you have got rid of your driving force. Life without the problem may be more comfortable but in many cases less 'alive'. The underlying urge of the life process is still there, so very likely another problem will appear.

Pain is Part of the Healing Process.

Rosa, an Italian woman in her thirties, lost her only daughter in a car accident. She was devastated and her life collapsed. She couldn't sleep, sat indoors all day in silence and started to waste away. Her doctors diagnosed severe clinical depression. They prescribed antidepressants and sleeping pills but she refused treatment. Her reasons for refusing fascinated me.

She said that she felt plunged into a deep dark tunnel by her daughter's death. Everything was dark and heavy but she felt that, if she didn't go right through the tunnel, then she could never reach the light again. She felt that the doctor's drugs might have helped her to feel better, but that they would interrupt her journey. In effect, what she was saying was that her clinical condition was a natural event, a natural but difficult part of the healing process. She felt that if this process was stopped through treatment then she might feel better but she would be only half alive.

I believe that her view can be applied to most people with chronic conditions. In these cases the condition is part of the life process and my aim is not to relieve pain in the quickest possible way, but to support the client to move through the process, to endure the discomfort and to finish the process completely so that they can emerge from the tunnel without unfinished business. *With this view the aim of therapy is to help the client to move forward and to overcome their natural resistance to change, not to bring them into a state of balance.*

Gestalt therapy sees the process of change as inherently paradoxical (Beisser 1970). The more you try to change the more you stay the same. On the other hand, if you just collapse into your condition and remain stuck in it then no change is possible. It's only when you let go of the aim of changing but remain present in your process that transformation occurs. Essentially this means that change happens when you are working in the present. Having a future aim like balance or health can take you away from the present and so block change.

Dealing with Chronic Conditions

Most of my work is with people who are presenting chronic conditions, in which it is difficult to disentangle physical symptoms, postural patterns and emotional disturbance. There are three phases, each reflecting a principle of my work.

Phase One My main aim in working with someone like this is not to try and find out what is wrong with them – I do no diagnosis. Instead I try to discover what process of development they are struggling with. *For instance, Barbara had discovered what it was like to be inspired and excited by life through her cancer. She wanted support to stop the fear of death from freezing this inspiration.*

Phase Two My next step is to help the client be aware how they are supported or hindered in this process by the way in which they inhabit their body. *I was able to help Barbara because I was able to guide her to feel which parts of her body expanded and moved when she felt inspired and which parts contracted and froze when she felt fear.*[1]*Her perceived problem was that every time she felt inspired and alive she couldn't find a way of going anywhere with it. She was held back by the contraction of her fear.*

This part of the therapy is more like interactive discovery than treatment. The client feels able to take the experiments and discoveries made during the therapy out into their daily life. I am not trying to make a diagnosis but co-operating with the client to discover how they are using their body to experience their life process.[1]

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[1] In fact, she discovered that she experienced her excitement in her sternum, manubrium and the inside of her arms, which is a zone called the Shao Yin Division in Chinese medicine. In contrast, she was aware of her fear in her back, neck and sacrum, called the Tai Yang Division in Chinese medicine. Part of the theory of Developmental Process Therapy explains 'mysterious' Chinese zones and meridians by showing how they are identical to the paths along which infant movement development takes place. Bringing awareness to these zones seems to put the person in touch with archetypal ways of using their body to experience the modes of being associated with these developmental stages.

For instance the Shao Yin division joins all the parts of the body in which excitement is experienced and transmitted from the torso into the limbs. The Tai Yang division pulls together all the parts of the body needed to transform excitement into action. If these divisions are not coordinated then excitement can build internally but the expression is inhibited. The subjective experience of this inhibition can feel like shame or guilt and is related to introjection, the characteristic physical expression being tight or hunched shoulders, throat and neck (like the posture you take when tensing against an imagined punishment).

Rather than working with the introjection directly, Developmental Process Therapy helps the person to spread their excitement into their limbs and face, using activities based on the infant's developmental movements. This seems to bypass conditioning, tapping into the 'hard-wiring' of the brain, and challenges and loosens the neural habits built up by the introjection , giving the client an opportunity to directly explore new ways of being.

Phase Three The last and most creative stage is to suggest experiments that the client can make to loosen up the habitual ways they use their body.[2] These experiments can be very simple. *In Barbara's case, I noticed that she was energised by excitement up to the throat but that her arms and voice were constricted by the tension in her back. This meant that her excitement was not expressed and* people still treated her as a victim of fear rather than the alive, inspired woman she now felt. *We spent a couple of sessions exploring the place around the manubrium (the area between throat and breastbone) where the energisation stopped and I taught her how to breath directly into the soft tissues under the manubrium.*

Once the manubrium started to expand she felt her throat release and the movement spread along the clavicle (collar bone) to her arms. Suddenly the life force she experienced internally was visible externally. She reported in the next session that her friends had stopped treating her as ill and started doing things with her. She was no longer giving them the message of fear and infected them with her excitement. Every time she herself start to constrict, instead of trying to control it, she now breathed into her manubrium and the excitement was not frozen.[2]

Living Fully as You Are…

This is the beauty of bodywork. All our chronic conditions are etched into the way we use our bodies. But the body is very tangible and you can learn to move consciously. However intractable and problematic a life issue is, if you can discover how it is embodied, then you have a handle on how to experiment, to loosen up, to become unstuck and to move within the body you are.

Whether you get 'better' or not then becomes irrelevant. Instead you are living more intensely, with more satisfaction and with deeper contact with others. As with Barbara, this may mean that your condition does get better or that you live longer, but that is not the aim.

Ideals like health and balance are words to me because they take us away from the present experience of who we are, they dilute our present struggle to live fully now by making the present feel deficient and focusing on a dream of future perfection. The future may be too late. I believe it is better to learn to live fully as you are than to waste time trying to reach an ideal state.

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2. In this phase, Shiatsu techniques can be useful, helping a client to feel connections between parts of their body that they have not made before. However, I am concerned to help them *use* this connection to make fresh ventures into how they relate to people and live their lives rather than just remaining in the realm of physical sensation.

Sally: A Case Study

When someone voluntarily comes for therapy, they have a story to tell. A Story is a way of describing, categorising and conceptualising their condition and the client usually presents themselves as a victim in the Story. One of the most important skills of a therapist is to guide a client to let go of the story and find another way of perceiving themselves, over which they have some choice.

Usually this is seen as a psychotherapeutic skill, and here I show how this is achieved within the context of bodywork.

1. The Story

Sally, a single American woman in her twenties, came to work with me saying that she was very stressed and suffered from frequent migraines and extreme period pains.

This was what I call the 'medical story' – a description of physical symptoms, to which the client is a victim. Notice that, as is typical with such stories, Sally had no choice about the symptoms that form the medical story. People coming to a body based therapy often start by presenting a medical story. If they initially perceive their problem to be emotional they would tend to choose a different form of psychotherapy to help them.

In chronic conditions the medical story is usually the tip of the iceberg, but the important point is that *this is where to start*. I believe that there is no point in looking for deeper causes from an expert's point of view because it doesn't help the client to have more choice. Unless clients can make the connection themselves, it only transforms a victim state into a state of dependence on the therapist. Listening to the medical story, however, usually gives an entry point into the client's deeper process if you can find some way of relating the story to sensation.

In Sally's case, I started to move her into the present by suggesting that she get into a posture that expressed her experience of the symptoms that she had listed. She hunched her shoulders and raised her arms as if warding off blows from an assailant. She looked really scared and her breathing was shallow.

I suggested to Sally that she notice which part of her body was moving when she breathed. When she pointed out her upper chest I said that I would place my hand on different places and I wanted her to see if she could bring her breathing movement to those places. This was not in order to 'treat' her. At this stage I was only starting to bring her awareness from the story to her body. However, immediately I touched the first place, on the sides of her ribs, she burst into tears and said that my touch frightened her. Her body was rigid and tense under my hand.

I asked her whether she wanted to continue what we were doing and, when she agreed, suggested that she continue trying to breathe into that place. At first she found it

extremely uncomfortable and difficult to stay with the experiment but after a while she became calmer and relaxed her whole body. We spent the rest of the session gently trying other places to breathe.

I did not feel it was the right time to try to explore her extreme reaction to touch. Instead, I concentrated on helping her to become aware of sensations in the present without analysing them. If deeper analysis goes too fast then the client can only describe their state rather than experience it in a way that gives them new choices. Direct experience of the body develops much more slowly than our images and models of ourselves and it is common for a client's understanding of themselves to develop faster than their ability to sense themselves. This tends to move the client away from the present, where real change takes place.

If therapists interpret their perceptions too quickly then they are 'encouraging the client's nervous system' to leave the present and to get caught up in new stories. The therapist's interpretations may be good for his ego but, in most cases, are not helpful for the client's process.

2. The Second Session

In the next session, Sally arrived with a migraine, looking very pale and drawn. She said that the previous session had reminded her that, as a child, she had had a dreadful skin disease, which meant that any touch was horribly painful. She couldn't be cuddled, comforted or play with other children for years. She felt that her reaction in the last session was connected to this.

Sally was here giving me permission to work at a deeper level than the 'medical story'. She had introduced the 'historical story', which often recalls a traumatic experience or a painful episode.

One of the key principles of this work is that the client remains an active participant in the therapy rather than a passive recipient of it. So far, however, we are only swapping one story for another – progress is being made in developing trust and the contracts of the therapeutic relationship but no real change will take place until Sally can relate the story to her awareness of her body here and now.

Historical stories are often moving and there is temptation for both client and therapist to explore and release the associated feelings. In this way of working, however, feelings are respected and acknowledged if the client expresses them, but the therapist does not dig for them and always tries to guide the client's experience into their sensations rather than their emotions, since this gives the entry point for creative bodywork. The key to helping a client experience the dimension of sensation within an emotional story is the devising of physical experiments…

After talking with Sally for a little time about how she felt about this episode in her life I asked her how she responded to being cuddled or comforted by friends in her present life. She said she felt very irritated by what she called the 'hugging culture' and, although she

talked in some depth to her friends, she was not physically affectionate. Her sex life was non-existent. She said that every time she had sex with someone she ruined the relationship by either getting very needy or critical and for the past two years had just given up on it.

At this point I suggested a physical experiment. I asked if she would be willing to try to explore how she reacted physically to closeness instead of describing the emotional feelings. With her agreement I moved to the far corner of the room and slowly moved towards her, asking her to comment on her sensations. When I got to a distance of about 6 feet she said she felt uncomfortable and was starting to tense up.

I re-ran the experiment a few times, instructing her to hold up her hands and to say NO! whenever she wanted me to stop coming closer. After, overcoming some embarrassment she suddenly started to fully engage in the NO! and her gestures became powerful and commanding.

This process is an example of a common theme in this way of working. Instead of feeling that she was *failing* to allow people to get close, she was starting to feel she was *succeeding* in keeping them away. Often, when someone feels that they can make a positive choice to reject, then they feel safe to accept.

The important point that this illustrates is that a person's development has to start from where they are, not where they want to be. Trying to get Sally to accept closeness at this stage would be like building a house starting with the roof instead of the ground floor.

I still didn't feel that Sally was ready to start hands-on body-work but decided to help her to more fully engage in the NO! By focusing her intention on the index finger and the act of pronating the arm (turning it from having the palm upwards to palm downwards and extending the arm at the same time), while commanding me to stop, she suddenly discovered how the movement could involve her whole body. She experienced a new level of confidence in her ability to reject advances!

We had come to the end of the second session and she said she felt good about the work and her migraine had disappeared. It's always good to get some pleasant results early on in the work. They build a storehouse of satisfaction that can nourish the client through the inevitable difficulties to come.

3. *The Third Session*

Sally started the session by saying that she felt able to start hands-on work.

I had my doubts, for reasons I will explain later but, following the basic principle of starting with the direction that the client presents, I suggested to her that we try the breathing experiment of the first session again. I instructed her to watch for any signs of tensing against my touch and tell me to stop when that happened.

I placed my hands on the side of her ribs and asked her to try breathing so that her sides expanded. After a little while, although she was succeeding in the experiment, I felt that

nothing was happening. I felt that somehow Sally had disappeared – that the feeling of contact, so strong in the previous session, had evaporated. I asked her what she was experiencing. She said that she felt irritated by the experiment and by my questions.

I asked her whether she wanted to say 'STOP' and she said, in a lacklustre way: 'No. I've got to give it a go.' After a few seconds she said 'I'm lying, I want you to piss off!' Immediately the feeling of contact was back.

She felt it and laughed.

'I want YOU to PISS OFF!' she shouted with glee, 'I want you to FUCK OFF! I DON'T want you to TOUCH ME!'

There is a common and dangerous preconception amongst body-therapists who often try to calm the energy down when the session brings up intense emotions. Dealing with chronic conditions almost always means that deeply buried feelings start coming to the surface and the therapist's job is to support the client in remaining present within them rather than trying to calm them down.

It is easy to become lost in the stories while working verbally. Instead, we help the client to embody the underlying energy.

While energy is a hard word to define, in most cases an emotion has *a direction of movement*. By encouraging the client to express that direction through physical action, the energy is acknowledged and embodied without getting lost in the emotion or denying its force.

Since Sally's swearing seemed to be a doorway into her authentic 'pushing-away' energy and she seemed to be starting to inhibit it, I suggested another experiment where I moved my hand towards her body and gave her explicit permission to keep me away with any words she wanted to use. For about 15 minutes she was fully engaged in this, exploring the depths of language and relishing her newly discovered power. Then the energy seemed to evaporate from her voice. I asked what had just happened and she replied:

'I just realised that I don't want to keep you away but don't know how to let you in.'

These moments are key points in a session. I had had my doubts about the authenticity of her statement giving permission for hands-on work at the beginning of the session because an energy had woken up in the second session which did not seem to have completed. In this session she went all the way through her embodiment of rejection until the energy was satisfied. This opened the door for a new phase

The important principle here is that there was no point in trying to help Sally to accept touch until she had completed the process of pushing away. It is hard to say YES until you know you can say NO!

At the end of a process there is often a hint of the next energy about to wake up but it can't be hurried or manipulated without losing authenticity. The key is to help the client

stay with sensation and to wait for the energy to emerge. The ideas of both the client and the therapist about where the process is going next may well be wrong. The idea she had introduced of allowing me to touch her was not a true reflection of the energy process. She needed a period of quiet before the real energy showed itself.

I suggested to Sally that she closed her eyes and explored the sensations in different parts of her body. I named different parts to keep her focused and to give her practice in moving her attention around. After a few minutes I asked her to describe anything she noticed. She said that her lips were tingling. I asked her allow her lips to start moving as they wanted.

This phase in a process needs a totally open mind. Notice how I avoided suggesting any action. For instance, I could have suggested that she notice any part of her body that felt open to touch but this would have fixed a direction for the energy, which might distort the process.

She started to push her lips out and then made a loud smacking kiss sound. 'I want to be KISSED!' she said. But she sounded as though she were acting. I felt real emotion behind her statement but I was convinced she had fallen into a physical cliché. I asked her to allow her lips to move again, but with the smallest movement possible.

A physical cliché is a movement that the nervous system is conditioned to associate with certain actions (like kissing). If the movement reminds the person of that action then they can easily go off at a tangent in their process, getting caught up into their conditioned emotions and memories associated with the action. I call this trap a 'physical story' and it is a very common block to authentic movement in many forms of process oriented therapy.

The point of suggesting a very small motion is to avoid the creation of a recognisable gesture that could trigger a physical cliché.

Sally started trying to move the sides of her mouth. She seemed to be struggling to find how to move these parts in isolation, and I realised that she was being inhibited by my instructions, so suggested that when she found a movement starting she allowed any other part of her body to join in. She started to lift her chin and turn her head as if groping for something with her mouth. Suddenly her movements felt really authentic, she was doing something in the present without a concept of what it was, but the movement was nevertheless charged with intense energy.

I realised that she was making 'rooting movements' similar to a small baby searching for the nipple.[3]

The rooting movements were starting to get larger and more dramatic when she suddenly became rigid and tentatively reached out her hand to me. I held out mine but did not grasp hers, allowing her to find her own way to contact. We held hands at a distance, the tension in her body increasing all the time. I noticed that her throat was absolutely rigid and, at last, felt it was the ripe time to suggest that she try swallowing. All at once her body relaxed and we ended the session with tears silently streaming down her face but with the feeling that an important step had been taken.

4. The Fourth and Later Sessions

I started the fourth session by asking Sally what she wanted to do. She said that she really wanted to start hands-on bodywork because she had realised from the previous sessions that most of her problems were related to her ambivalent attitude to touch. However, she also felt most powerful when keeping me away and wanted to be able to keep hold of that power.

I agreed and suggested a form of work, which continued for several months. I would start working with touch and she would feel whether she could accept the touch. If not, she would tell me to move on or even suggest a place that she felt able to open to contact.

The next seven months we followed this pattern. The bodywork that we did was significant but underlying each session was the repetition of this form. She was gradually familiarising herself with her power to say both 'yes' and 'no' actively and with choice.

This phase illustrates one of the most important principles of this work. Change does not happen overnight, even after powerful therapeutic sessions. These sessions can wake the client up to a direct experience of her state of being. But that experience is transient and, most often, the old habitual stories re-assert themselves.

There need to be long periods in any therapeutic relationship which seem a humdrum, even boring repetition of the same issues without the excitement of the first revelation. It is vital to realise that these periods are essential. During this time, the client's nervous system is practising the new ways of being and confirming the powers that first awoke in the dramatic sessions.

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[3] This is one of the movements guided by the upper part of the Stomach Meridian and is one of the deepest and earliest movements to appear. These mouth-reaching movements are a precursor to infant feeding and are the first part of the Stomach Meridian's full movement which involves taking energy and life-experience in, swallowing it and accepting it into the body/self. However, talking about a concept like this is usually counter-productive since it imposes an abstract description on the process and pulls the client away from direct experience.

After about six months of work, Sally said that, she felt much better physically – her headaches had almost stopped and period pains had significantly reduced in intensity. During our sessions she felt much more able to accept touch and comfort, but she still found it impossible to sustain any closeness or intimacy in her normal life.

We spent a session reviewing the energetic skills she had been practising, including the abilities that I have focused on in this chapter. We started to discuss how she could start to experiment with these new skills in her normal life, looking at issues she had with particular friends and devising experiments to transfer her abilities into these relationships.

Exploring one friendship allowed her to make a breakthrough. One of her best friends was a woman, ten years older than her, by whom she felt completely dominated. This woman seemed to have taken Sally under her wing and acted like the stereotypical Jewish mother, criticising her potential boyfriends and generally telling her what to do.

I asked Sally to imagine a cushion to be herself and to act out the energy of the relationship while she played the part of her friend. She grabbed the cushion and started squeezing it tightly whispering 'I love you, don't leave me'.

I then asked her to sit on the cushion and imagine being squeezed in the same way. I replayed her whisper: 'I love you, don't leave me'. I suggested that she pay attention to her sensations and let them speak.

'I can't breathe!' she gasped, 'I can't breathe, let me go'. She sounded like a little girl.

'Where is she squeezing you?', I asked.

'She's pinning my arms, I can't move.'

I asked her if I could pin her arms to give her a real physical sensation and, when she agreed, asked her to guide me into an action which felt the same as her imagined position.

'I feel different when you do it,' she said.

'How do you feel different?'

'I feel OK about it. I can tell you to stop but I don't want to.'

I suggested that she continue feeling the squeeze until she'd had enough and then to tell me to stop.

'STOP!' she said after about half a minute. She sounded firm and confident. I let go.

I asked her to move away from the cushion, become her friend again and say the first thing that came to her.

'Do you love me?' she said to the cushion. 'Don't leave me.'

Back on the cushion, she spoke to her friend 'I *do* love you, I need you, I won't leave you, just stop squeezing me.' The little girl had disappeared and a mature woman was talking.

We stopped the session there. The next session she stated that she was very excited and said she had had a great talk with her friend. She had felt able to explain how she felt without hurting her and without feeling guilty. She had taken an important step in integrating our work in the sessions into the rest of her life.

This illustrates another major theme in this work: how to integrate the things learnt in the actual sessions into the whole of life. The physical experiments devised and practised during the therapy act as a support for behavioural experiments that the client tries out in their life. Another example of this theme was shown in the first chapter where Barbara's discovery of how to unlock the block in her throat and shoulders changed her friends' perception of her from a victim of cancer into a newly alive and powerful woman.

It is only when the energies developed and grown in the safe greenhouse of the therapy sessions can be taken out into the harsher environment of normal life that the client really transforms their view of themselves and finds themselves able to continue in their new state of development.

The Three Principles

Chronic problems are like prison, and the sufferer needs to overcome the phenomenon of *institutionalisation*. A prisoner during a long sentence may desperately long for freedom but, on his release, finds that freedom frightening and upsetting. He starts to long for the security and familiarity of his cell, and may re-offend, in an unconscious attempt to regain it.

Sufferers from chronic conditions are faced with a similar dilemma. They want to be free of the problem but their body and personality have adapted so much to the condition that they find change difficult and frightening. It is not enough just to help such a person back into balance, because they will be inevitably drawn back into their familiar, but problematic, state. Viewing chronic problems as developmental struggles helps the client to discover how to move forward in their life process.

In a chronic condition, we often feel stuck, as victims of our emotions or symptoms. They overcome us and do not seem to offer us any choice about how we feel. The muscles, on the other hand, are easier to make choices with. You can learn to breathe in a different way, to initiate movements from different muscles, and to connect different parts of the body together in a movement. Using bodywork in the way outlined here enables a client to rediscover the power of choice, to become familiar with another way of being, and escape the equivalent of institutionalisation. The work is done in the here and now, and does not try to categorise or explain the condition in theoretical terms. Instead, theory provides bubbles of inspiration which point to the next step in the process. The end of the path is unknown.

The most important features of the therapy are the basic attitude of the therapist and the fundamental principles that are followed. Here I summarise the three principles of the approach, all of which are illustrated by Sally's case.

1. Start from Direct Experience

Transform story to sensation The 'medical story' (symptoms), 'historical story' (past events) and 'physical story' (physical clichés) are all examples of conceptualisations which fix and condition the client's view of themselves. Another important story not mentioned in Sally's case is the 'therapy story'. It's very easy, during an extended period of therapy for the insights that the therapy brings up to be turned into yet another cliché.

To liberate the client's energy these stories need to be brought into the present. The therapist focuses first on awareness of sensation.

Finding movement in sensation Sensation is one of the best vehicles for coming into the present. It is through the present that energy can liberate, not being constricted and conditioned by the stories that refer to past and future. There is a large toolbox of techniques for helping authentic movement to initiate from sensation – for example, in Sally's case, the technique of using very small movements was used to avoid physical clichés.

Awareness instead of diagnosis Awareness emerges from authentic movement. This statement is very specific: movements have an energy and a direction which, if the client remains in the present, are pure and immediate.

As was evident in the first case discussed (Barbara), awareness of movement makes it obvious where energy is blocked in the body and which parts of the body are disconnected from the energetic process. Diagnosis is actively avoided because it forms another story, but this does not mean we work formlessly. Instead, the relevant bodywork emerges from the awareness of movement and makes equal sense to both client and therapist.

Follow and facilitate instead of treating The principle behind this is to facilitate an energy process that has already been initiated by the client instead of trying to initiate change from a view of how things should be.

The client can feel the effect of the connections and stimulations provided by the bodywork by sensing the change in their movements. Typically they will feel how to engage more of their body in a movement that was previously isolated in one part or learn to initiate a movement from a more specific sensation clarified by the touch.

The bodywork then makes conscious sense to the client as well as to the therapist and they can learn to apply the work to themselves through internal means instead of being dependent on the external stimulation of touch.

The only time when we do not follow the energy process is when it falls into a cliché. When this happens, we return to basics and start again from pure sensation.

Working in this way is like surfing a wave. Instead of having a fixed form of work, a toolbox of techniques can be flexibly applied in the appropriate context. The overall form of the work comes from the client's process and is freshly created every session.

2. Confirm New Skills Through Repeated Practice

Devise experiments to incorporate new insights After a few sessions, the work usually gains another dimension. The direct and spontaneous work described above has generated awareness of energy issues in the client and given them an experience of how to liberate these issues. However, the old habits and stories have not gone away.

As in Sally's case, this provides a context for ongoing themes to be consciously practised during the following sessions. Whatever bodywork happened within the later sessions was done with the agreement that she practice her abilities actively to accept or reject outside contact.

Energy can change fast, the body takes longer By consciously practising the lesson over a period of months or years, the client retrains the nervous system to have a new, more flexible model of the self.

This period of practice is as essential to therapy as it is in sport, and for the same reasons. The sense of self is founded not only in memory but also in our posture, our habitual ways of moving and our total body shape. A really new sense of self needs unfamiliar muscles to be activated and strengthened and for the automatic control centres in the cerebellum to re-program the way they integrate different parts of the body into a movement.

3. Integrate with Normal Life

Stabilising the state Although the client may be learning to incorporate new and more choice-full ways of being during the therapy session, they often find it difficult to maintain or use this awareness in the rest of their life.

Each person with which they are in relationship has their own reasons for being in the relationship. A change in the client may mean that the pay-back that their friends have enjoyed is no longer available and their friends unconsciously try to sabotage the change. Peer pressure is very strong and it is difficult to maintain one's new found clarity while your friends are clamouring for you to return to your familiar old neurosis!

Our sense of self is not only produced by our memories and body but also by the way we fit into our web of relationships. The web of relationships which largely define a person could be called the 'extended self'**.** A change of self is not fully complete until it continues into a change of role in these relationships and thus changes the extended self. Only then can someone continue in the new state without relapse or interruption.

The Capacity of the Client Not all clients take to this work as well as Sally and I don't want to give the impression that this style of work is a formula that will work for everyone.

The process of healing is complex, but in general I feel that chronic conditions are like cul-de-sacs in people's development. If you think of development as a journey then sometimes you find yourself in a dead end street and have to backtrack to a place where the road branches. In other words, to find a place where you have choice again. Some people need to backtrack further than others to find a branch in the road and, for some, they need to go back to infancy.

Except in cases of extreme psychosis, this does not mean that they are infantile in all of their life but, in relation to the therapy on their condition, they need to be infantile. For such people, the style of Sally's work is premature and they need a long period of being treated in a less verbal and more directed fashion, like a parent is with a baby. With some clients I have spent a year or more doing straightforward bodywork with no experiments before they develop to a stage where Sally's type of work becomes possible.

The important point about this form of work is that it allows the style of the therapy to change as the client develops into different stages and encourages them to grow up to be independent of the therapy. The therapist needs to be aware of the development of the client during their relationship and to adapt the work to their capacity.

Author's Note: **Bill Palmer** teaches and practices Developmental Process Therapy in England, Spain, Holland and Italy. He also teaches it as part of the Scottish Gestalt Trust training programme. He trained in Shiatsu and Chinese Medicine and was the editor of the *Journal of Shiatsu and Oriental Body Therapy*. He also trained with Derek Gale as a psychotherapist using voice work and psychodrama and in developmental movement therapy with Bonnie Bainbridge Cohen. Developmental Process Therapy is an attempt to integrate these various sources.
