

Empowerment, maintenance & care for the carer

Yehuda Tagar

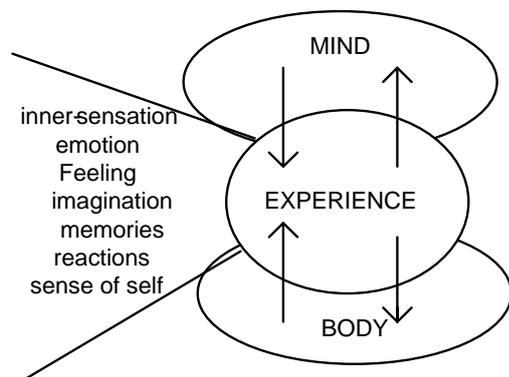
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I believe all complementary therapists are bridge builders, recreating the connections between various levels, systems and dimensions of the human internal and external system. Those parts of the human being were in reality never separated. They were always interconnected within one all-embracing complex unity, but they were conceptually divided for a few centuries by a medical science which had narrowed its terms of reference to the mechanistic, materialistic, atomistic and analytical dimensions of our existence and of our faculties of knowing.

We probably had to go through this phase, to come to the far limit of the mechanistic approach to knowledge and to suffer a fair bit of its consequences - with more, no doubt, to come - in order to realise that life is more than the sum up of particles; that health is more than the irradiation of illness; that sanity is more than the absence of madness, and that well-being is more than the overcoming of pathology. Above all we, as a therapeutic community, are steadily, willingly or not, moving towards an acknowledgment that beyond the various parts of the human being there is a greater whole, and within it there is a living heart, not just a pump, but an indivisible, mostly invisible centre of life-forces, soul forces and spirit. We are steadily moving to realise as a community that the best care for the parts is found in the context of the whole; that the health of Life as well as of Sanity are at the same time both the results and the causes of complex interrelationships between many factors: our relationship with the physical world, with the organic living world, with our emotional, personal and spiritual realities which manifest through qualities such as a sense of meaning, direction, belonging, love, warmth, self-worth, creativity, connection to nature and positive and meaningful relationships with other human beings.

In order to manifest these growing attitudes into the sphere of being practical in the workings of health-care, bridges must be built between the various dimensions of human existence, between our bodily, emotional, mental and spiritual dynamics. The awareness and the care for the whole person depended on the creation of these communication bridges.

I am a practitioner who thinks, lives and works on the borderline between body and mind, whose field of perception is focused on what could be described as the field of human experience. I believe that experience-awareness is the main field of future growth and development for health-care. If clients are to be placed in the centre of the healing process, empowered, in charge, in control of their lives regardless of professional training and language which set professionals apart from them - then it is only the centrality of human experience in the healing process that can achieve it.



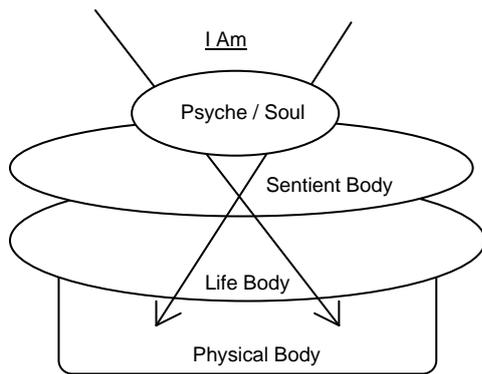
If experience is to play a part in the therapeutic interaction - then it must have a basic language for its expression and communication. This language, as I will elaborate later, can only be made of non-verbal modes of communication.

Between the experts of the body and the experts of the mind, there is a space for the expertise of the clients: the clients can become experts in the field of their own experience.

An example of a modality of healing which is based on non-verbal communication is: Philophonetics-Counselling. The philosophy and the model of the human being on which this work is based is one which incorporates the dimensions of human existence which live between body and mind. I am referring here to the Anthroposophical approach to medicine, on which my work is based, the foundation for which was laid by the Austrian philosopher, scientist and educator, Dr. Rudolf Steiner (1861-1925). His model can truly bridge the divide between the eastern and the western approach to healing, being one of the most comprehensive models ever to be put into practice in the health field in this century.

According to Steiner the physical dimension of the human being consists only of about a quarter of the reality we face and experience. It is that part of our experience which correlates to the mineral kingdom of nature. Over and above it lives that which constitutes the essence of the, living, organic kingdom of nature, the field of formative forces, processes, vibrations and dynamics which he called the Etheric Body, or the Life Body. In the East it is called the Chi, the Prana, and in the west some call it the Morphogenetic Field of Forces.

Over and above these two there lives the essence of that which is characteristic of the animal



The dimension of Experience on which I am focusing, comprising that which is between the fully conscious mind and the completely unconscious body. Lies between these layers. It consists of:

Experience: inner and outer Sensing, Movements, Gesture, Visualisations, Sounds and Vibrations.

In these modes of existence and of awareness this dimension can be grasped and be worked with.

kingdom, constituting the dimension of inner experience of pleasure, pain, desire, instinct and sentient awareness. He called it the Astral or the Sentient Body. And over, above and through all of these three dimensions there exists what could be truly called uniquely human consciousness, the 'I Am', the Self, the thinking, feeling and willing self-aware human consciousness.

These four levels, as well as all the interactions which take place between them comprise the whole constitution of the human being. None of them can be fully understood without its relationship to the others. It is a whole, intricately interconnected system.

All that is known as Anthroposophic Medicine, as well as what is known as the Steiner School System of Education is based on this model. I suggest that it is probably one of the most comprehensive frames of mind within which the age-old dichotomy of body-mind connection, of the psychosomatic enigma, can be reconciled within a greater whole. In the traditional modalities of health-care, the two major types of intervention are either body-based, consisting of substances and treatments which are administered through the physical body, or mind-based, consisting of reflection, conversation and words. Either there is an object-relationship to the human being, or reflection on its conditions. A third way lies in between these two: Subject to Subject interaction, experience to experience, human to human. The major modes of interaction in this *third way* must be based on awareness of direct experience, on direct expression of that experience, and on active participation. This is where what could be termed "Participatory Therapy" starts. They would have to include the

expression of the interplay of forces in the "Subtle-Bodies" of our system, Life-Body and Sentient-Body activities.

I suggest that whenever this third way is missing in health-care interactions, we are operating on, at best, half of the resources potentially available in such interactions, and very often not on the most relevant part of these resources: 1) A whole range of self-care resources within the client is not accessed, mobilised and put to self-sufficient use; 2) A whole range of resources within the therapist is not being validated, trained, acknowledged, encouraged and applied; 3) Some of the most potentially effective dynamics afforded between client and therapists of every kind are not manifested.

I suggest further that in the absence of the awareness to the inner dimension of the personal experience, the absence of a language with which to communicate it, skills to take care of it and training to develop these skills, the under-utilised dimension of experience within the therapist becomes an extra burden. "Whatever we do not own within ourselves - controls us" said Roberto Assagioli, the founder of Psychosynthesis, and "What is making us tired is not what we do, but what we do not do" according to one of the Archbishops of Canterbury. The dimension of inner experience which resounds with every perception and encounter that we go through in the course of the day - either becomes a resource of intuitions, perceptions, sensitivity, energy and self-possession, or, when not acknowledged, owned and integrated, it becomes over-loaded, burdened and stressed with unconscious inner and outer dynamics which like an involuntary sponge it has absorbed into itself without an outlet. All these unconscious contents absorbed into the dimension of experience stay put within the life-system, blocking its circulation, adding to the phenomena of burn-out, exhaustion and illness.

I am pointing to the necessity to become aware of the non-verbal dimension of our experience, for which, for most of us, there is no expression. If any of the above contents of experience are to become conscious, expressed and released - a range of *Non-Verbal Communication Skills* must be acquired for the purpose, to match the nature of these contents. Non-verbal modes of intra as well as inter communication and knowing include: bodily sensations of bodily as well as of emotional dynamics, externalising subtle inner movement and postures to make them conscious, visualisations of inner states of being, and the externalising of inner vibrations into perceptible sounds.

Let's admit it - most of our inner experiences are not directly verbal. Our inner life does not speak English. Pleasure and pain, tension and being relaxed, fear and hope, anger and hurt, pride and humiliation - none of them speak English. Verbal communication, both

with oneself and with others, is, at best, a second-hand translation of direct experience, varying in accuracy, transparency and clarity. As a result, in a highly intellectualised, verbalised, conceptualised, computerised western culture, most of our important experiences are being communicated even to ourselves by means of translation into a second-hand medium: words. They remain largely not communicated at all, mute and cut off from our awareness. What we need in order to become aware of our inner experience is definitely not more information about it, but if anything, the opposite: we need EX-FORMATION, a term I take the liberty of coining here, or in plain English, we need skills of expression.

I wish to point to the need to explore, express, create space and tools for the non-verbal dimension of communication as the missing link between modalities, between one and one's own inner life & resources, potentially between East and West, and certainly between patient and practitioner. I suggest that three goals could be achieved by establishing an expressive mode of communication within the health-care system, especially with hands-on professions such as nursing:

1. Empowerment for the client - accessing, acknowledging, validating and making use of inner resources within the receiver of health care, creating the possibility of *Participatory Therapy*. With non-verbal tools of intra-communication the clients primary connection to his/her own inner condition could be tapped, by-passing the hindrances of the lack of professional training and jargon, helping in the whole process of healing from diagnosis, through treatment into assessment, incorporating the client much more fully as a member of the therapeutic team.

The client, after all, is in direct connection with a great deal of the condition in treatment. Whatever the client can *say* about the condition will be second hand information. If a mode of non-verbal communication can be accepted, taught and encouraged, enormous amount of extremely relevant information could be gained without the use of mechanical intervention, including information which by its very nature is beyond the reach of mechanical intervention all together. The subtle interconnections between the emotional, mental and physical conditions of every client, connections which are very real for any unbiased observer - could be made directly conscious and verified by clients, if only tools for the direct expression of inner realities were granted to them, and their expression respected.

2. Empowerment of the carer - accessing, acknowledging, validating and making use of the inner resources of carers. The whole wealth of intuitive, sensitive, empathic and instinctive

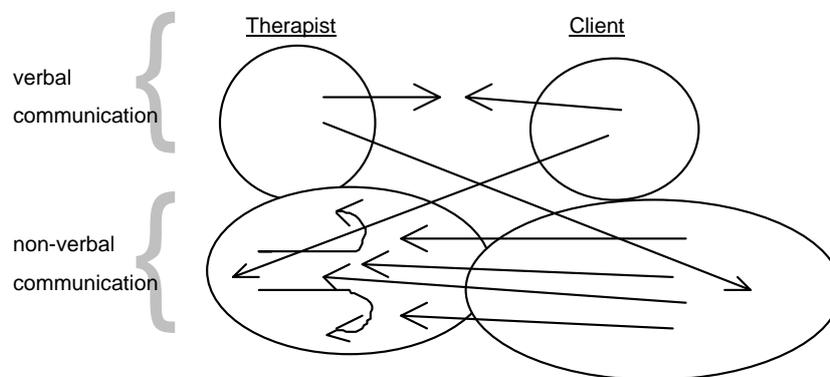
dimensions of awareness which evolve in practitioners through sheer work and life experience could be more thoroughly tapped and made use of, if the non-verbal dimension of communication could access it. Very often important decisions regarding diagnosis, treatment, assessment and referral - could be made with much more relevance to the client, if intuitive, instinctive, spontaneous perceptions of health practitioners could be validated. We know much more than we trust ourselves to know. But when experiential, "Right-Brain" oriented knowledge is not equipped with tools for its articulation and validation, this knowledge stays mute, giving way to so called *substantiated* modes of scientific knowledge which are equipped with their professional languages.

At the bedside, rich and many-faceted non-verbal communication is going on all the time, as every nurse would know. A great deal of this valid information is being lost to the healing-caring process because of the lack of ways to encourage it, objectify it, put it to conscious and practical use, to follow it up. The establishment and the legitimising of non-verbal modes of communication could empower carers to make a deeper use of their inner resources, ingenuity and creative thinking.

3. Maintenance & care for the carer - supporting the life system of carers, preventing inner neglect, exhaustion, depletion & burn-outs by training carers in the acquisition of simple, self-sufficient tools for noticing, acknowledging and caring for inner signals for inner conditions, by releasing tensions in a safe way, by acknowledging inner needs and discovering inner resources from addressing them.

The interaction between client and hands-on therapist and carer is loaded with unconscious contents and effects: projections of all sorts, unconscious manipulations, little power games, a whole range of dependencies, a loading of disowned contents, hurts and memories, habitual reactions to authorities both negative and overly positive, and the sheer effect of suffering, anxieties, grief, needs and expectations. All these contents are bound to confront the carer, most of them unconsciously. If the carer is not equipped with some basic tools for noticing, accessing, releasing, healing and caring for the carers own inner contents of similar "frequencies" - his/her chances of neutralising the potentially debilitating effect of the projections and the effects of the clients contents before they are landing on one's inner system are very slim. The carer is more than likely to get loaded with a whole range of un-processed heaviness of all sorts in the course of the day, with no direct knowledge of it, let alone tools for releasing and clearing one's system from these effects.

When taking a shower after an exhausting day or night shift - the internal system remains contaminated by these "invasive" effects which one has collected during the shift on the ward or in the clinic. That load does not go away by itself. It accumulates, condenses, and costs energy, positivity, joy of life. It is a very debilitating process. Many attempt to cope with this process by blocking the inner dimension of the experience, by cutting off from it, ignoring and avoiding. That costs a lot: it may not only block from the mental and practical capacity a very vital portion, the blocked inner content with all its reactive effect works its way down to the vital forces, the immune system and eventually the physical body itself. It adds to the mountain of contributions to the phenomena of stress.



The only way to overcome the accumulation of absorbed unconscious, non-verbal contents and pressures - is to encounter it in its own language, the non-verbal communication. If one learns to listen to the quiet voices of the body, to the subtle sensations which testify to inner processes, if one learns to express it in gesture and in movement, to create an inner picture of this dynamic which enable perspective over it, and to articulate the particular nature of every particular effect, three capacities will be made possible:

1. Regular maintenance of one's inner, mental, emotional, energetic and physical well-being, maintaining one's centre, self-possession, being in charge of one's energy field, taking care of inner needs, clearing the ground from a whole system of co-dependency *hooks* into which clients' unconscious contents can be hooked.
2. Regularly, in the beginning, middle and end of a working day or night, to *clear* one's system from contaminations, projections, pressures, unwelcome contents others put on us or our own reactions created within us.

3. Guarding oneself from outer *Energy Invasions* by consciously building flexible invisible boundaries with which to be in charge of the extent and duration of openness and vulnerability to others, clients, colleagues, family and friends.

These three capacities put together constitute what could be termed "Care for the Carer". The development and the mastery of a range of non-verbal modes of communication, mainly with oneself is, in my view, a prime condition for the ability of self-care of carers. In order to demonstrate the potential of a non-verbal communication I will put forward the modality called Philophonetics-Counselling, my profession, through which I continue to research and develop an approach to the possibility of Participatory Therapy.

Philophonetics - in the broad sense of the term, means: *Conscious Relationship with the resounding of one's Experience*. The *Phonemes* or *Phonetics*, the universal group of consonants and vowels, act in this method as representations of aspects of human experience embodied in the deep layers of the subtle human body. The fostering, cultivation, refinement and skilfulness of that relationship is the prime goal of Philophonetics. Its therapeutic and developmental application is called *Philophonetics-Counselling*, while the artistic and performance application is called *Philophonetics-Performing*

The working basis of Philophonetics-Counselling, as well as that of Anthroposophy in general, is that *human beings are fundamentally equipped for the journey of their lives*. To prepare to be a helper in human development and care, in the modern sense of these terms, has to cultivate this attitude within, as an attitude of trust in the inner resources of people. The task of this work is to encourage people to discover within themselves that equipment, the resources of guidance, inspiration, imagination, energy, safety, identity, healing forces, creativity, intimacy and Love. In order to become an "Encourager" for such a process, the Practitioner has to find these resources within oneself first.

The historical origin of Philophonetics - is in the Performing Arts, mainly in Drama, where the exploration of Rudolf Steiner's approach to the development of actors led to the discovery of powerful performing and therapeutic principles arising from tracing the organic connections between experience, movement and sounds. Having made a breakthrough in its performing arts application (an on-going development) it was consequently combined with the principles of Humanistic and Transpersonal Psychology and Counselling - into the therapeutic modality of *Philophonetics-Counselling*.

This modality is being practiced now in clinics in Australia since the late 1980's, and taught at The Persephone College of Philophonetics in Melbourne and Adelaide since 1991. In combination with the medical work of holistically oriented medical doctors and complementary medicine practitioners, it is being successfully applied in the treatment of a whole range of issues on the Physical, Energetic, Emotional and Mental levels: from Chronic Fatigue Syndrome and Repetitive Strain Injury - to Depression Grief and Panic Attacks, from Migraine and Pain Control - to Anxiety, Obsessive Reactions and Fear of Public Speaking, from various Addictions, Dependencies and Immune-Deficiencies complaints - to the need to contact one's Inner Life, sense of Identity, Direction and Self-Confidence.

The Role of the Therapist

The role of the therapist in this modality could be defined as an *encourager* in the client's process of exploration, transformation and integration: becoming a coach in the study of the *literacy of experience*, pointing to inroads into the reality to be observed. The therapist does not push, does not make decisions, does not interpret the shared inner content according to ready-made conceptual structures, and does not attempt to observe the client's inner reality before the client does. We train ourselves in the art of *Midwifery* of self-knowledge, rather than as authorities about it. The best description for the role of the therapist / coach in the Philophonetics-Counselling process is: *Encourager of Inner Strength*.

The Major Philophonetics-Counselling Modes of Knowing

As can be seen in the above diagram, the dimensions we call Subtle-Bodies include what Steiner defines as the *Astral* or *Sentient* dynamics of the human being, and the *Etheric* or *Life* dynamics. These two dynamics overlap each other, operate simultaneously and with interdependency. While the Astral-Body acts through *Impulses* in Dream consciousness, the Etheric-Body incorporates these impulses into its *Pulsating* dynamics of formative forces in Sleep consciousness. Both dynamics of Impulses and of Pulses live in Resonances, which could be precisely matched, simulated, tapped and accessed to consciousness through the resonances of the *Sounds of human speech*, consonants and vowels. This essential similarity between the resonance of the subtle bodies of the human being and the resonance of the sounds of human speech - is the fundamental element of Philophonetics-Counselling and of Philophonetics in general. The rhythmic, vibrational dynamics of the human subtle bodies constantly create confluencing patterns, pictures, tunes, sensations and inner sounds, all of them, to start with, below the threshold of consciousness. Consciousness, however, can

expand to include them, when equipped with the modes of expression with which these dynamics live and communicate, the "Indigenous Languages" of experience. There are basically four of them, which can start us off on the road of becoming *Experience-Literate*. They are: *Sensing, Moving, Visualising and Sounding*. These are the major tools for non-verbal communication, comprising Philophonetics - conscious relationship to experience.

These languages can be re-learned by everyone, and the learning will be immeasurably easier and more natural than the learning of any foreign language, because these languages are not foreign. They are the natural, organic languages of our very human nature, the true "Mother-Tongue" we always had but mostly, as adults, have forgotten.

Sensing: The human ability of becoming aware of any phenomena is based on the activity of the senses. Taken together, over and above the division into the separate senses, the capacity to sense all together is designated in this framework as *Sense-Ability*. Through the various senses experience comes into being; through the senses it is being inscribed, ingrained into the resonance fabric of the subtle bodies; through the Sense-Ability every aspect of the ingrained experience can be traced, accessed, and brought once again to consciousness.

Gesturing / Movement: The human body is regarded in Philophonetics as *an instrument of Meaning, enabling an Inner being to live in an Outer world*. We claim that *the human body can serve as a precise map for the human psyche*, through which every aspect of one's inner life could be traced and observed in full consciousness. In Philophonetics, both in its performance and for its therapeutic applications, the body and its expressive ability is regarded as a screen onto which the psychic dynamic can be projected, and from which it could be read. The body acts in four major capacities in relation to human experience: 1. An Absorber of Experience; 2. A Carrier of Experience; 3. A Reflector of Experience; 4. An Expresser of Experience. The Gesture / Movements language of experience relates to the 4th capacity: the body as an expresser of experience. We know that every human experience can be directly expressed in a gesture by every basically functioning person, and be universally understood.

Visualising: An inherent ability lives within people to create accurate pictures of inner situations with which they can explore, grasp, and comprehend their inner reality. In Philophonetics this ability is made conscious, being refined and encouraged as a major mean of communication with oneself and with a counsellor. This is not guided imagery, but

authentic, spontaneous, organic activity of visualising in one's imaginative capacity a created representation of inner experience. In Philophonetics we step open-eyed into the life of pictorial experience and incorporate the reality they reflect into our consciousness.

Sounding: The sounds of human speech, consonants and vowels, when spoken on their own or perceived on their own, become patterns of vibrations resounding within the subtle bodies. Every sound, once allowed to resound within one's sense-ability, will create an echo within a particular range of human experience. Experiences, which lives in patterns of resonance, can be precisely matched with the resonance patterns of the sounds of speech. The sounds can resound in the depths of inner experiences from all levels and periods of one's life, bringing it back to life. In Philophonetics that correlation between the sounds of human speech and inner embodied experiences becomes the major tool for the exploration, confrontation, transformation, representation and healing of inner patterns. This is where its name originates: *Philophonetics - Love of Sounds*. We know that every human experience, once expressed in a gesture, can find its precise counterpart in a particular combination of sounds of speech - sensed, spoken, or visualised.

These, alongside conversational-counselling, are the main modes of knowing and of healing used in Philophonetics-Counselling. Traces of every experience, from every layer of consciousness, from every period of one's life can be accessed through a combined use of these tools, when there is a clear will to do so. Once accessed and made conscious these traces, echoes, patterns of inner experiences can be explored, released, enhanced, transformed, recycled, made use of, as the need might be. With the use of these tools of non-verbal intra-communication one can explore the non-verbal dynamics which take place within the organism, heal traces of un-digested experience from the past, clear unwanted deposits of experience from the passing day, recreate a flexible boundary around one's space for a more effective protection, access one's deeper, higher resources of intelligence, strength and creativity.

The more intense, demanding and complicated the pressures of today's working environments are, the more effective the tools need to be with which to monitor, access and protect our inner system. The range of non-verbal modes of awareness and of expression outlined above, exemplified by Philophonetics-Counselling, can become a significant contribution for the Empowerment, Maintenance and Care for the Carer in the present and in the future.

Conclusion

The demand to develop health-care modalities and methods in the direction of the further empowerment of clients to take charge of their own lives is steadily growing. Ethics, languages and attitudes are changing accordingly, but actual practical applications of these attitudes need to catch up with these demands. The failure to do so inevitably results in being less and less relevant to the changing needs of clients. In order to engage clients in a more participatory approach to their own healing - a non-verbal dimension of communication must be established as a new norm in the health-care professions. A broader range of human capabilities seems to be called upon to take part in the therapeutic interaction, human capacities of heart, intuition, imagination and creativity. At the same time a new level of self-awareness and self-care must be established within a carer's range of professional tools if phenomena such as stress, burn-out and fatigue are not to increase among professionals.

For these developments to take place among professionals in the field - training and education regarding the non-verbal dimension of operation and communication must be encouraged as a part of the preparation for any health-care profession in the future. The modality called Philophonetics-Counselling, incorporating the use of Sensing, Movement, Visualisations and Sounds, as well as Counselling, provides a practical example of the possible incorporation of non-verbal modes of communication with oneself and with others - into a systematic process of therapy and education towards self-care, for carers, as well as for everyone else.