

The Seductive World of the Sensitive

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To the best of my recollection, what triggered the image was the smell of burning flesh. Had I been thinking rationally at the time, I might reasonably have asked myself how I recognized such a smell. Nevertheless, that was the olfactory trigger. What followed was among the worse memories of my thirteen years as a bodyworker. The vile redolence emanated from the client's right side, which, although it had suffered no obvious neurological trauma, was considerably weaker than her left and relatively deficient in sensation. Previous nerve conduction and other studies had shown no damage and yet her symptoms had inexplicably lasted for decades with no sign of abating.

What I had learned from earlier experiences with such odors was that they were always exceptionally unpleasant, lasted several minutes, and would lead to a scenario that was definitely not a part of my memory. In this case, the visual was extremely stark and initially suffused in darkness. I saw a large open area, perhaps a clearing, yet one that appeared to be surrounded on three sides by high black walls and there was no apparent source of light. Gradually, an image of a crude altar emerged at the back of the clearing. Hardly more than a concrete slab, this elevated structure was adorned with sets of manacled chains.

I soon discerned a child, a boy of perhaps ten, who was restrained on this sacrificial stage and a middle-aged adult male, whose back was to me, dousing him in gasoline. That liquid stench temporarily overwhelmed me but the image of the child being lit ablaze and screaming horrifically quickly filled my visual field. I recall only a few other details of this horrifying image: that I was quite a distance from the altar, that I was paralyzed with fear, that the boy was screaming in agony, and that he not only saw me but actually reached out toward me as he died.

I was so disturbed by what I had seen that after both the image and its associated smell had faded, I remained quiet, not quite knowing what to do next. I decided that I should not share this at the time, particularly owing to the agitated state in which I found myself. The following week, however, with considerable trepidation I discussed this experience with the client who was a trained psychotherapist and an emotionally resilient woman. What emerged was a story so horrific that I hesitate to give any further particulars. Suffice it say that my experience was a slightly distorted version of her sense memory and that what I experienced during the "vision" proved nearly identical to what she recalled seeing and feeling at the time. The most interesting factor from the perspective of our work was that after this insight was more fully processed, the feeling in her right arm and hand began to return. Part of the client's memory was not only that of the child reaching out to her, but also, that she had reached out with her right hand (from her hiding place in some nearby bushes) to the child as she watched him suffer. Reconstructing and processing the memory proved very helpful to her emotionally, most particularly our conclusion that her lack of sensation was a consequence of her traumatic inability to rescue the boy.

While this story seems too perverse to be credible, I assure you my experience of it was absolutely real, although some of the details have been edited out to, as they say, *protect the innocents*. Whether or not a recounting of an actual event, such a narrative certainly raises many interesting questions. Furthermore, since similar experiences, although generally of a less gruesome nature, occur in somatic therapists' offices with surprising frequency, I felt it might be interesting to do a bit of exploration of this event, and more specifically to offer a possible guide for those sensitives who routinely process their client's memories during touch therapy sessions.

The first question concerns the nature of the memory itself. When the client said that she felt vindicated, having told former therapists and colleagues about this experience and having not been believed, I knew I was potentially in real trouble. From her remarks, I could feel her triumphant sense of validation, since, in her view I confirmed her memory's veracity once it became a part of my experience. This assumption was of course both misguided and dangerous as it imparted to this practitioner a level of "knowing" that no reasonable person should ever assume. Students of psychology and those familiar with well-documented cases of recovered memory know that verifying such stories is fraught with difficulties and many such reconstructed recollections are subsequently proven false. The more we know about the nature of memory and, more particularly, traumatic recall, the more reluctant we become to ascribe much merit to the accuracy of any victim's reconstructions of painful events.¹ Eye witness testimony is easily undermined by skilled attorneys, and anyone who enters the world of another through sense impression must remain extremely cautious when interpreting such images, most particularly when they seem to connect to an actual event.

What we must realize is that we have no way, barring virtually incontrovertible physical evidence, of determining whether a memory we access is real, a partially skewed recall of an actual event, a "planted" memory, some complex blurring of fact and fiction, or a random concatenation of any the above. Therefore, attempting to parse out the verity of such recollections, while quite a fascinating process, may lead us into unwanted difficulties with serious psychological and even legal ramifications. All we can reliably know is that this remembrance is real to the client and that our job is to support her somatic and emotional healing. We must therefore deal with the physical manifestations as skillfully as possible while ensuring that the client seeks appropriate therapeutic support to process any such memory and its long-term effects. To assume any more is not only arrogant but also potentially very damaging for reasons that should not require further commentary.

The irony here is that, in my view, we do not need to know if the event is real or imagined. And, we absolutely do not need to know what it *means*. Such a view is very difficult for most of us accept, as we are routinely asked the "true significance" of specific somatic sensations by desperate clients who believe that if only they can understand their pains, they might heal them or will them away. A further complication here is that most practitioners are married to specific paradigms which map pain and which offer conceptual constructs that are

comforting. Such models are easily co-opted by the client who will then feel reassured by what usually prove unsupportable systems; systems which reveal themselves as naïve and reductionistic in the extreme. These models are usually founded on very poor science and, even if they seem to have an adequate rational underpinning, inevitably conflict with other equally “valid” models of meaning. So, if you have more than one equally weighted explanation for a given somatic distress, then, one or both should be wrong. Debates in such a case play out as zero sum games; and I for one have no interest in such silliness, as contrary to the prevailing CW (conventional wisdom) as such a position will seem.

My suggestion therefore is to avoid the traps inherent in attributing meaning unless say the client’s symptoms connect to measurable alterations in morphology or some connective tissue structure, such as a tumor or a visibly degenerating disc. Stick with what you know, help the client manage their pain as well as your training permits, and avoid competing reductionist paradigms that explain little. At the same time be positive and supportive of your client in her healing journey, listen actively, and help redirect aberrations in her perceptions when this is viable (and within your skill set). Such a complex juggling of so many variables may well be beyond what most of us have learned how to manage. In such cases, keep what you do simple and client-based. You should always aspire to impose your perceptions as little as possible and ultimately do no harm.

Another topic of interest here is the nature of the sequence of events as I reconstructed them, from smell to visual scenario, to emotional and intellectual processing of the image’s content. While sensitives access intuitive information in many ways, few, in my experience, work synaesthetically, riding olfactory triggers through cascading imagery to a more rational understanding. This unusual succession of events and its link to *synaesthesia* requires a bit more explanation. My use of the term *synaesthesia* here refers to the fact that the smells I experience are always associated with colors. Also, my colored smelling always leads me to some sort of concrete association, such as a brown smell with feces or a yellow smell with mold. While this does not exactly fit the colored hearing model described in some recent texts, it does offer an interesting parallel and perhaps represents a type of blurring (or leaking) of sense information that apparently occurs in all synaesthetic experiences.²

What about the role of smell in this reiterated pattern of events? A recent source on the subject describes the sense of smell as our first sense, the only one not mediated by the CNS owing to the proximity of its receptors to the older regions of the brain. “Smell was the first of our senses Our cerebral hemispheres were originally buds from the olfactory stalks. We think because we smell.”³ While most would agree that we have sacrificed our sense of smell at the expense of seeing, there seem to be a few throwbacks among us who actually process more through scent and touch than sight. One fundamental dimension of my experience is that smells live in the body and are perceived when accessed through touch rather than in the surrounding energetic field. This became clearer to me when I learned something that all medical students apparently learn in their histology classes, that smells of various kinds become

trapped in the adipose layer. Therefore, I infer that sustained sensitive touch of the dermis will “squeeze” such smells from underlying layers.

Many in the medical community also understand that an informed sense of smell can prove a useful diagnostic tool particularly as an indicator of metabolic disorders. I have read a spate of articles in mainstream medical and pediatric journals that describe a variety of diseases clearly identifiable by their distinctive odor. During my research in this field, I also encountered an interesting theory (presented by biophysicist Dr. James Oschman) of how smells are released by touch owing to the ways in which sustained pressure alters and reorganizes connective tissue matrices at a molecular level.⁴

Additionally, there are some, such as Dr. Valerie Hunt, who describe persistent smells in energetic fields, not only those emanating from humans, but also those still present around specific locations such as sacred burial grounds and ancient sacrificial sites.⁵ I have in fact talked to several bodyworkers over the years who gather information in this less direct manner rather than through actual palpation. Such folks have a highly descriptive, if abstract, language for their experiences, being more sensitized to lingering “energetic odors” than specific smells associated with precise soft tissue or visceral traumas. What I find very interesting about these energetic descriptions of smells is that practitioners describe them as having a distinctive vibrational frequency rather like individual musical pitches or light waves. Folks who work in these subtle realms sometimes rather broadly state that “after all, everything is frequencies.” The reality would seem more complex and requires much more research than is currently available. Yet, I am encouraged by the increasing number of scientifically based articles and studies that address the energetics of touch and healing. I can therefore only hope that just as science eventually catches up with good innovative theory, the sensitive’s approach to touch will soon move from the world of metaphor to a more precise language grounded in neurobiology, biochemistry, and endocrinology.

Along these lines, some argue that we often find a wealth of metaphorical language employed in the absence of precise scientific theory. Elkhonon Goldberg, for instance, addressing anachronistic descriptive labels for differences between the brain’s hemispheres observes: “As is so often the case, when rigorous science is at a loss, loose metaphors fill the void. The problem with these metaphors was precisely that they were only metaphors, instruments of poetry and not of science. It was impossible to test them through clear experiments.”⁶ A useful admonition as we wend our way through the ambiguities of intuitive sensing.

Another model of how we process sensory information dovetails quite elegantly into our frequency discussion. The most prevalent theory of how the brain interprets smells is the “lock and key” construct. Most recent authorities argue that the molecules of all odors have a distinctive shape, each one precisely fitting into specific receptor cells, that these receptors act as a sort of docking mechanism, and that once this connection has occurred, the brain can then decode and register the linkage as a specific odor.⁷ An alternate yet controversial theory of smell suggests a vibrational underpinning. According to

this model each smell has a specific frequency and it is this frequency that the brain interprets as a unique odor.⁸ If this theory proves more viable than its well-established predecessor, it might account for why those sensitive to field fluctuations experience smells as vibration.

A final interesting connection to our discussion was presented in a recent paper. This article suggested that the perception of colors in the human energy field may be a heretofore unrecognized blurring of senses, more specifically, of color perception and sensitivity to electromagnetic field fluctuations.⁹ All this seems to strengthen the vibrational model, yet we are far from understanding the extent of this linkage. The recent interest in these topics in the mainstream scientific literature speaks to a deepening understanding of “emotional neurology” and extraordinary sense perception, topics until recently treated with considerable skepticism. Such research cannot help but demystify the intuitive’s processing and move our view of such topics from the realm of mysticism and magic to scientifically explicated extensions of normal experience.

Another important dimension of this type of experience concerns its impact on both the practitioner and the client. However, rather than get mired in complex issues of how clients might process this information and its impact on them, let us rather focus on how such information affects the practitioner. One of the most common concerns that comes up when introducing students to the notion of receiving sensory material from a client at an intuitive level is how the student should protect himself from it. It is generally held that, without proper armoring, the student can be injured by some sort of toxic dumping or by emotionally desperate clients who seem to “drain the practitioner of his life force.” Such individuals are pejoratively called “energy vampires,” an ugly but fairly common term for how sensitives experience such folks.

Students of the esoteric are taught a variety of protective techniques from rooting, to visual images of barriers, to prayers and meditative practices, to safeguards or amulets of various kinds, all of which practitioners are variously told will protect them from psychic assaults. What makes one’s belief in these devices so compelling is that a sensitive lives in a world where the information he receives is highly unpredictable. He will want respite and may latch onto any promise of relief even if such credulity may seem a bit fatuous to those outside. The sensitive will usually have had a long history of being burdened with very unpleasant information transmitted from those around him, will have suffered emotionally or physically from this informational barrage, and unless he has a mentor or guide to help him, may neither realize that his experience is unusual nor that there may be ways to mitigate this excruciating influx of multi-sensory data. Such a person resembles, I believe, a high functioning autistic in the sense that the normal tools available to screen out incoming information simply fail and the overwhelmed sensitive is often left exhausted, anxious, frightened, and subsequently feels ill-equipped to function in the normal world. The correlation between the challenges faced by autistics and sensitives may seem an odd one, but is born out when reading descriptions by many high functioning autistics of their curious coping difficulties when interacting with others.¹⁰

At one time, I developed my own visual shield, one that seemed to seal up these fetid leaks. I imagined a set of steel bank vault doors, rather like those I had seen in so many crime capers. Mine however were gargantuan, letting in not the slightest drizzling of that rancid miasma. I imagined that the doors were completely sealed at all times but that, should I choose to let any information in, I could create a miniscule aperture at will. I would open the doors a sliver and then count the number of seconds they remained ajar. This time interval never exceeded a slow count of five. Then, I slammed them emphatically, secure in the knowledge that no more would seep through. So strong was my belief in this construct that for a while it worked remarkably well.

Yet, I wondered what else I might be blocking each time I noisily closed this portal, what else was excluded as I unrelentingly fortified my gaol of self-protection. Might I also prevent myself from feeling both light and joy, rather like what I experienced during a recent unhappy descent into a Prozac-induced spiral of indifference? Perhaps my approach to this problem was all wrong. What if I rather learned to float along peacefully with the client, allowing those waves of information to wash over me without losing or injuring myself? What if I replaced my fear and armoring with properly informed cohabitation and an unshakeable belief in my ability to discriminate self from other? What if teachers who ascribe to this energetic approach to intuitive touch, like the cranial osteopath Hugh Milne, were correct in suggesting that we pay too high a price when we defend and focus on self protection at the expense of the richness of the moment? Here is a most relevant quote that helped spur me to revise my thinking: "It is fuddled logic, while touching to have part of your attention focused on shielding yourself. ... Rather, the challenge is to be deeply connected to your source, both guiding your energy and optimizing it."¹¹ This passage gave me hope that I could find a better way to explore my clients and relearn how to interact with their miasmatic gremlins of somatic recall.

What I came to understand as I reflected on Milne's words is that a non-resistant approach seemed so much better than my previous pattern. Soon I noticed that the "vault image" morphed into a jerky little dance, a dance with odd juts and turns, more saltarello (a leaping dance), or tarantella (a jumping dance believed to cure one of a spider bite) than a lolling waltz. Over time, as I became more familiar with this multi-tracking music, the rough edges smoothed out, while dissonances resolved into soothing consonances of narrower amplitude and volume. To reframe my musical metaphors, what I observed was that once I shifted my approach and trusted in the process of mindful interaction, the smells were less intense yet just as sharply clear, that they triggered less violent images, and caused very little psychic pain either to me or my clients.

This lack of drama, you might suggest, robbed my sensory experience of much of its texture and signified a precipitous retreat from the "dark side." Not so, I say. Such mollification did not diminish but rather refined my perceptions. I would further counter that yielding to such potent distractions while working becomes addictive, that the searing pain and vileness of the images we see serve, I suspect, more a deep compulsion to demonstrate our ability to hurt and "really feel" than our client's need for understanding or emotional closure. I came

to understand that this suffering legitimized and elevated me (and I believe others) in a way that was less of service to my clients than I had once so ardently believed. This proved a very sobering realization.

Being highly skilled at accessing and kinesthetically processing another's painful material, when cathartically shared with others, may serve as proof positive that the sensitive possesses some highly charged intuitive superiority. This process felt too much like masochism and not enough about the requisite lack of ego required for allowing another to heal at their own pace without my direction or intervention.

When students express a desire to live in this realm of heightened non-edited perceptions, I have found myself sympathetically replying: *I assure you, you do not.* Such individuals, even those with excellent skill and ability, may never fully comprehend the emotional pain of felt by an empath. This I unreservedly see as a good thing. While those outside might feel some sort of limitation, wishing to somehow develop these sorts of skills, I caution against it. To elucidate, just as I question that anyone can become synaesthetic through correspondence classes, I reject the premise that he can learn to truly experience empathically (see my narrow definition below in note 13). This of course implies a rather damning criticism against those who purport to have developed methodologies for teaching various psychic sensitivities. Unfortunately, much of what is learned from such teachers I fear is a function more of faith and power of suggestion than any real knowing, unless the predisposition to process empathically is already present, a nascent facility waiting to be awoken like some somnolent giant from ancient fairy tales. Yet, even this possibility seems doubtful to me since I believe that empaths and synaesthetes are somehow "born rather than made."

Therefore, since the idea that you can learn to be an empath does not match my experience, I reiterate my reservations. Unfortunately, since there is no current way to test or measure such processing and since all descriptions of it are anecdotal, definitive conclusions either way are quite impossible.¹²

I now accept that what is lost in vivid discomfiture is more than compensated for by gentle movement paced in a manner that the client can assimilate without being invaded and without unnecessary suffering. As a result of this shift in my thinking, I have come to believe that there is a certain seductive power and a certain narcissistic appeal to "suffering the slings and arrows of outrageous fortunes" (of my clients) and that those who have highly sensitive or truly empathic systems must somehow learn to modulate their gifts in the higher service of others.¹³

A final question worth addressing is the practical value of such a discussion for the wider bodyworking community. First, such accounts as the one presented here may shift how the general bodyworking community understands sensitives and empaths. This piece may also help bridge current gaps and demythologize what such individuals actually do. Second, many bodyworkers have highly sensitive systems, systems that few of their colleagues and clients truly comprehend. Such folks often feel marginalized, even within their own community. Giving them a voice and articulating their kinesthetic vertigo may

help them feel freer to share their perceptions and give them the confidence to unreservedly trust their intuitive aptitudes.

I believe the intuitive often finds that he lacks the skills to manage the flow of unedited information flooding his senses. Consequently, he may be suffering in isolation, perhaps not fully comprehending how unique his heightened sensitivity actually is. He may also be in an emotionally vulnerable position, wary of articulating his perceptions and highly desirous of finding a construct that establishes order and pattern in his recondite world. As such, he may attach himself to disciplines and teachers who are not acting in highest good, offering junk science as salvation. Such exploitation may not be intentional, as those teaching these techniques may believe unquestioningly in their efficacy, but, I suggest strongly that any such teacher be approached with great suspicion.

All sensitives must find their own way of managing the information they receive while creating a consistent language for articulating it. What is offered here is a slice of one such individual's perspective on this very abstract topic. However, to overgeneralize my subjective reality and see it as any more than one of many possible theories would defeat my entire argument. Such a conclusion would I fear create a false impression that I am as guilty of offering a "school for empaths" as those I criticize. Absolutely false. This article is not *the answer*, and, in fact, it unintentionally raises more questions than it answers. Yet, at least these questions are now more clearly "out there," and this individual's perception of their nature is herein proffered to those who may find some solace in his words.

Endnotes

1. For a scholarly discussion of the complexities of recovered memory, see Hedges, Lawrence, *The Challenge of Memories Recovered in Psychotherapy*; an essay in: *Therapists at Risk: Perils of Intimacy in the Therapeutic Relationship* (Northvale, NJ: Aronson, 1997), pp. 15-68. For an interesting study on the fallibility of memory, see: Goleman, Daniel, *Vital Lies, Simple Truths: The Psychology of Self-Deception* (New York: Touchstone, 1985).
2. An interesting current theory of synaesthesia is presented in V. S. Ramachandran's *A Brief Tour of Consciousness: From Imposter Poodles to Purple Numbers* (New York: Pi Press, 2004). For more on this topic see also my earlier paper, "Rolfing and Synesthesia," *Rolf Lines*, Vol. 28, No. 3 (Summer, 2000): 40-42.
3. Ackerman, Diane, *A Natural History of the Senses* (New York: Random House, 1990), p. 20.
4. Oschman, James and Nora, "Somatic Recall. Part I. Soft Tissue Memory," *Readings on the Scientific Basis of Bodywork*, Vol. II, (Dover, NH: Nature's Own Research Association, 1995), pp. 15-18. For more on the connection between disease and smells, see: Ackerman, Diane, *A Natural History of the Senses* (New York; Random House, 1990), p. 54; and, Smith, Michele, Smith, Leon G. & Levinson, Benjamin, "The Use of Smell in Differential Diagnosis," *The Lancet*, No. 8313, Vol. II (1982): 1452-53. For my summary of these issues, see "The Smells of Fascia," *Rolf Lines*, Vol. 28, No. 1 (Winter 2000): 15-17.

5. Hunt, Valerie, *The Infinite Mind: The Science of Human Vibrations* (Malibu, CA: Malibu Publishing, 1995), pp. 100-101.
6. Goldberg, Elkhonon, *The Wisdom Paradox: How Your Mind Can Grow Stronger as Your Brain Grows Older* (New York: Gotham, 2005), p. 194.
7. Murchie, Guy, *The Seven Mysteries of Life: An Exploration in Science and Philosophy* (New York: Houghton Mifflin, 1978), pp. 216-18.
8. Burr, Chandler. *The Emperor of Scent: A Story of Perfume, Obsession and the Last Mystery of the Senses* (New York: Random House, 2002). An interesting account of the struggles of the rather abrasive yet brilliant “smell expert,” Luca Turin, to advance his iconoclastic theory.
9. Marris, Emma, “Auras May Be Generated in the Brain,” *Nature*, 2004. Article abstract provided in an e-mail sent out to the Rolfing community by Dr. Richard Wheeler, full citation information not available.
10. My first exploration of this unconventional autism analogy was in: “To Boldly Go,” *Massage Today: The News Source for the Massage Therapy and Spa Community*, Vol. 6, No. 1 (January 1, 2006): 13, 18-19.
11. Milne, Hugh, *The Heart of Listening: A Visionary Approach to Craniosacral Work*, 2nd ed. (Berkeley: North Atlantic, 1998), pp. 74-75.
12. For a very funny treatment of junk science in the paranormal and a hilarious account of the author’s studies at a British school for mediums, see Roach, Mary, *Spook: Science Tackles the Afterlife*. Unabridged CD version. Read by Bernadette Quigley (Grand Haven, MI: Brilliance Audio, 2005).
13. Here are my rather narrow definitions of the terms “sensitive” and “empath.” A sensitive is one with exceptional perceptual abilities who can read subtle emotional and physical information and may obtain such information through any of the senses, be they ordinary or non-ordinary. An empath, a member of the sensitive community, processes another’s emotional or physical pain through his body, actually taking on those symptoms often experiencing excruciating pain that only abates when the empath removes his hands from the sender or through practice learns how to mute or discharge it. Therefore, to use a simplistic set theory analogy, all empaths are sensitives, but all sensitives are not empaths.

Ray Bishop, Ph.d passed away on December 5, 2008. He had been a part of the Structural Integration community since 1995 when he graduated from the Rolf Institute® of Structural Integration. He carried a doctorate in Musicology, and was an avid reader, researcher, writer, and teacher. His many insightful articles have contributed greatly to our profession, and his wonderful, loving, gracious spirit has been a boon to many during his life. He is missed.