

# WATSU WITH CHILDREN AND FAMILIES

The night  
you tell us  
you watsu the blind child  
and the deaf  
and sing to them  
I watsu you  
to the song of the wind  
in still water.

Over the years countless reports have come in on the use of Watsu with children and families. One of my first students came back to tell us how much her relationship with her adolescent son eased up after she gave him a Watsu. Others spoke of the joy of watsuing their parents. Another, who worked with the Richmond school district, told of how the teachers of the hyperactive children she watsued could see the benefits lasting at least a week. Timpany Center, the first clinic I taught at, instituted a program of training parents to watsu children, both those who had special conditions and those who had been recently adopted and benefited from Watsu's help in bonding. I was moved when they sent me a video of a tiny infant being watsued in the arms of a football player.

Stories of the value of Watsu to all kinds of relationships continue to come in. Ann Cole wrote from Oregon, where she started offering Watsu classes at an Easter Seal pool in the early nineties:

When I returned from Harbin, I started the WATSU FOR TWO class out of my own experience of wanting to be able to give a Watsu to my husband and to all the people I love. I thought others would feel similarly. This class has run for almost a year now on a monthly basis and is the generator behind getting Watsu into the community. I give four one-hour classes teaching easy movements that anyone can do and then give each person an individual Watsu. I have had a paraplegic in my class, a woman who had a broken neck, a person with knee problems, people with fibromyalgia, arthritis, and chronic pain, mothers/daughters, lovers, friends, a rabbi, an acupuncturist, massage therapists, psychotherapists, physical therapists, recreational therapists, writers, a philosopher, a dancer, a brother/sister pair, a salesman, old and young, the whole unlikely cross section of humanity seems to have traveled through my class. It's wonderful! Then each week- one evening is set aside for people to give and receive basic Watus with each other. People are beginning to make Watsu their own and are using it to heal themselves and their relationships.

In Europe Watsu is being used with a wide range of groups. In Montreaux it is a summer program offering for adolescents. The social services department in Geneva have sent seniors on retreats where they learn to watsu each other. In Italy childbirth trainers are teaching pregnant women, who are more comfortable in water than anyplace else, to watsu each

other. They are also teaching husbands to Watsu their wives during pregnancy, and reporting how much it helps the husband sense and bond with his unborn infant. They also report that after delivery, it helps ease the tension that builds up in that period when the wife's interest in sex has not yet returned.

In Germany, Monika Gurhoff finds that having people watsu each other helps deal with the wide range of physical and psychological problems that turn up in her Family Therapy practice. One case is a couple: The husband refuses to talk to the wife. The wife refuses sex. Watsu opens up for them an avenue of communication that is at once nonverbal and nonsexual, and brings them close again. In another case Watsu helps reform the bond between a mother and her hyperactive son. Monika also works with groups of women 60 to 80 years old whose childhood had been marred by the war and most of whom, being widows, only know physical contact in the context of painful medical operations. For these women, just holding and floating each other is a very profound experience.

Watsu is also benefiting those with terminal conditions. Tuvia Stuchiner told me about a friend who came and told him she had bone cancer. After her Watsu she said it was the first time she was free of the pain that accompanied her condition. She returned for more, and at her funeral her son came up to Tuvia and thanked him for helping his mother be able to have a good death. Tuvia had invited me to teach the staff at the largest Children's hospital in Israel where thousands of children have since benefited from Watsu. He is currently introducing Watsu into university programs there. On a recent trip he showed us a video of a session he gave a child. I asked him to write up what follows. The transformation in the infant he describes below was clearly visible and moved all of us who watched it.

## Watsu to an infant with post traumatic disorders

By Tuvia Stuchiner

In a Watsu course that I was teaching to the professional staff at a child center in Europe, I was asked to treat an infant with post traumatic disorders.

When we entered the play room, I saw J sitting to the side, a toy in his hands, his arms and legs folded as if he was trying to be as small as possible, unnoticed. His big brown eyes looked at the visitors for a second, and looked down immediately trying to avoid us. His behavior was different from all the other infants, who showed interest in us.

The child psychologist told me the story. J is two and a half. His father brutally murdered his mother, who was a prostitute, in front of his eyes a year earlier. By court order the child was placed in the center. J had to sleep separated from the other children, because nightmares woke him 10 to 12 times a night, and after each it took time to calm him down.

To start J's Watsu treatment, feeling how his body wanted to stay flexed, I took him in my arms in a seated position, water up to his neck. He did not resist, only the firm grip of his hand on the back of my arm signaled that he was not sure about the new situation. I started with a simple rocking to the breath, holding him close with a growing compassion, and gradually increased his flexion until it came to a 45 degree angle. Then I released my hold under the legs to let him reduce the flexion of both legs and hips and create some distance between our bodies. After a couple seconds I pulled him close again, increasing the flexion. I kept holding and releasing this way for about 10 minutes, gradually increasing the time that he was out from me and bringing him back. In body language he was being told that he can let go and open, knowing that he will be brought back to safety. As he loosened his hand grip on my arm, I wondered if he had ever been held in a way that told him that before.

As he started to open up I was able to do a full Accordion and, opening both my arms, gradually bring him to supine position. I was able to do both Near and Far Leg Rotations. Still, every few seconds I brought him close to hold and flex. When I took him to the wall

for the Side Saddle, my hand on his face in a moment of stillness, I felt that at that moment he was being empowered, being enabled to be a child, something that had long been lost to him.

After the Side Saddle, I brought J back to a simple rock and gently stroked his legs in a downward direction towards his feet, giving him tactile stimulation to extend his legs. His face was calm and relaxed. Then he spontaneously abducted his arms, like a flower opening up. I floated him out in front of me, his head on my shoulder, and began the Sea Weed. With its minimal support without eye contact, it became a disengagement process. When I finished the treatment the more joy I felt at how much he opened up, the more I felt how he was coming from a place where a child should never be.

The next morning the psychologist received a phone call from the head nurse to ask why she hadn't been told the child had been given a new medication. "He only woke up 3 times and was easy to put back to sleep."

The staff who participated in the course, and had watched and videotaped my treatment, decided to give J three Watsu treatments a week.

When I came back to the center to teach another course two years later I asked if I could see J. The psychologist told me with pride that 3 months before J had been adopted by a wonderful family.

*What follows is an article from the February March 2003 issue of Massage and Bodywork*

## Sea of Calm

### Water Therapy Touches Young Spirits

By Karrie Osborn



Cradled in his arms, children who rarely find a moment's peace find a sea of calm.

Jeff Bisdee has offered the aquatic body therapy known as Watsu at The Children's Institute in Pittsburgh since 1997. As the manager of recreational therapy there for the past 17 years, Bisdee was impressed the first time he saw Watsu. "It was an epiphany," said Bisdee. "I was always interested in doing aquatic therapy with patients and when I saw this being done, I knew right then and there it was something I should be doing."

Bisdee's patients at The Children's Institute range from infants to 21-year-olds and most have traumatic injuries - brain and spinal cord, orthopedic issues, congenital and birth defects including spina bifida and autism, and a range of neurological disorders. "If the child is appropriate for rehab, we'll see them here," he said.

As a long-time advocate of water therapies at the institute, Bisdee knew Watsu needed to become part of the menu. "I've always been in tune with the water that way." He said the two pools at the institute already allowed patients the opportunity to work on their strength and endurance. Watsu, he thought, would bring them so much more.

Bisdee took the initiative and pursued training. “Learning Watsu was something I had to do for myself. It was bigger than my job; it was more about meeting my own life goals.”

Afterward, Bisdee began the arduous task of convincing others that this “alternative” therapy was safe and effective. He started by showing the technique to the staff of physical therapists. When they got excited about it, he demonstrated Watsu for the doctors and physicians. Their enthusiasm prompted Bisdee to take the technique over the final, daunting hurdle - the administrators. “Being somewhat alternative in nature, the therapy really needed to be introduced carefully, with the goals of the institute in mind as well,” he said. It was 1997 when he finally was able to put the Watsu principles in place.

## Watsu in Action

Unlike other therapies utilized at the center, Bisdee said Watsu has a more intimate approach, and as such, he takes time to explain the work to parents before ever putting a patient into the water. What starts as a somewhat apprehensive moment as mothers and fathers watch their children subjected to a “new” therapy, ends many times with parents in tears. “The main goals for several of these patients are relaxation, an increase in comfort, reduced pain and passive range of motion. The parents see their children in a comfort state and at peace with their body and they become emotional.”

Such was the case for the mother of an 11-year-old boy with ankylosing spondylitis (arthritis of the spine). She witnessed that peace in her pain-ridden child. The disease, which causes severe pain in the joints, was prevalent in the boy’s back and hips. He was also diagnosed with attention deficit hyperactivity disorder (ADHD).

“He was a wild kid at times,” said Bisdee. “He was very bright, but he had a lot of behavioral problems that arose around his pain and his attention disorder. I worked with him three to four times a week with Watsu and it seemed to reduce his negative behaviors, especially through the eyes of his mother, the nurses and staff.” More importantly, the boy told Bisdee the therapy reduced his pain.

Bisdee remembers one day in particular. The boy was scheduled for his Watsu treatment in the therapy pool, but three other therapists were busy in the water with patients. The environment was noisy, something counterproductive to what Bisdee was seeking during the session. They decided to proceed anyway. “He ended up falling asleep, or at least going into a different state of consciousness that was shocking for the environment that day,” Bisdee said. Not only that, but the boy wouldn’t wake up. “We sat there for a good 10 minutes before he finally woke up. He looked around and I told him he had fallen asleep. ‘Oh no, I wouldn’t have done that,’ the boy said.” Bisdee looked over and saw the child’s mother with tears rolling down her face. She had rarely, if ever, seen her boy so relaxed and calm. “It was quite dramatic for his mother and I,” he said.

Plenty of other successes grace Bisdee’s resume, but a few hold firm in his mind.

“I worked with an 18-month-old girl from Korea who, within the first six months of her coming to the United States, came down with encephalitis,” said Bisdee. “She became severely brain damaged to the point where the prognosis wasn’t good. They said she wouldn’t regain anything; she would be non-functional.”

Unable to let the dire diagnosis slow him, the therapist incorporated Watsu into the infant’s rehabilitation. “This baby had a lot of tightness in her extremities and was starting to contract in many ways. But doing Watsu with her was an amazing experience.” Bisdee said once they were in the pool, the child became so relaxed she fell asleep. Her parents reported that it also helped her sleep at night - behavior rare for her. As the basis for Watsu is Shiatsu, working her acupressure points while in the water further enhanced the effects.

While working with an autistic 5-year-old boy, Bisdee learned how to let the client lead the session. Even though there is a set protocol for the initial procedure or sequence of moves, the goal with Watsu is to be intuitive in the work and read clients and their needs through their bodies. “It really was true working with autistic kids, especially this boy. I did free-form with him and he would lead the sessions.” Bisdee said the boy was a good teacher.

Probably the most dramatic case for Bisdee was a 15-year-old muscular dystrophy patient, J. J., he started working with two years ago. “I ended up being a single-service provider for him,” Bisdee said. The physical therapists who had been working with J. J. in the pool told Bisdee how physically difficult it was to handle him in the water. Usually his sessions required at least two therapists. Bisdee described J. J. as quite physically contracted, emaciated and limited by the rods in his back. “The physical therapist asked if I would consider doing Watsu with him,” Bisdee said. “I got the okay to do it and we went from three therapists working with him to just myself. I was able to stretch him from head to toe.”

Bisdee was able to counteract J. J.’s neck pain which was caused by him trying to hold his head up throughout the day, as well as the pain he felt from being confined to a wheelchair. “We ended up getting insurance coverage for him to do Watsu. It’s the first time I know of that Watsu was paid for in western Pennsylvania,” said Bisdee. J. J.’s mother, Lynette, videotaped sessions and showed them to her son’s doctor. “He was impressed,” she said, and lent his support for the insurance coverage.

Working with the boy over the course of several months allowed Bisdee and Lynette to track his progress weekly. They evaluated his appetite, sleeping patterns, weight gain and several other factors after each treatment. “We could see that for three days after his Watsu session, he was only waking up once a night, his appetite was better and his attention in school was better,” Bisdee said. “He was even able to improve his respiration, staying free of any breathing machines during sleep. After three days, it started tailing off again.” So Bisdee asked to do Watsu with him twice a week. It was then the boy “evened out” for the entire week.

“Watsu did more for J. J. than any physical therapy ever did,” said Lynette. “I just wish we could have started this years ago.” She said one of the biggest advantages of the therapy for her son is the relaxation it brings him. “It’s hard to get J. J. comfortable and relaxed. With Watsu you let the water move everything. It’s pretty amazing to watch,” she said.

Two years later, and Bisdee is still doing Watsu with J. J., but the sessions have been reduced to once a week. Bisdee said the work he does today is really a maintenance program that will increase, and maintain, J. J.’s quality of life. “He looks forward to it every week and it’s been a great thing to work with him.”

## The Value of Watsu

Bisdee, the only therapist at the institute practicing Watsu, said he has very few counterparts in the United States. He only wishes more therapists would see its value. “I find it to be the most effective treatment I do here. The feeling you get with the patient in the water is just incredible, even indescribable at times.” He said there is an incredible release of energy through the technique that is palpable and powerful.

“Percoset in water” is how one patient described Watsu after experiencing it. Back when the institute served adults as well as children, Bisdee saw a 32-year-old woman with a spinal cord injury. “She had a lot of anxiety and worry about her life at that point, being away from her family, housework, bills - her anxiety got in the way of her rehab program,” said Bisdee. “I offered to do Watsu with her, thinking it would help reduce her anxiety and help her focus more on her program.” One of her first comments out of the pool was the Percoset reference. “It stuck with me,” said Bisdee. “A lot of alternative approaches like this can be a replacement for pharmaceutical treatment.”

In addition to the direct effect of Watsu, Bisdee said he also uses it as a pre-activity for swimming therapies. “I use it with my quadriplegic and spinal cord patients before teaching them to swim again. They don’t have much control of their bodies in the water, and Watsu is one of those techniques I can use to gain their trust all while they relearn the principles of the water.”

An ancillary benefit of Watsu is the interaction between parent and child. “Now parents hold their child in the pool where before they were just using flotation devices. Some of these patients are quite physically disabled and as they get older, it gets harder and harder for some of these kids to be held by their parents anymore.” Witnessing Watsu opens the door for that closeness to still exist. “It allows them that nurturing way in the water,” he said.

“Watsu really has become a passion for me and I enjoy seeing how much it can help people - sometimes short term, sometimes long term,” said Bisdee. “I absolutely recommend it for other therapists. I’m quite enthusiastic about it and I wish we had more therapists doing it.”



# Stories for Harold

By Kathy Bateman

I have worked with hundreds of children, ages 18 months through eighteen, with a variety of conditions and abilities. When appropriate, I have utilized Watsu and other aquatic bodywork techniques for part or all of their session in the water.

In all instances, the Watsu has contributed to the success of their session.

As an introduction to the support of the water for recently injured kids which resulted in semi or total paralysis, the nurturing support of the Watsu holds allowed them to relax, find freedom in the unconstricted aquatic environment, and feel the buoyancy that the water afforded their body.

In stroke patients, the hypertonic state of their muscles was overcome when they received Watsu in the pool, and the affected limbs were able to relax, lengthen, and stretch, *without inhibition* while they were being floated. Their bodies responded to the nurturing and comfortable environment of the warm pool, and they experienced a relaxation and letting go of the tension that was present in their body.

In those with cerebral palsy, the relaxation was sometimes very pronounced, especially when they visited on a regular basis. When working with one particular severely affected child who visited regularly, (once to twice a week), I noticed that the time it took for her to relax decreased each visit, with the end result that when she was transferred from her wheelchair to the pool lift to begin her session, and the lift was suspended over the water as she was lowered in, her body visibly relaxed before even entering the water.

In another young child who has used the water for exercise, and who is showing an increased tendency toward spasticity, we are using Watsu to encourage her to relax and float.

Another application has been the use of Watsu for long term, terminally ill patients. At the referral of a hospice manager, I have been able to provide this a few times. One instance, the child had not been out of the house for about a month, but after hearing about Watsu, chose to come and try it. His one hour session, thoroughly enjoyed, nearing an end, I whispered that we would soon have to exit the pool. Generally very weak, and barely able to whisper, he uttered a strong "NO!". By some fluke the program following his time was cancelled, and we were able to continue for another 30 minutes. The family watched, and were completely absorbed in the session, commenting later on the relaxation experienced by themselves, as well as that observed. The mother came the following week and had a session. At the conclusion, she asked if this is what her child had felt. When the child died, a friend of the family sent a note to tell me how much the family had appreciated the sessions, and that they found the Watsu a positive experience in the care.

Another child I watsued, though unable to get into the pool later in her illness, talked often to her hospice worker of the pleasure of her Watsu experience.

For cases where trust and relaxation (or the lack of) are an issue, Watsu has provided an opportunity for the child to trust, relax, and enjoy. One particular session, the mother observed from the pool deck, as I watsued her daughter, and tears ran down her face as she watched relaxation happen. The girl had a beautiful smile as she exited the pool, and thanked me.

A few recipients have been surprised and apparently embarrassed by their willingness, albeit subconscious, to let down their guard. Fortunately, they were able to experience the relaxation first, and then catch themselves. My belief is that having experienced it, they can return to that space in their mind, and enjoy it again and again.

Sometimes the parents, after observing a session for their child, wanted me to show them how to do it, where to train to learn it, and tell them more about it's origins.

In general, in my experience of providing, Watsu has always generated positive results. I have observed the bodies of the people I am floating, and the reduction in tension, holding, and stiffness as the session progresses is wonderful. The resultant glow on their faces I interpret as a window to their spirit, and the brightness shining from within.

Thank you for creating this work; it is unique and incredible.

*Kathy Bateman*

## Help make Watsu available to those of all ages

Kathy Bateman, who sent me the above, manages the pool at a children's hospital in Seattle. When she was here studying with me I introduced her to Home Spa Watsu (see the next chapter). She immediately saw the need to train parents and caregivers of people of all ages to regularly give sessions in their homes to those in their care. We are seeking donations and grants to add spas to our school at the Watsu Center and develop a program to train instructors who will then go into the homes and train parents and caregivers.

To better prepare our instructors we need a variety of sizes and styles of spas and hot tubs. When instructors go into the homes they will demonstrate and videotape a session appropriately adapted both to the condition of the individual to be treated (with their doctor's approval) and the particular spa. A copy of the tape will be left with the parent or caregiver to model their follow-up sessions. Another copy will be used as a resource in our trainings of subsequent instructors.

There are many ways you can help us make this available to those who could most benefit from it. Besides upcoming expenses for the spas there will be costs for their installation, shading and heating (preferably solar). To realize the program's full potential, some funds must be available to educate parents, caregivers and those in the medical professions of its applicability, and HMO's of the cost effectiveness in providing spas in the homes of those for whom the treatment it replaces would be more expensive.

Additional funds for scholarships would allow us to train more instructors.

If you wish to help us with this project please email us at [funding@waba.edu](mailto:funding@waba.edu).