

Whitewater Surfing

Relational body psychotherapy with children on the autistic spectrum

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I began my exploration into treating infants and children with neurological disorders early in my professional life. My intense interest began after the birth of my first child, who was eventually diagnosed with Tourette syndrome. Some of the most humbling lessons I learned had to do with my personal agendas, expectations, and general lack of understanding of what a child with a neurological disorder is living through. I've spent countless hours exploring Sensory Integration therapy, HANDLE therapy (Holistic Approach to Neuro-Development and Learning Efficiency) and many other forms of non-invasive applications for nervous system issues. My most practiced form of therapeutic technique has been CranioSacral Therapy (CST).

With over twenty-eight years of experience in applying CST and other neurologically focused manual therapies, I was keen to read this article describing the application of body psychotherapy (and all of its permutations) with children on the autistic spectrum.

Within *Whitewater Surfing*, the authors created a wonderful understanding of how two people in a therapeutic relationship can experience something far greater than the individuals. What makes this article so interesting is the delving into the inner interactions between the autistic child and the therapist.

The beginning of the article spends time laying the groundwork for understanding the original wound as a probable cause of autistic behaviours and its ramifications on the psycho/social development of the infant and/or child. My takeaway from the article, in many ways, dovetails my own experience treating this population for over twenty six years...and that is: there tends to be an "insult" to the developing being that manifests in a compromised/compensated nervous system. The authors' contend that this happens prior to the "fight or flight" mechanism being developed (as we know it). The authors' view that this wound causes a contracted state that can be worked with and encourage greater movement to an "instroke" is quite apt in my clinical experience.

My only thought to suggest further consideration regarding the "wound", would be the gestational order of cellular specialisation that happens after conception. It is my understanding that the first system to specialise and form is the precursor to the central nervous system. Cells specialise and create folds that become the rudimentary parts of the brain and then spinal cord. With this being the first order of business in cellular specialisation in the developing foetus, then it makes sense to me that the fight or flight/survival mechanism can get imprinted and/or stimulated very early in our cellular development (Upledger & Quaid, 1996). Oster and Reiss contend it can happen prior to this specialisation which would then effect the cells prior to specialisation and thus imprint even more systemically.

I have experienced this deep/core imprint as being well protected by many of the autistic behaviours. A heavy therapeutic approach will only meet great and overwhelming resistance from the client.

Treating people on the autistic spectrum puts the premium on having an extremely calm interior as well as exterior. The intention to calm and gently address the survival mechanism that got triggered so intensely transcends technique and supports the authors' experiences.

I most resonated with the concept of pulsations and pulsation qualities from my CST background. At the heart of CST is the understanding of rhythmic motions and qualities emanating from the core of the human body, the central nervous system. In the CST paradigm, the words "flexion" and "extension" are used to describe the motions of this core system and relating tissues. This is quite similar to the authors' use of "instroke" and "outstroke". Again, my takeaway from this article is the importance of recognizing and working with the inherent, deep motions of the client in a non-threatening, supportive, and patient way.

What I found vitally important in this article's message is the need for the therapist to self-monitor their positioning both physically and internally to achieve the most therapeutically effective positioning for the child to feel free (safe) to move and change. The need for clarity of purpose and application when working with a person on the autistic spectrum is paramount for successful therapeutic outcomes. My experience with teaching other therapists how to maintain personal balance, while entering the sublimely challenging world of an autistic child, centres on working definitions of three words: Sympathy, Empathy and Compassion.

For application purposes, we can define these three concepts as follows:

Sympathy: I feel bad for you.

Empathy: I feel your pain.

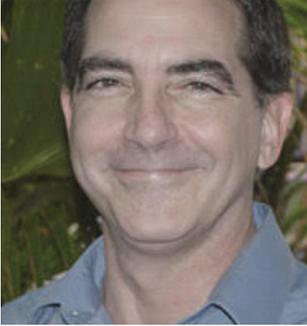
Compassion: I can sit with you while you go through your pain (dysfunction, fear, etc.).

In the first two postures, the therapist is personally involved in the client's pain and/or dysfunction in the attempt to facilitate progress. In the state of compassion, a therapist can be connected to a client's process in a way that is just as supportive, but allows for the free expression of their process. If the client feels sympathy and/or empathy from the therapist, it can cause a reaction (resistance on one end, and attempts to please on the other). Neither is truly neutral for the individual needs of each child. The compassion posture is particularly helpful when the child is experiencing things that might be beyond scope of the practitioner. This can be a helpful tool when confronted with the phenomena of the therapist's processes being triggered and potentially causing what the authors' refer to as an "autistic relationship" between the two. At the very least, compassion posture can help the therapist identify clearer boundaries within this intimate, therapeutic relationship.

Additionally, I look forward to a follow-up article further describing the role of "outstroke" within the paradigm of this article. How does the facilitation of instroke effect the autistic child's ability to organise and express the outstroke? To me, this would bring the concept full circle in its relationship to all organisms that strive for homeostasis.

And finally, I applaud Oster and Reiss for their foray into the complex world of autism. Any avenue that allows the therapist greater understanding, insight and compassion for this

particular life-state is of great benefit. The more we can identify the nuances that allow and autistic child to be accepting of therapies is always an evolution to helping these amazing human beings to thrive and become independent.



Roy Donald Desjarlais, (1960-2016),

“There will always be good in the world.”

Roy Donald Desjarlais, (1960-2016), frequently posted his favourite quote on Facebook to express his philosophy of life, a life that recently, suddenly ended far too soon. Survived by his wife, Dr Shelley Lynch, Roy dedicated his professional life to body psychotherapy pursuits including craniosacral therapy to treat acute, chronic, paediatric and neurological disorders. He spent 15 years at the Upledger clinic as a clinician, instructor, curriculum developer, instructor ombudsman, certification developer and examiner, and finally Vice President of Clinical Services. He developed CST classes and taught nationally and internationally for 20 years. Passionate about dolphin research, Roy frequently volunteered for programs in the Florida Keys and together with his wife, Shelley, co-founded Float for Life using ocean float experiences to help participants connect to the water personally, inspiring care for oceans, rivers and lakes.

His energy and dedication to our field and his clients will be missed.

REFERENCE

Upledger, J. E., & Quaid, A. I. (1996). *A brain is born: Exploring the birth and development of the central nervous system*. Berkeley, Calif.: North Atlantic Books.