I'm glad that people like Stuart feel good about sharing their concerns with me. Recognizing the oneness of body and mind and providing space to attend the spirit can be a vital part of massage with Seniors. It is an opportunity to be present to their feelings, worries, dreams, beliefs, and fears as well as the aches, circulation, relaxation, muscle tone, and flexibility of their bodies. Massage is an ideal context for this attention to the spirit: they are relaxed, they have your complete attention, there is a particular length of time set aside for them, and they don't have to talk--silence is perfectly fine in massage.

Tending to the spirit is also very delicate: Seniors often want to be very private about what's going on inside. They are doing a lot of inner work, but feel wary about sharing their deepest concerns, concerns bigger than whether or not they like the food in the dining hall or the receptionist at the desk. Most of this generation learned to keep things to themselves and to be embarrassed to be seen as weak or out of sorts.

Ruth was feeling a great deal of grief over the death of her best friend in the retirement home. I could see she was holding it in. I didn't push. But as I was working on her back, she began weeping--her grief poured out in tears. She was very embarrassed.

Ruth: "I'll be a whole person again next week. I'm so sorry. This is embarrassing for you to see me like this. I'll get control of myself in a minute here."
Cedar: "Ruth, I'm really sorry that you feel so uncomfortable about crying in front of me. I know you've been trying hard to hold it back. But I want you to know that feeling this kind of grief and crying about it seems very natural to me after losing your best friend. You loved her. I guess you were surprised to find so much sadness stored in your back. I'm not surprised and I feel honored that you would share this with me. I don't think you're an unwhole person." (Here I'm letting Ruth know that I understand her strong feelings, and trying to create an atmosphere in which she can feel safe about sharing the feelings. As I have said before, Seniors, or anyone else who has not often revealed deep feelings, tend to think of their feelings as bad, or weak, or unnatural, or out of control. The first order of business as a listener is to create an atmosphere of safety and acceptance. You don't need to push for the feelings. They will naturally emerge when your client or friend feels safe and accepted.)

Ruth: "I should never have let myself feel so much for her. I should have known better at my age." (She feels safer and accepted and goes on, now aware of her own internal unacceptance of her feelings.)

Cedar: "You're feeling a lot of pain--almost too much to bear at your age." (Again, I simply let her know that I understand her feelings--not trying to offer a solution or a bandaid. I trust the organic healing process that naturally takes place out of discovering and exploring the truth.)

Ruth: "Yes." (Here she gives a long sigh. She now feels safe enough to go deeper.) "There are a lot of people here who don't feel at all anymore. I guess it's too painful to feel. Sometimes it is." (Now she begins to look at the bigger picture--and her dilemma.)

Cedar: "Seems too painful." (Again I contact the intensity of her feeling. Just demonstrating that I understand. I'm not adding a new idea, don't want to interrupt her process. So, I use her own words and a very short sentence--a fragment. And indeed, she goes on.)

Ruth: "Yes. But I don't like being around the others. They're so dull. That's why I loved her so much. She felt things."

Cedar: "So, you've got a dilemma here. How to feel things but not get overcome." (Here I want to make contact with the dilemma she has, not the solution--she'll find that.)

Ruth: "Yes. But I'm glad I could still love her this much at my age. I'm glad." (She reconciles her own dilemma--knowing that no matter how painful the loss, it's still worth feeling and loving. There's probably more grieving to come, but the process is no longer "stuck" inside her back.)

Tending to the spirit is very delicate. Your goal is to extend a sincere invitation to share, not a demand; to communicate your willingness to listen and be compassionate, not to give advice; and to demonstrate your ability to understand and respect their experience. Being present, and making contact with another's experience is a privilege and a skill.

Ron Kurtz and Hakomi Therapy have been my best teachers as far as learning to make contact with people in an inviting, non-violent and respectful way.

The Hakomi Therapy manual goes into great detail about making contact and assisting people to process their experience. I recommend this book highly. However, in this chapter I simply wish to communicate the importance of making contact with your client's experience and inviting them to share it if they choose. The value of compassionate listening cannot be overestimated. Seniors in our society feel particularly isolated, misunderstood, and unrespected. Your presence in listening, understanding, and respecting can dramatically increase their self-understanding, self-respect, inner richness, and peace of mind. This is enough. You don't need to solve problems, or release emotion. If these happen as by-products of your contact, fine, but these are not necessary.

I would like to go through some examples of statements that tend to invite sharing and statements that tend to close the door.
Making contact basically involves noticing what's going on in the present moment, and demonstrating with words or touch that you understand. So, you would be watching your client's body for little signals (they may be very small indeed): a little wince, a furrow in the forehead, a slight smile, looking around the room. All of these signals reflect feeling, thought, or meaning. The little feelings or thoughts may not be very important or significant in themselves, but they are an opportunity for you to make contact and demonstrate that you understand, that you are really present and aware. Gently aware, not intrusively. Once you have demonstrated your awareness, a new space will open and your client will feel invited to share deeper levels of feeling and thought. Sharing won't be hard work on your part, it will just open up and flow naturally. And all you need to do is to keep making contact with what is present.

First, here are some simple examples of making contact with what is present:

1. You hear a sigh—you say, "Feels good."

2. You see a furrow in the forehead—you say, "Thinking, huh?"

3. You feel tightening up—you say, "Hurts a little?"

4. S/he says "We had to wait half an hour for lunch again today!"—You say, "You're a little upset?"

5. You see a little tightening around the mouth as they begin to speak, tone of voice is tentative—you say, "It's a little hard to talk about, huh?"

6. You see something happening in their body but you don't know enough to even make a guess—you say, "Something's happening inside."

7. You make a guess, for example, "Feeling sad?" and they shake their head, "No", you say, "That's not quite right, huh?"

8. Their voice sounds shaky—you say, "A little shaky?"

In all of these examples, you are simply making contact with whatever you notice. You may be making a little guess about the meaning, i.e. upset in #4, or simply reflecting back what you notice as in 'shaky' in #8. If your guess is right, your client or friend will feel contacted, and invited to go deeper. If you're wrong as in #7, you simply make contact with being wrong "that's not quite right, huh?", and you are on the right track. As you can see, you can make contact with many kinds of things that you notice. We tend to just listen to words, but it is just as effective, or even more effective, to make contact with feelings, tone of voice, facial expressions, physical movements, any change you notice, sound, breathing change, kinds of tension. When you are making contact, you want to make your contact as simple and short and clear as you can. You don't want to interrupt or invade their process, make the sentence so long that they have to stop and ponder it. I have found Ron Kurtz' "feels good, huh" kind of contact to be very easy and effective. It's short and direct. I don't have to think hard to put the sentence together myself so I can respond really quickly to what I notice. It's a statement with a little question at the end that leaves enough space for your guess to be off target and still be okay. Contact invites more self-disclosure.

Next, I want to give some further developed examples of making contact, i.e. what happens next?

While I'm massaging Adeline I notice a little wetness in the corner of her eye. "A little sad, huh." It's a gentle invitation. Adeline sighs a bit and I can see her settle down a little deeper into the sadness. Before I had contacted it, the sadness was standing around on the very edge of her awareness. Now she notices it. She knows that I notice it. It's no big deal. I don't think she's wrong for feeling sad. I don't need to say anything more. She goes on. I have already gently slipped into her experience with her.

"My husband had a stroke last right and they had to take him to the hospital and they wouldn't even let me go with him and now he
can't speak and I can't be with him. I don't know how he is. They're going to take me this afternoon to see him. I'm afraid he'll die."

"You're really worried and upset." (Again, I'm simply acknowledging her feelings. That's the most important thing right now. She doesn't need solutions or advice. Right now she needs to know that I understand. In the simplest and clearest of contact, your client or friend hardly even notices that you've said anything. They don't have to stop and think, they are just enabled to go on, perhaps at an even deeper level.)

Sometimes your client may need a further invitation to share his or her experience.

"A little sad, huh."

"Oh, a little, but I'm okay. Don't you worry about it."

"You're not sure whether it would be right to say anything more about it."

"No, I don't think it would."

"Well, I want you to know that it's okay with me if you don't talk about it and it's also okay with me if you do. Sometimes talking about something that you're sad about really helps."

Here, my client was worried about burdening me with her sadness. This is a common feeling among Seniors. Through making contact with that feeling, more space was created for her to decide for herself. She got permission and reassurance from me. In this case she decided not to. I didn't push. Two weeks later she did choose to talk with me. It is vital that people have choices.

Here's a third response to the same contact statement: Massaging Al, I notice a tear in his eye and a little shaking in his chest. "A little sad, huh." "No. It's mo contact lenses." "Oh." I took a tissue and wiped the tears away. It was obvious that nothing else needed to be said here. Either it was his contact lenses or his sadness was so private that he may not even have noticed. Sadness was not his experience. (In subsequent weeks, the tears would often come and seemed to be related to something I was saying about my children--he always wanted a weekly report). One week I said, "What I'm saying touches you in some way."

"Yes. I always wanted children but we couldn't have them, my wife and I."

"You're sad about that."

"Yes," and then out poured the tears.

A few weeks later he noticed that I was sad. "You're sad today," he said. I felt touched myself.

There are other sentences which I found useful in inviting people to talk about things or in getting them interested in themselves and their feelings. Sentences like, "I'm curious about how you are handling this pain (or adjustment or problem or...)", are great general door openers. "If I were you, I imagine I would feel, or be..." conveys your conviction that whatever they are feeling is natural and reasonable. They tend to think of some feelings as "bad," mean, or selfish. "What's it like for you to be growing (older or be sick)?" lets them know that you want to know, that you're really interested. "I want you to know that I respect what you did as a chemist (or that it's okay that you feel this way or that your feelings are natural or ...)." I've found this kind of sentence can alleviate some concerns.

It's just as good to make contact with positive feelings, thoughts or signals as "negative" ones. For example, I'm massaging Elaine and I hear a sigh.

"Feels good."

"Oh yes."

"What feels most good about this?"

"It feels good to relax. I feel so tense these days."
"What kind of tension are you feeling?"

"Oh, I can't sleep very well. I must be worried about something but I don't know what it is." ("What kind of tension" was a good question here because if I had asked her what she was tense about, she would have had a hard time answering because she didn't know. When people, especially Seniors, don't know the answer to a question, they feel uncomfortable and the conversation stops. When that happens, I say, "It's not clear to you," or "Feeling stuck," or "It's hard to put into words." Now they can answer again. Every time you can recognize the truth at the moment (and this often requires jumping out of the content and making contact with the process), you have taken a giant step.

There are also sentences which can interrupt or stop a conversation with Seniors. You notice a tear while massageing and you say, "Are you feeling sad?" A question this direct can feel threatening. They don't know how you'll respond if they say "yes," and "sad" instead of "a little sad" sounds BIG and they may be only slightly, if at all, aware of the sadness. If you say, "It looks to me you're sad," they feel they've been found out, discovered, seen, without their permission. The response will most likely be to say, "No, not at all," and to hide their feelings even more. Then there's "Gee, you're sad. What are you sad for?" This one seems to imply a judgment that being sad is somehow wrong and they need to explain themselves. Or, "You seem to be sad. You just need to have a good cry." This is the wrong time for advice or sharing your personal experience that might or might not be helpful later, but it's not helpful when your client or friend has not yet shared his or her feelings with you.

Other things that aren't very helpful include:

"Oh, it's okay. Don't feel sad. I'll make it better," or "I'll take care of you." It's their experience and it does feel bad to them and you may or may not be able to help them feel better. Or, "It's not so bad. You'll get over it." Don't argue with them. They may or may not get over it. An argument is not going to do anything but set up a contest about what their experience is. And it's their experience, not yours. Or, "I think you're probably sad because your son hasn't come to see you lately." Interpretations are invasion or conjecture and tend to push the person back into their head to figure it out all over.

You can also make contact with touch. You don't always have to use words. Nancy was sad. She had begun crying softly but was holding back more tears by sucking in her breath. One choice was to say, "You're holding the tears back, huh." Another was to say nothing and simply wipe the tears. I chose the second. As I began to wipe, she began to breathe more smoothly, and let the tears flow. After some crying she said, "You know, nobody ever dried my tears before." Touch is a powerful way of being with someone else's experience.

Try some of these verbal and non-verbal contact statements with friends. Experiment with saying the same sentence with different tones of voice. Get lots of feedback on what kinds of contact invite more sharing and which shut down sharing. No matter what sentences you use, your intentions will be reflected in your tone of voice. A nonintrusive and inviting and compassionate intention will be felt.

In this next section I want to give you a few actual vignettes of massage sessions to demonstrate some of the issues that Seniors may be dealing with. They are excerpts from longer sessions.

GEORGIA

Cedar: "How are you?"

Georgia: "Oh, fair."

Cedar: "Something's not quite right, huh?"

Georgia: "No." (long silence)

Cedar: "You're not sure what it is."
Georgia: "Well, I'm not doing so well in my adjustments here. I expected it to be an intellectual community and there's less and less of a percentage of them and more and more vague ones."

Cedar: "You're disappointed?"

Georgia: "Yes, and you're treated, well, not as bad as convicts, but like captives."

Cedar: "You're angry too."

Georgia: "Oh, yes! When it's time to eat, they call 'Come and get it.' And they say 'Okay dear, it'll be alright. Don't worry'-- and then they don't do what they say. I'm not a kid. I know when I'm being lied to. It's so hard to change from being responsible and in charge to being on the sidelines. I thought I'd be fine because I understand the process from my social work days, but I'm finding understanding isn't enough. I'm not even sure it's a help. I'm not handling it well. I don't know how to do it."

(Georgia was having a hard time adjusting to her new life. As we began to talk, the feeling of things being "not quite right" was vague. By making contact with the uncertainty, she found space to uncover what was really on her mind. She had no solution by the end of the session but she had a lot more clarity.)

Jean (facing an upcoming operation for cataracts)

Jean: I'm a wreck. I wasn't this nervous even when I had my hip replaced.

Cedar: "You're surprised you're so nervous?"

Jean: "Yes."

Cedar: "I guess your eyes are real important to you."

Jean: "Yeh, more important than walking even."

Cedar: "I can understand that. You're a little worried about something."

Jean: "Yes, not being able to see."

Cedar: "You're afraid it might not work and you couldn't see at all."

Jean: "Yes, I know they can't give any guarantees. The doctor says he's done it four or five hundred times."

Cedar: "But you're still nervous."

Jean: "No, I'm not nervous."

Cedar: "What is the feeling you have? What kind of tension?"

Jean: "I don't know. You're the massage therapist. You tell me." (My question "What is the feeling you have?" is too direct. Jean doesn't feel safe anymore as you can tell by her response. I got back in contact by acknowledging how hard it is for her to know what's going on.)

Cedar: "It's pretty hard for you to identify exactly what it is that's going on?"

Jean: "Yes..." (Silence, she sighs and feels safe again).

Cedar: "What would be the worst thing about being blind?"

Jean: "Not seeing, of course."

Cedar: "How do you see now?"

Jean: "Well, it's blobby, like there's a cloud on the ceiling now. But I can see the TV perfectly."

Cedar: "So parts of your seeing are a little like being blind now."

Jean: "Yes, I guess so. I know cataracts don't get better. So it'll just get worse, so the only way I'll see better is the operation."

Cedar: "But you're wondering if it's worth the risk?"

Jean: "No, what do I have to lose? I'll get gradually blind if I don't--so the worst is that I'll be blind a little sooner. Hmmm."
(In talking about her feelings and the reality of her eyesight, Jean arrives at her own answer.)

GEORGE

George: "My legs hurt a lot."

Cedar: "Have you checked with your doctor?"

George: "Yes, he told me to take some aspirin."

Cedar: "So, does aspirin help?"

George: "No."

Cedar: "How often do you take it?"

George: "Well..."

Cedar: "There's a problem, huh."

George: "Well it gets stuck in my throat and I'm very scared that I'll suffocate."

Cedar: "So taking aspirin is scary?"

George: "Yes, so I don't."

Cedar: "I remember my mother used to crush aspirin in a spoonful of honey when I was a kid."

George: "That's a good idea."

(Here, it seems as if simple problem-solving is in order. There's a solution already, but there seems to be a problem with the solution. George not taking the aspirin doesn't make sense until he recognizes that he's scared. After that my suggestion is helpful.)

JOHN

For a number of weeks John repeated story after story about his work as a chemist. I was getting tired of hearing the same stories. I wondered what he needed from me in regard to his work. One week I simply said, "John, I want you to know that I really respect your work as a chemist." John smiled, and said, "You do? Oh, that's good to know." He sighed and the stories stopped and conversation in the weeks following got much more present. (He seemed to need to know that I saw and respected the larger picture of his life in addition to how I knew him now.)

STEVE

Steve: "I moved all the way out here from Kansas and I didn't know anyone here except my sons, and you know you're the biggest part of the week. I wait all week to see you and you're the one I can talk to. Since my 90th birthday, I'm living for you."

Cedar: "It's a very strong feeling you have."

Steve: "Yes." (First he begins to bite his lip, and then he begins to rub his eyes.)

Cedar: "There's something else you need to say, but you're not sure whether to say it?"

Steve: "I know it's crazy to think about marriage at my age, but I do. That's what I think about. That's the word I wanted never to say. I know it's crazy."

Cedar: "Well, we both know it's crazy because I'm married and I'm so much younger than you, but that's really the kind of feeling it is. The feeling is strong, like marriage. And it's okay with me for you to have that feeling. I feel honored. And it's nice that we both know that marriage is crazy."

Steve: "I want to know if you feel that way about me."

Cedar: "No, my feelings are those of friendship. I really appreciate you and I learn a lot from you."

Steve: "Yes, I knew that was the way it was. (long silence) You know, I think we really have had a meeting of minds just now."

(During any long term weekly massage
relationships, sexual feelings and attachment sometimes occur. These are delicate issues and they can be handled straightforwardly and respectfully.)

BILL

Bill: "You know, on my birthday all these people wrote wonderful things about me. I couldn't believe it."

Cedar: "I don't know whether you mean that you couldn't believe that you are that wonderful or that they noticed it."

Bill: "Well, I couldn't believe they saw these wonderful qualities in me."

Cedar: "You couldn't understand how they would know."

Bill: "Yes, I'm not a dentist anymore and I'm not working and raising a family."

Cedar: "Those are the ways you always felt respected and worthwhile--the things you did?"

Bill: "Yes."

Cedar: "So, it's hard to imagine that people could still see the same good qualities about you when you're not going to work every day."

Bill: "Oh, yes."

Cedar: "Well you want to know how I know?"

Bill: "Yes."

Cedar: "I can feel how much you care about people, how sensitive you are. Like I can feel your spirit."

Bill: "Well, I can feel yours too. You're a very special person."

Cedar: "So you know how to sense qualities in other people without their doing anything."

Bill: "Yes, I do."

(Bill is here doing some inner work about who he is and the meaning of life stripped of the sense of identity he had through being husband/father/dentist.)

STUART

Stuart: "I used to hide a lot when I was a little kid, because I cried. The other kids hurt my feelings a lot and I cried."

Cedar: "It was painful being a kid."

(Stuart) (Long silence, in which I continue to massage.)

Stuart: "I don't want to burden you with anything. I don't want to be a burden to you."

Cedar: "You're worried."

Stuart: "Yes, I don't want to make you sad."

(Cedar) (More silent massage. I know something important, but delicate is on his mind. I'll wait for more information.)

Stuart: "My son always says, Oh, Dad, you're not going to die..." (More silence.)

Cedar: "It seems like there's something on your mind that you're not sure whether it would be okay to talk about with me."

Stuart: "Oh, yes."

Cedar: "So, I want you to know that it's up to you, but that I really like talking with you and I don't find your feelings a burden. I also want you to know that I think it's perfectly natural and reasonable that you would be feeling a little scared and sad about dying."

Stuart: (Big sigh.)

Cedar: "It's a relief to hear that?"

Stuart: "Oh, yes, I just can't talk with my sons about it."

Cedar: "What's it like for you to think about it?"

Stuart: "Well, I know it's going to
happen..." (He goes on for quite a while.)

(Death and dying is an especially delicate topic—and it's very important to let your client or friend bring it up. Here I take the clues and make a guess and state the guess in a very open ended way so that he can feel safe about talking about his feelings, but not pushed. As you can see, he finds the space he's been needing.)

ADELINE

(Adeline's eyesight is fuzzy. She has a cataract and this bothers her although it's not yet bad enough, according to her doctor, for an operation.)

Cedar: I notice her forehead furrowed. "Something's going on up here, huh?"

Adeline: "Some things are pretty hard work."

Cedar: "What do you mean?"

Adeline: "Oh, thinking I mean."

Cedar: "You're thinking right now? What's it like inside your head?"

Adeline: "I'm trying to see better."

Cedar: "You're working hard at it."

Adeline: "Yes, I always do."

Cedar: "What kind of work is this?"

Adeline: "Well, it's...well..."

Cedar: "A little hard to describe."

Adeline: "Yes. Well, it's like maybe if I will it enough, I'll see better."

Cedar: "What is it that you're willing to see now?"

Adeline: "Oh, everything—you, the room, you know. I just want to see it all clearly."

Cedar: "Can you tell me about what seems so important?"

Adeline: "I don't want to fall, books, T.V."

Cedar: "Yes, I can certainly understand that, but I'm wondering what is important to see clearly right now? What is it you want to know right now by seeing?"

Adeline: "Well, you mean with you?"

Cedar: "Yes."

Adeline: "Well, I don't know."

Cedar: "Do you want to study this a little more?"

Adeline: "Sure."

Cedar: "Let's try an experiment. I'm going to say a sentence to you and I want you to notice what spontaneously happens inside—especially what it's like for your eyes and forehead when I say...You can get what you need to know even though your sight is fuzzy." (This sentence was said as an experiment to help her explore a deeper level of the meaning of seeing to her. It was not intended as a solution or advice.)

(Silence while she studies her inner response.)

Adeline: "Why, my eyes relaxed. That's interesting."

Cedar: "You noticed your eyes relaxing."

(Adeline takes a deep breath and says, "You know, now I'm curious about what blind people need to see and how they get it."

Cedar: "You're interested."

Adeline: "Yes."

Cedar: "You have some guesses?"

Adeline: "I'm going to think about this."

(The next week, Adeline returns to say, "You know, I'm beginning to get above it."

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I'm learning to see with my heart.

Adeline got interested in her eyesight, did some exploring on her own and found a new perspective. It is often important to explore a situation in the present. Here I help her notice details, another experience of her eyesight right now. Getting in touch with present experience helps people get interested in their own process. When people like Adeline become curious they get "unstuck" and more available to a new perspective.

My hope is that these vignettes will be of assistance. Specific listening skills are important to develop. But in the "big picture" what matters most is creating a safe context for Seniors to be in touch with themselves, if and when they choose.

When you feel respected, understood and invited to go further, you can take a big breath and go visit your inner self. Encouragement to visit yourself with the same respect, compassion and curiosity that you feel coming from outside you is the greatest gift that you as a caring person can give, often an even greater gift than giving the right advice or solving a problem.