To Err on the Side of Listening

by

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My feet don’t bend in the morning. They burn as they hit the floor. I can’t do stairs first thing. I’m groggy, the night’s sleep was less than satisfying. Lying on my right side caused my hand to throb and the rest of my arm to go numb. If I turn over, my neck spasms.

Something hurts every day, to varying degrees. I refer to it affectionately as “The Roving Pain Gnome” (TRPG). TRPG might decide to chew on a knee, or both, or a hip, neck, the lining of my lungs, an elbow, the second knuckle of my right pinkie. Pain comes in all colors and flavors, sharp, dull, stabbing, burning or stinging. Treatment options offer a smorgasbord of experimentation: Elavil, Plaquenil, Prednisone, NSAIDs, opioids, Lyrica, muscle relaxants, Cannabis, whisky, far-infrared heat, meditation, massage, chiropractic, CranioSacral Therapy, acupuncture, yoga, swimming, herbal remedies, supplements, fasting, dietary changes, homeopathy, psychotherapy and rest.

I was quite sickly as a child. I had severe allergies and asthma. There were skin tests and allergy shots in heavy rotation. If I walked home from school and passed a patch of freshly mown grass, I would be wheezing and covered with hives by the time I made the doorway of our house. My mother quickly learned to not ever put me in new clothing before it was washed, the hives I would get joined together to create one giant welt wherever my brand-new dress touched skin. I had episodes
of odd eye infections, high fevers, pneumonia, and cellulitis. My mother lamented
the numerous trips to the doctor, on the bus, with my older brother in tow. My
collection of autoimmune disorders continued to accumulate into adulthood.

There are tales told of little 18-month old me bravely striding down the hall of the
doctor’s office to present my tiny arm for the weekly allergy shot. These stories
cement the idea that a stiff upper lip is the way to go. The messages I have
received constantly were that one does not complain. One is not afraid.

If a child has dark circles under her eyes, welts on her body, and is wheezing, it is
difficult not to feel sorry for the child. Even imagining a wee one suffering, I can
almost feel her head against my chest as I long to comfort her...listening for her cry,
holding her with compassion, soothing her.

I’ve learned that there is something different in how people react to adult
sufferers though. Somehow when it is an adult our posture shifts. The adult sufferer is
something to be “figured out”. Surely they are suffering because they have not yet
tried the right thing. They have ‘leaky gut’ and should go on a Paleo diet. They
should juice. They should use homeopathy. They should do the thing that worked
for the other person I know who had this. They are depressed, have an emotional
issue, or anxiety. Maybe they are “resistant” to their own healing. They’re too fat,
too thin; they’re exaggerating, lazy, attention-seeking, using it as an excuse. They
should go to another doctor. It’s probably Lyme disease or yeast.

The message coming from the world becomes clear to chronic pain sufferers
quickly: one does not complain. Initial reactions to an illness of alarm, assistance,
sympathy, and support are most often followed by fatigue. Frustration closes in on
our heels. Even when doctors find an “it” or an “itis” to write in our chart, effective
treatments often prove elusive. Side effects from medications prove intolerable,
and when a medication does work, it will often cease to work at some point. The
miracle diet that was supposed to quell inflammation does not. And if one is also afraid? What then?

I found work that saved my life. I had been diagnosed with Lupus at 25. A few years later, I received massage a 30-minute massage at a retreat center. I slept better for weeks after that little half-hour massage. The burning pain and stiffness I had felt for the previous 2 years abated to a nearly tolerable level. By that September, as my son started kindergarten, I was in massage school. I have received some form of bodywork nearly every week since. Some weeks I double up and during massage and CranioSacral classes we receive work every day. That puts my receiving experience somewhere well in excess of 1600 hours. The work has kept me upright.

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Even better, all that receiving of good bodywork gave me a felt understanding of what it is to feel heard. And with the experience of being heard, it also becomes all too clear when a practitioner is not present in their listening hands.

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In 1994 I took my first Upledger CranioSacral course. I incorporated CranioSacral Therapy (CST) listening skills into my deep tissue massage work immediately, into all the work that I did. As I became more precise with my listening, I found that I did not need to apply as much force. Listening allowed my fingers and elbows to find the most effective course through tough tissue layers. Blending and melding with the client’s system showed me the exact amount of pressure required to release the tension patterns. I slipped at least 10-15 minutes of CST into every massage session. The transformation in my clients’ systems became abundantly clear. I learned more, practiced more, listened better, and became more and more a CranioSacral Therapist. I no longer had to search for a place to slip in CST practice; CST became my practice.

Importantly, for both my wellbeing and my professional development, I received regular CranioSacral work and mentorship from advanced practitioners. Presence, precision, intention and listening without judgment feels utterly different in my
system than a therapist “applying technique”. How can I be better at meeting my clients? Meeting the tissue? Being absolutely present in their systems, precisely where they need me? I have assisted innumerable classes and committed to the Upledger certification program. I continue to receive, learn, engage in mentorship, lead study groups, assist classes, take new classes, write, study, explore and listen.

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It is a human tendency to compare the idea of another’s suffering to experiences we know. Trying to imagine is a natural, human trait. It is empathy in action. This trying to imagine gets accompanied with phrases such as, “My brother has that.” “I know, my back really hurts too.” Chronic pain is different though. It creates a dividing line between those that have experienced and those who have not. Lingering pain does not have a comparison. If we have had an injury or the flu we rest, take medication or employ some complementary therapies and heal. But for those who have not experienced lingering pain it is unimaginable. Suffering in chronic pain for 3 years, or 20 years is not like the time you hurt your back. It is unimaginable. Until I had Complex Regional Pain Syndrome (CRPS) I could not have imagined that pain in the wrist and hand could have been the worst pain I had ever felt. I remember thinking that if someone told me that the pain in their wrist was that severe I would have thought they were exaggerating. I could not have imagined. Though I have had a cascade of autoimmune disorders, pain and fatigue, I cannot imagine what the pain of Interstitial Cystitis (IC) is like. When I try, transferring the remembered sensation of the CRPS to my pelvis, I cannot imagine.

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The impulse to communicate understanding or to leap in to figure out is most often driven by the desire to be helpful, to alleviate suffering. People want to help. I would like to think that outright insensitivity is rare. But I have heard far too many stories. Like the doctor who told my client that he was glad she used the 1-10 pain scale "appropriately" because she never said she was a “10”. “I’ll tell you what a 10 is,” he said, as he then proceeded to describe having gotten hit in his groin during a sporting event. “That’s a 10.” Or the doctor who said to the husband of a client, “she’s just worried about how she looks” as the cause or treatment for her
Bell's Palsy went unaddressed. I am sure that even these doctors imagined themselves to be quite clever in “figuring out” the crux of the issue.

I will tell you something you may not know. The person, client, friend, coworker, family member, who has disclosed their pain to you has a thousand things about their pain and fear they have never uttered to a living soul. In this short article even my dear ones will see things I have never told them. It feels risky. As I have typed out these few hundred words I have heard a myriad of things in my head. I imagine gentle readers musing about the emotional depths I have not plumbed or the supplements or diets I have not tried or the brilliant Naturopath I have not been to. Yes, even in my own head I hear those judgments because I have heard so many before. I have heard countless stories from my clients about the things their spouses say to them, practitioners have pronounced to them, and the hateful things their own inner voices bark at them.

Disclosure is risky. Most chronic pain sufferers expend tremendous amounts of energy “sucking it up”. “Chronic” is constant, protracted, continuous, lingering, persistent, enduring. The pain narrates our days. Sometimes the voice is quieter, sometimes so loud nothing else can be heard. Reaching out through the cacophony of pain to disclose something to a friend or practitioner is a leap of vulnerability. Please err on the side of listening. There is already a loud chorus of “it’s probably this” or “you should try that”.

I respect and honor what my body is able to do given the challenges it carries. I take the time to listen to my own system and gather the resources I need to stay active and engaged in a very full life. Sometimes my basic needs seem at odds with one another. For example, I adore being outside. Nature feeds my soul. However, I have dreadful allergies. I can take my antihistamines, employ the neti pot, puff on an asthma inhaler and sometimes my symptoms are still quite obvious even to the casual observer. Though many chronic conditions are silent and we can choose not to disclose them to another, sneezing, watery eyes and cough are nearly impossible to hide. Yet the suggestions come in from every corner- “You should stay inside”, “This homeopathic remedy will take care of that”, “You shouldn’t eat dairy”, and on it goes. What the casual observer does not know is that I am allergic to things inside too. Moreover, being stuck inside would crush my spirit. And, my allergic symptoms are strikingly better than they used to be.

Imagine before you is a friend, colleague, client or patient. And the person has made it known to you that they are suffering. Consider that the first idea you think of may have already been employed. The thing you thought of as you noticed
someone's allergies? The proposed cause or remedy that sprung to mind in the
moments after a chronic pain sufferer revealed their distress? Yes, it might have
been the first thing they thought of too. It might have been the first thing the 20
other practitioners had thought of too. In 3 years, or 10 years or 30 years, or a
lifetime of a chronic condition, the first thing, second and the fiftieth has been
pursued. How do we know unless we listen?

John M. Grohol, Psy.D. has some fine suggestions to “Become a Better Listener"
in his psychcentral.com article. The simplest strategies may be pausing and silence.
When in doubt, taking the time to wait and say nothing holds a great deal of value.
Other options include restating what the person has said and summarizing what
you think you have heard. Even what Dr. Grohol describes as “minimal
encouragers” like, “Oh?”, “and then?” or “hmmm” are real gems to indicate you
are listening. Though validation is number 8 on Dr. Grohol’s list of active listening
skills, I would put validation at number 1. “Acknowledge the individual’s problems,
issues, and feelings. Listen openly and with empathy, and respond in an interested
way”. Validation holds a key to tremendous healing potential. Enduring pain is a
dark and lonely state. Feeling heard and validated can be a significant hand out
of the darkness.

A 2007 brain imaging study led by Matthew D. Lieberman at UCLA showed that
verbalizing our feelings makes our sadness, anger and pain less intense. Allowing
your friend or client to simply express what they are feeling can have measurable
therapeutic benefit. Listening. Listening. Listening driven by curiosity and
compassion. What else do you have to say? What do we notice? What else does
your system need? These questions bring us deeper into accord. Meeting someone
suffering in chronic pain we might ask: “What have you found helpful?” “What
nourishes you?” “Who can you count on?” When in doubt, in response to disclosure
of suffering, loss, pain, err on the side of listening.
https://psychcentral.com/lib/become-a-better-listener-active-listening/


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