

## Much Ado About Nothing: The Importance of "Nothingness" in Bodywork

By Raymond Bishop, PhD

"There is no such thing as an empty space or an empty time. There is always something to see, something to hear."

- John Cage, *Silence*

In the world of human anatomy there are a surprising number of words for openings, spaces and gaps. All have different derivations but are used severally to describe spaces through which things pass or in which they "live." A *fossa*, for instance, derived from the Latin word for ditch, refers to an indented bony region where a quasi-eponymous muscle originates. The origin of the supraspinatus is, as you should remember, the supraspinous fossa. The word foramen, which comes from the Latin *forare* to pierce, occurs many places, such as the large "pierced hole" at the base of the skull (the foramen magnum), the oddly named obturator foramen (the stopped-up pierced hole) formed by the fused pubis and ischium in the pelvis and, the mental foramen, the tiny pierced hole on the chin to which the mentalis (associated with an expression of doubt or disdain) attaches. The term *meatus*, from the Latin word for passage, is most frequently associated with the bony passageway through the temporal bone to the inner ear, the auditory meatus.<sup>1</sup>

Other terms have broader applications and may not be as familiar to many. A *hiatus*, Latin for gap, is not only a passageway for vessels, such as the adductor hiatus, but also a term used to describe an extended leave or absence from work or from one's quotidian activities. The less familiar *lacuna*, from the Latin word for lake (an extended hiatus with Veronica Lacuna along the Erie Sinus, anyone?), is associated not only with the meninges but also refers to a space in a manuscript where for reasons speculative a scribe has omitted a word or phrase from the text he was transcribing. The equally unfamiliar *labrum* (Latin for margin or edge) is associated with regions of the acetabulum, another indentation which to some early anatomist seemed to resemble a small vinegar bowl. More common words like sinus (Latin for canal and, oddly, bosom), canal, aperture (opening), fissure (crack), line (or its Latin form, *linea*), and *cava* (hollow or cave) have familiar meanings in fields as diverse as geometry, geology and engineering.<sup>2</sup> So many words for nothing. And we have most likely omitted more than we have included. Do our sacs, tubes and filters also fit this permanent *vacancy* bill?

All of this reminds me of a wonderful cartoon I saw many years ago in which you are confronted with an enormous letter N on an altar and see people kneeling in reverence and carrying signs with the word "*Nothing*" emblazoned on them as they mill about the sacred shrine. Our attention is drawn to a young man who, as he looks on in dismay at this pagan ritual, disconcertedly inquires of a nearby supplicant: "*Is Nothing sacred?*" A rather inane pun yet a deceptively sly observation on contemporary worship of the banal and the risks of iconoclastic queries in a world of blind obeisance.

For many mystic thinkers and sophisticated bodyworkers, yes, Virginia, *Nothing is Sacred*. Yet you need not attain satori to speculate on the implications of nothing, particularly if we talk about this nothing as a space or pause. Music is filled with such pauses. Rests are written silence which may last a moment or most of a composition. Shorter types of musical spaces are called *caesurae* and are written as commas. They may indicate recommended places to breathe or pauses within musical phrases (melodic units of a few notes or several measures) and sometimes at the end of a complete melodic unit, which we usually call a theme. Such pauses can be dramatic, expressive punctuating devices, or a simple fragmenting of a lovely melodic line. They may even be the basis for an entire composition. Consider the famous 4'33", an infamous piano piece written by the 20th Century American composer, John Cage (1912-1992), in which the pianist sits immobile for the composition's entire duration, carefully timing his performed silence with a watch set on the piano. The work is a comment on the interaction of performer and audience, the ambient noise of the audience and hall providing the only sounds in this curious anti-composition. As odd as this piece of nothing may seem, so far removed from our normal definition of music, the reflective implications of this non-work may help us rethink how we work and how bodywork initiates change.

When we begin our careers as bodyworkers and later consider how to improve our skill set, we are at first obsessed with technique. Connective tissue strokes, myofascial release, NMT routines, PT manipulative and evaluative skills, ROM tests and exercises, positional release, sports massage techniques, integrative body work and a wealth of stress-reduction massage protocols rule our world. All are approached from an active technical point of view. Similarly, when we study the musculoskeletal and other systems of the body, we describe action, whether voluntary or involuntary. We study movement from the perspectives of tensional and shearing forces, kinetic energy and muscle fiber contractions. Yet, we also learn along the way that standing still requires more postural activity and fine muscle adjustment (and is therefore more stressful to the body) than walking. "Walking as we all know, is easier and less fatiguing than standing, since the process of losing our balance and quickly recovering it causes less strain than the effort to keep our very flexible, delicately poised mechanism in one position."<sup>3</sup>

Think about that for a moment. Being still creates more strain than movement. Furthermore, when we are at rest, in a meditative state, we are incessantly active at the conscious and subconscious levels. Not only is our apparently static posture constantly changing through micro-movements, but our respiratory, digestive, endocrine and circulatory systems are busily at work. At a cellular and subcellular levels, embedded within the wonderfully complex world of fluids, colonies of flora and groups of cells are manically consuming, excreting, communicating and proliferating. At the level of our DNA, billions of messages, mutations and regenerative/degenerative actions take place in a viscous torrent of quantum-level interactions.<sup>4</sup>

All this messy complexity when combined with the seemingly infinite procession of technical protocols available to us would seem to preclude any "listening to the silence." Yet at all levels there are silences: worlds where apparent nothings morph into magical somethings on a rich

landscape traversed by those able to hear and decode the subtexts of these spaces.

At the mega-level, consider the pauses in heartbeat and respiration. Mabel Todd, an important early thinker in the field somatic awareness, points out that the gaps between heartbeats are longer than the length of the heart's contractions. She later makes similar observations about the workings of the diaphragm. "Next to the heart, the diaphragm is the most continuously active of all body structures. It does not become fatigued, partly, because like the heart, its rest periods are longer than its working periods; that is the phase of relaxation is longer than that of contraction. Expiration normally lasts from 1.3 to 1.4 times the length of inspiration and there is, moreover, a slight pause after expiration." Todd further offers an interesting if somewhat awkward take on our musical simile. "Like the 'rest' that the musician employs in a composition, to enhance and amplify appreciation of musical tone quality and variation in phrasing, so Nature employs frequent rest periods. It is as though Nature must reestablish the potential energy balance before allowing it to be employed again in kinetic form."<sup>5</sup>

Most bodyworkers have an understanding of how to follow this respiration cycle and frequently break contact at key moments during the session and wait for a settling of the client's system. One of the most obvious indications that a cycle of release has been completed is a visible deep breath followed by a noticeable relaxation of the client's system. An extension of this passive approach is to not only remove your hands from your client routinely during the session but to actually step away from the table and scan the client to see both how the client has changed as a result of your intervention and more abstractly what the client's system seems to require next.

Learning to use the silence by breaking contact and increasing your physical distance not only benefits your perceptive skills, but also provides a needed moment for the client to explore her internal experience. Failure to listen to this silent reorganization (or resetting, to borrow Todd's mechanistic term) in your client's system will most assuredly have negative consequences. One consequence of ignoring your client's need to luxuriate in this "pause that refreshes" may result in neurological overload the most unpleasant manifestation of which may be tetany, a rather violent neurological spasming and jerking of the extremities that, when left unattended, can last for several minutes. While such events are rare, they are extremely frightening to the client and may take a fair amount of time to resolve after the fact. When we listen to and allow for these reconfiguring pauses, we create space for the client to integrate and more fully feel the effects of our work in their systems. You might say that we connect by doing nothing but obviously our non-doing is a very profound something.

We can advance this exploration of nothing to the subtle world of CranioSacral Therapy where a watchful stillness is essential for tracking fluctuations and locating lesions in the articular joints of the cranium and spine. One of the first things students are trained to recognize once they identify the rhythm are the frequent *still points* that occur during an intervention or even during a simple palpation of the CSR (craniosacral rhythm). At one level, a still point is a disruption of the rhythm during which the body resets itself. In describing palpating the CSR in the feet, Upledger calls the still point "a total craniosacral system shutdown" which is "usually heralded by gross irregularities of the craniosacral motion which become manifest throughout the entire system."<sup>6</sup>

He also says that numerous changes occur as the body approaches the still point and recommends careful following of the CSR once it resumes to observe the degree of change created by the resetting. Elsewhere we find a rather different explanation of still point which might remind us of the cycles of the diaphragm described above.

"When the CNS (central nervous system) encounters input to which it must adapt or which requires change or the processing of new information (stress), it momentarily ceases to process its workload so as to integrate the input. This can be palpated as a pause in the motion of the unit, a shutting down of the CRI (the craniosacral rhythm impulse), a *still point*."<sup>7</sup>

For inexperienced therapists, there may, of course, be some confusion about the still point, whether what they feel is actually a true caesura or a false one caused by too much or too little pressure or even a temporary lapse in the ability to feel a rhythm that is weak, fluctuating, or just more difficult to feel than those we have previously encountered in their limited practice with tracking the CSR. But if what one feels is a true still point, it is an integral part of the healing and reorganizing process of the body. So, this still point is more than a period of total inactivity; it is a stress-induced caesura that allows the body to integrate the new information created by some external stimulus or input. Once the CSR continues, there should be some palpable change in its cycle. If not, the therapist repeats the intervention; if so, she may either move to another location or simply wait for the next tensional restriction to manifest where she is currently observing and intervening. Obviously, negotiating a refined flexion/extension cycle or creating a new possibility of osseous movement within a joint may take some time for the nervous system and the internal mechanisms of the body to accomplish. The first stage of this relearning occurs prior to and immediately after this reorienting made possible by the still point. Again, this is not nothing, it is a very important something surrounded by more obvious somethings that occur in the apparent stillness.

In the world of craniosacral biodynamics, this art of listening to the stillness is further refined. Not only do practitioners such as Franklin Sills identify many levels of non-movement, which he calls the seven depths of stillness,<sup>8</sup> he qualifies these levels in fascinating ways introducing the term "*dynamic stillness*." Dynamic stillness "can be thought of as the ground from which this essence emerges and acts within the world of form. The Dynamic Stillness is this ground of emergence, an implicate realm of potential from which the creative winds of the Breath of Life arise. The Breath of Life is a subtle manifestation of mind within the active expression of life. ... The Breath of Life unfolds from a profound Stillness and its power is found in the Stillness. Stillness is profoundly healing."<sup>9</sup>

While this language may seem annoyingly vague, it does open a deeper world for those interested in experiencing and interacting with the dynamic healing fluid systems of the body. From our perspective, the value of this passive yet profound osteopathic technology is that it offers one channel through which we might engage the stillness and deepen our awareness of its mechanisms and essential role in somatic intervention.

We might also carry this sensing to other realms such as sensing fluids in the circulatory, lymphatic and endocrine systems in order to access the inherent self-regulating "health" of the organism. We might even explore such matters at a cellular level or at the level of individual neurons. Certainly such recovery or resetting mechanisms as those described above occur at the micro-level as well. Such sensing may seem light years away from the simple fascial and respiratory movement with which we started. Yet, these many less easily described and sensed events are actually on a continuum of ever more sublime ways of attending to the silence, to what sings beneath the apparent quietude, attuning our hands to softer and slower murmuring melodies that the body simultaneously intones. Just as we can develop a more skilled ear for hearing form and relationship in music, so by quieting ourselves can we better learn to hear movement and activity in the silence. Perhaps we need not worship this apparent nothingness, but, certainly a healthy reverence is strongly indicated.

When learning to interpret the language of the body, nothing is always more than it seems. We just need to still ourselves and listen.

#### References

1. Clemente for instance lists over forty foramina, Index I-8, and seven types of meatus, Index I-12. Clemente, Carmine D., *Anatomy: A Regional Atlas of the Human Body*, 4 th ed. (Baltimore: Williams and Wilkins, 1997).
2. All these and subsequent word derivations come from an unpublished resource I use in my anatomy classes: "Glossary of Anatomical Terms with Derivations," given to me by a former anatomy teacher, Michael Murphy.
3. Todd, Mabel, *The Thinking Body: A Study of the Dynamic Balancing Forces of Dynamic Man*, Republication of the original 1937 ed. (London: Dance Horizons, 1997), p. 37.
4. No one describes this chaotic world better than Richard Grossinger in his: *Embryogenesis: Species, Tender, and Identity* (Berkeley: North Atlantic Books, 2000).
5. Both quotes from: Todd, *The Thinking Body*, p. 222.
6. Upledger, John E., D.O. and Vredevoogd, Jon D., *Craniosacral Therapy* (Seattle: Eastland, 1983), pp. 40-41.
7. Cohen, Don C., DO, *An Introduction to Craniosacral Therapy: Anatomy, Function and Treatment* (Berkeley, North Atlantic, 1995), p. 40.
8. Sills, Franklyn, *Craniosacral Biodynamics. Vol. 1. The Breath of Life, Biodynamics, and Fundamental Skills* (Berkeley: North Atlantic Press, 2001), pp. 126-128.
9. Sills, *Craniosacral Biodynamics*, p. 124.



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