Chapter 1

The Limits of Relaxation: Why Good Feelings Aren't Enough

> Listen to your patient, he is telling you the diagnosis. — Sir William Osler

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Your client is deeply relaxed. Their breath is slow. Their muscles have softened. The room is quiet, and a sense of peace is palpable. You've done something real and valuable here.

But what happens when they stand up and go back to their life?

For many people, the tension returns within hours. The relief was real — but it was temporary. This is the limit of relaxation. It soothes the nervous system. It doesn't necessarily educate it.

This isn't a criticism of relaxation. A clean house is essential. But sometimes, the house has a stain that cleaning alone won't lift.

> **Therapy doesn't replace relaxation. It goes further — into the why behind the pattern.**

The distinction matters. And it starts not on the mat, but with the very first words you speak.

The First Question

When a new — or returning — client arrives, you have a window of opportunity. Most therapists fill that window by asking "What's been bothering you?" That's fine. But JDM opens differently.

This simple question was given to me by my friend David Johnson — one of the most gifted communicators and massage therapists I've known. He showed me that the most profound shifts often come from the simplest vocabulary.

> **Practitioner Script**

"Welcome. To make sure our time together is exactly what you're looking for today, I'd like to offer you a choice — would you prefer a relaxation session, or a therapy session?"

Pause. Wait. If they ask "What's the difference?" — that's your moment.

This question does two things at once. It signals that you offer different levels of service. And it immediately positions the client as someone who gets to choose — not a passive recipient, but a participant.

Almost everyone will ask: *"What's the difference?"*

Good. That's your opening.

The House Analogy

Practitioner Script

"I'm glad you asked. I have a simple way to explain it.

Think of your body like a house.

A **Relaxation Session** is like cleaning the house. We air it out, create spaciousness, bring the whole system back into calm. It's essential maintenance. Everyone needs a clean house.

A **Therapy Session** is like working on a specific stain on the carpet. We focus our attention on one area — that persistent ache, that stiff shoulder, that old injury — to understand where it came from and how to lift it. It's a targeted investigation.

Both are valuable. You might come in just for a full house cleaning. Or you might say, 'The house is okay, but I can't stop noticing this stain in the corner — can we work on that?'

So — does your body need a full house cleaning today, or are we focusing on a specific stain?"

Once they choose therapy, ask: *"Where is the most noticeable stain? Where in your body do you feel the tension, pain, or lack of movement you'd like to address?"*

This is the beginning of the dialogue. You're not assessing yet — you're listening.

Your Body Isn't a Machine — It's a Living Web

For centuries, we've understood the body as a machine. The heart is a pump. The brain is a computer. Muscles are motors. It's a useful idea — up to a point.

The problem: machines have parts you can fix in isolation. Bodies don't work that way.

> **A tightness in your foot can pull on your neck. Stress in your jaw can clench your pelvis. Everything is connected.**

This happens because a single, continuous, fluid network — called the **fascia** — connects every part of you from the top of your head to the tips of your toes. It's the three-dimensional cobweb that gives your body its shape. When one thread tightens, the whole web feels it.

Think of a spiderweb. Tap one thread, and the entire web vibrates. Your body does the same thing.

This changes how we understand pain:

- **Old model:** Pain is a broken part. Fix the part, fix the problem.
- **JDM model:** Pain is a signal. It's often being sent from somewhere other than where it's felt.

That shoulder that won't lift? It might be a conversation that started in your hip. The chronic low back ache? It could be tightness in the back of the knees pulling the whole chain. We don't chase the symptom. We read the whole web.

> **Remember**
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> **Pain is not always where it hurts.** The site of pain is where the conversation ends up — not necessarily where it started. Reading the whole web means following the signal back to its source.

What is Kinesthetic Intelligence (KQ)?

The ability to hear your body's web — to feel the difference between pain, stretch, and release — is a skill. We call it **Kinesthetic Intelligence**, or KQ.

Most people have lost contact with it. Not because they're broken, but because nobody ever taught them to listen inward. They learned to push through sensation, distract from it, or fear it.

JDM rebuilds that skill — in your client, and in you. When you ask "What number is the sensation?" during hands-on work, you're not gathering data. You're training their ability to listen. You're turning the session into a shared exploration, with their felt experience as the guide.

> Every time you ask a client "what do you feel there?" — you are growing their KQ. This is the highest outcome of a therapy session: a client who leaves understanding their body's signals, not just feeling better for a few hours.

The Body Needs Variety

Once you see the body as a web, a new question emerges: how do you keep a web healthy?

The answer is **variety**.

If you only ever water one plant in a garden, the rest will wither. If you only ever move your body in one way — the same daily run, the same yoga sequence, the same repetitive job — parts of your web become overworked while others become neglected.

This is why the JDM therapist often introduces small, unfamiliar movements. We're not just stretching you. We're re-acquainting your nervous system with forgotten ranges of motion — nourishing the underused parts of your web.

Sometimes the healthiest thing you can do is intentionally "do your practice badly" — to move a little differently, explore a new angle, surprise yourself.

> **Therapy Is Educational**
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> The most powerful outcome isn't a client who feels better for a day. It's a client who leaves understanding the connection between their habits and their pain — and holding the key to their own well-being.

Chapter 1 Practice: The Opening Conversation

Script Practice. Read the "relaxation vs. therapy" script aloud until it sounds like you — not memorized, just natural.

Role-Play. Practice with a colleague. Have them throw curveballs: "I'm not sure — what do you think I need?" Practice responding in a way that keeps the choice in their hands. ("Based on what you've described about your shoulder, we could explore that therapeutically — or if you'd prefer to unwind today, a relaxation session is perfect.")

Review Your Last Month. Think through five recent clients. Mentally rehearse how you would have offered this choice to each one.

Journal:

- What feels more natural to you — delivering a protocol, or initiating a dialogue? Why?
- What resistance comes up when you consider offering this choice to every client?
- Write one version of the script that feels completely like your own voice.

What Therapy Actually Looks Like

Three real people. Three completely different presentations. The same underlying approach — listening first, then acting.

Case 1 — Madde · "My SI Joint Keeps Popping Out"

Madde arrived describing a problem most practitioners know well — and most address incorrectly.

"My SI joint keeps popping out." She had seen chiropractors, physiotherapists, personal trainers. Each one fixed her temporarily. None fixed her lastingly. The joint would return to its familiar complaint within days.

The first thing the Standing Assessment revealed wasn't the SI joint at all. It was her breath. A shallow, high chest pattern that never reached the belly. She was breathing in the top third of her torso, leaving the deep core almost entirely out of the conversation.

The second thing was her yoga practice. She was strong, flexible, practiced regularly — but using the wrong architecture to create that strength. Her outer core was braced and gripping. The deeper stabilizers, the ones that actually hold the pelvis in intelligent conversation with the spine, were quiet. Switched off. Asleep.

This is one of the most common patterns in experienced practitioners: **outer strength compensating for deep instability.** The body learns to grip rather than support. The SI joint — caught between two systems that aren't coordinating — pays the price.

The work unfolded in stages across multiple sessions separated by months, different continents. Stage one was awareness, not exercise. Helping her feel the connection between a true exhale and the subtle, involuntary engagement of the deep pelvic floor and transverse abdominis. The core that stabilizes a joint doesn't look like a six-pack. It feels like a gentle, omnidirectional hug from the inside.

Stage two was the manual work — not to "put the joint back," but to address the tissue patterns driving the compensation. Hip flexors short and dominant. Deep lateral rotators — the body's

natural SI stabilizers — long and underused. The breath restriction creating a constant upward pull on the anterior pelvis. Sessions were slow. The dialogue was specific.

Stage three Madde discovered herself: she began noticing that certain yoga teachers made her SI joint worse. All outer activation, no inner listening. Others, who emphasized sensation over shape, left her stable for days afterward. She started choosing teachers and classes based on felt response — not reputation.

When she returns now — and she does, whenever they're on the same continent — sessions have a reliable rhythm. Clean the house. Then check the stability. *Where are we now? What has life asked of the system since we last spoke?*

The SI joint still talks. But now Madde knows how to talk back.

> **JDM in action:** Standing Assessment revealed the real issue (breath, not joint). Short/Long identified hip flexors vs. deep rotators. The work educated Madde to read her own body in class — the highest outcome of any therapy session.

Case 2 — Satah · Hip Replacement and the Body's Long Memory

Satah came in well after her hip replacement surgery. The operation had been successful. The joint was new. But the body around it had not caught up. She moved like someone still protecting a wound that no longer existed — guarded, asymmetrical, careful in a way that had outlived its usefulness.

She was doing yoga. Strength training. Doing everything she had been told. But something wasn't integrating. The new hip sat in an old story.

What the assessment revealed was a fascial web that had organized itself around the pre-surgical pain and hadn't been told it was safe to reorganize. The connective tissue around the hip — the joint capsule, the outer hip rotators, the gluteal fascia — was dense, adhered, and moving as a single reluctant block. Not because of the replacement. Because of the years of compensation before it, and the protective holding pattern that surgery doesn't automatically reset.

This is something bodywork and yoga can reach that a surgeon's tools cannot: **the tissue memory that outlives the original injury.**

The work with Satah moved slowly. Not because she was fragile — because the tissue needed to be reintroduced to the idea of movement rather than just moved. Each session began with a dialogue: what does the hip feel like today? What changed since last time? What surprised her in her practice?

The connective tissue work — long, sustained holds that allowed the fascial layers to shift rather than being forced — was combined with breath work and very specific proprioceptive cues. *"Can you feel the floor from inside the hip — not gripping, not protecting, just receiving?"*

The turn came gradually, then suddenly. Satah began to describe her practice differently. Not "what I can and can't do" but "what I'm feeling." The new hip started to feel like hers.

She came to understand that her yoga practice and her connective tissue work were not separate activities — one was maintaining; one was restoring. Both were necessary. The bodywork sessions were not just for when things felt wrong. They were part of the ongoing maintenance of a system that had been through significant structural change.

> **JDM in action:** Fascia remembers even after the original cause is gone. Therapy addressed the tissue memory, not just the joint. Yin yoga and targeted bodywork worked in combination — neither alone was sufficient.

Case 3 — Kyle · When the Back Finally Opens

Kyle was an experienced yogi. He had practiced for years, trained with good teachers, and had a body that could move well. But his back — specifically the thoracic spine and the posterior rib cage — had never opened. Not really. It bent when asked. It returned to its default the moment he stopped asking.

He had accepted this as just how he was built.

The assessment told a different story. Kyle's Bladder meridian line — running the full length of the posterior body from the small toes up through the calves, hamstrings, spinal erectors, and over the back of the skull — was chronically short along its entire length. Not tight in one place. Toned down uniformly, like a volume knob turned low across the whole back of the body.

This kind of pattern doesn't respond to more stretching. More stretching was exactly what he had been doing for years. What it responds to is **sustained, intelligent load with awareness** — a combination of long yin holds that allow the posterior fascial chain to genuinely lengthen, and targeted manual work that addresses the specific adhesions keeping individual segments locked.

The key discovery for Kyle wasn't in the back at all. It was in the legs. His hamstrings and calves were not "tight" in the conventional sense — they were the holding pattern. The body was using the posterior leg line as an anchor to protect something higher up in the chain. The lower back. The old bracing pattern around a long-forgotten strain.

Sessions focused on releasing the posterior chain from the feet up — addressing the tissue progressively, communicating with Kyle throughout about what he was feeling, where the resistance was highest, and what changed as the layers began to release. Between sessions,

specific yin sequences were prescribed, not as general practice but as precise therapeutic homework: hold this shape, here, for this long, and notice this.

The back that had "never opened" opened. Not dramatically — gradually, honestly, in a way that felt earned rather than stretched into. And it stayed open, because the tissue had actually changed, not just been temporarily forced into a new position.

> Kyle paused. Then said:
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> "I thought I had a back problem. I had a whole-body conversation no one ever taught me to hear."
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> **JDM In Practice**
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> The presenting problem (thoracic restriction) was downstream of the real pattern (posterior chain uniformly short). More of the same approach — more stretching — would never have worked.
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> Reading the whole web changed the entire intervention.

Chapter Summary

- Relaxation and therapy are different services — both valuable, but not interchangeable.
- The "house cleaning" conversation sets the stage for everything that follows.
- The body is a living web, not a machine with separate parts.
- Pain is often a signal sent from somewhere other than where it's felt.
- Kinesthetic Intelligence (KQ) — the ability to listen inward — is a skill we rebuild together, in every session.

"Good for me, good for you." — Pichest Boonthume

From Stop Fixing the Body. Start Listening to It. — *Gabe Yoga · The Joint Dialogue Method*