

## Presencing Newsletter 32: Inner Resonance

**Jack in Japan:** *Before I came back to Japan, Deane Juhan and I taught another class in our series Somatic Doorways of Perception ~ Inner Resonance. To be quite honest I did not really have a sense of what I meant by "inner resonance." I just knew that we were pursuing a more complete understanding of what happens when client and practitioner enter deeper levels of somatic awareness together. As we were preparing the class materials I realized that we were getting closer to describing the different state of being that happens when we become present to one another. Both persons are affecting one another at the tissue level directly through their consciousness and both can feel it. This is especially true when we follow the pathways of pain into the body. Pain is a signal that happens only now, but fear is a state of mind that comes from past conditioning. When we use the pain signal to become present, guided by our mutual curiosity, the first thing to diminish is fear. As both persons are relieved of the state of suffering; we notice that they become more unified.*

**Mutual awareness:** The experience of touch is always shared. The receiver from inside and giver from outside the body are sharing the same phenomena. The receiver feels something from the hands of the giver; the giver feels something from the body of the receiver. Fundamentally both persons are touching and both persons are being touched. The practitioner is more conscious of giving touch, the client is more conscious of receiving touch... but both are touching. This means that both are participating in a process that only happens... now. Also, both are feeling the effects of the touch. What if both become equal in terms of their ability to touch and feel?

**Levels of awareness:** While it is true that client and practitioner are involved in mutual touch, it is very common for clients to "zone out" or go to sleep in bodywork sessions. This happens especially when the practitioner is working on a painful part of the client's body. Clients choose to be less aware and many practitioners are used to "doing their best work" when the client has "checked out." Another curious thing happens in the practitioner's awareness. Practitioners become less somatically aware of the sensations in their own bodies when trying to "fix their clients." We adopt poor body mechanics, which also make us less aware, less effective, and more fatigued. So in both cases there are missing levels of somatic awareness; each has turned off some of their own awareness. When both persons become aware of their own bodily sensations, a new channel of communication has opened which I call mutual presencing.

**Mutual Presencing:** When both persons become conscious of their own internal sensations, both become able to feel interactions that are happening at the level of consciousness. The practitioner can feel the client register the sensations under the practitioner's hands. It feels like a warm interactive glow coming directly from the client's body, and there is a sense of ease and softening in the

tissue. As the client feels into her own tissue she starts to affect her tissue, with the supportive interaction of the practitioner's hands. Both can feel the changes in the tissue, and both can feel parasympathetic changes in the body. Thus we can approach our client's body by bringing her directly into her own body-state. Also this state of mutual interaction is accompanied by a sense of awe.

**Internal Sensations:** Each is aware of the internal sensations in his/her own body that are informing them both about this interaction. Something is shared across skin barriers as the mutual somatic awareness is heightened. The practitioner can heighten the client's somatic awareness by moving the tissue, tapping the tissue, decompressing the tissue, and using words that elicit the client's responsiveness to what is happening. Each of these probes sends various signals to the client's brain. When the client becomes conscious of these signals the practitioner can feel an interaction in that part of the body that the practitioner is touching. As this response is felt by the practitioner he/she can then give verbal and non-verbal feedback to the client, which further heightens the mutual interaction.

**Inner Resonance Deeper Signals:** There is also a deeper sharing that is occurring, which I call "inner resonance." There are three types of interaction involved: proprioception which include neuromuscular signals, interoception which includes the internal feeling state, and exteroception the external feeling state. There are various sensing networks in the body that convey this information, and various mental networks, conscious and unconscious, that selectively attend and respond to the information received. Normally the autonomic nervous system takes care of the bulk of this information. Many of our physical responses like breathing, blinking, swallowing, postural adjustments, neuromuscular adjustments, heartbeat, sweating, itching, and facial expressions, mostly happen without our sensory awareness.

**Selective Attention:** When we choose to become aware of any of these processes, there are various ways we can do so. We can make observations and measurements, we can attempt to inhibit or increase, expand or contract their actions, and we can use attendant systems to feel into the bodily effects of these processes. For instance if we bring our awareness to our breathing we can feel the air passing through our sinuses and esophagus, filling our lungs; we can feel the temperature of the air, particulate matter in the air, moistness of the air, staleness of the air, and smell the chemical composition of the air. And we can extend our feeling of in-breath and out-breath into any part of the body. We can also feel the impact of our emotional state and physical well-being on the breathing process. In fact our ability to discern and impact the qualities of bodily processes is almost limitless.

**Touching in:** We can also touch into any part of the body and feel what is happening there. The more we practice presence by feeling awareness in the

body, the more ways we can interact with what we are feeling. This interaction creates a resonance with the signals arising from that particular body part. The resonance shifts between feeling and affecting that body part. We want to explore that inner resonance with particular reference to pain. In order to explore this factor we must first identify it in ourselves.

**Working with the signal of pain (path-ology):** For instance when we feel pain in a particular body part, the usual mental response is to diminish the pain signals and become less responsive to that body part. We can also create an increase in the pain signals using a quality of inner resonance to magnify the sensations in that body part. Perhaps we are commanding more or less energy to come there, using our mind to move energy in our body. Also we know that our emotional state can increase or decrease the irritation of the pain signals. If we are feeling fear the irritability caused by the pain rises significantly. If we are feeling happiness or joy the irritability diminishes and may even convert to pleasure.

**Adding curiosity:** These kinds of reactions to pain and discomfort are happening continuously throughout the day. But what happens if we intervene in one of these episodes by using our feeling awareness to be curious about what is happening? All the signals we are attending are happening in response to our state of physical, mental, and emotional discomfort. But curiosity is a different kind of state, probing, measuring, interacting without judgment or fear and using all the tools of interaction at hand, noticing how thought affects the sensations, noticing how measurement affects the sensations, noticing how emotions affect the sensations, noticing how naming affects the sensations, and noticing how different kinds of touch affect the sensations. There is a deeper way to use inner resonance to work with the pain and discomforts and that is stay with the discomforts as they evolve in response to our interactive probings. They do evolve perhaps because in the process of following them we are staying present. Practitioners can train their clients how to do this as part of the session. We can redefine path-ology as following the path of pain.

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