

The Back Page: A Fighting Chance?

This column is the first of many. Our hope is that items featured in this space will generate a response from readers, both in terms of comments which can be included in future issues and offerings of your own 'Back Page' columns (if not, then you will have to put up with ours). It aims to provide a less intimidating space, especially for new contributors who may not want to provide a formal 'article' or 'paper'. Columns may be published anonymously, but the editors will need to know who you are even if the readership is not to be privy to this information. This is to be a practical, practice-oriented area of the journal, alive to current topics in your work ... about biodynamic massage, by biodynamic massage therapists, for biodynamic massage therapists.

ALITTLE BIRD TELLS ME that an interesting discussion started to unfold prior to the AGM meeting, at which, sadly, I was not present (indeed there were many absentee members; *what would it take to get more of you to attend meetings?*). The conversation concerned the promotion of biodynamic massage and focussed in particular on the wording of the AHBMT leaflet and web site.

This is a topic dear to my heart; it would be a suitable topic for a column all of its own. I could describe the various incarnations of my own brochure (for example, the one from which I only got male clients) and the highs and lows of my advertising activities. I could share amusing anecdotes from talks or demonstrations (one during which my audience more or less staged a revolt particularly springs to mind). I could discuss various pro's and con's, quote interesting quotes and point you towards some useful articles on the internet.

But I will hold back my eager fingers from racing across the keyboard and discipline them into tapping out a column more suited to the first 'Back Page' spot, one which will hopefully inspire you into contributing in droves. *What does being a biodynamic massage therapist mean to you? What keeps you doing it? What discoveries have you made, what challenges have you met and which issues are you currently struggling with?* These are the ingredients for this page – the stuff of real life, alive, juicy and often far from neat and tidy.

My own BM practice has recently been disturbed by various musculo-skeletal problems which have kept me out of action, moves between different locations from which to see clients, and

inevitable growing pains – knocks to my confidence as a result of difficult situations which cropped up after a relatively trouble-free first year.

At times I have felt like throwing in the towel and giving up – yet positive experiences have also served to remind me how much I can thoroughly enjoy the work. At its best, it can feel like my 'way' – *my Tao* – sessions flowing spontaneously and effortlessly. When that happens the experience transcends even one of it being good to be in a shared moment; there is just the experience itself, with neither a label for it nor even the concept of one coming to mind.

But those sticky patches ... sometimes it really doesn't flow at all. For example, a session with a teenager at that awkward stage where you want to appear confident, competent, independent – yet there is at the same time not much sense of knowing what you do or don't like. Exams coming up, not sleeping, worried about the girl/boyfriend, body terribly tense. Completely freaked out by the idea of a stethoscope too, so not even that feedback to go on. *Ever had that feeling that nothing you do or say is really getting through to the client?* Tips on teens would be gratefully received.

You can learn from sticky patches though. Once, within a period of only a few weeks, I had no less than three couples wanting to come for treatment (the first of such incidences I had encountered). In two of these cases, I worked with just one of the pair and came to be hugely thankful that I had refused to see both, though for very different reasons. The third worked OK for a while. I had been working with one half of the couple and the other just wanted a 'nice massage'

rather than to work with a 'particular issue'; it felt OK and supervision advice was in accord with my assessment. However, 'particular issues' have a habit of arising out of 'nice massages'. *The bitter taste of experience.*

Supervision is a potentially huge area. I am now (happily) with my fourth supervisor, but it has been quite a journey to get to this point. It once so happened that I made a major *faux pas* at a time when I was doing trial sessions with potential supervisors; it rather shocked me to get *four different opinions from four different people* – and I'm talking *dramatically different* here, not just minor variants. This is not just a reflection of the different schools (Boyesen/LSBP, Chiron and CBPC) either, though that aspect also intrigues me. It reminds me of the first book I ever read on psychological therapies (I think it was called 'Talking to a Stranger'), which suggested that there are as many variants of any one therapy as there are therapists.

Different clients, different therapists. That just leaves the location of one's work. I've worked in quite a range of environments. I've also left a clinic having had no more than one session booked for me in three months. *I don't feel BM fits in everywhere*; for example, osteopath-led clinics (as many are locally) tend to orient towards prescriptive therapies, a category into which I would not place BM. Working from home may be less *professional*, but I also question why I should pay £10 or more per hour for the privilege of driving some distance to see clients at a comparatively noisy clinic filled with the unwanted smells of Tiger Balm, aromatherapy oils or Chinese herbs and a table far less desirable than my beloved 'Earthlite' – especially when there is little contact between therapists for peer support, I do not get fed clients and still have to pay for my own, separate, advertising.

So, lots to ponder. I and the journal editors await a hefty sack of mail!

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