



The Dance of LOVE

The New Paradigm in Bodywork

Part Two

By Stephanie Mines

NOTE: This is the second in a series of articles describing the integration of manual therapy, massage, energy medicine, and language that resolves trauma. The intention of this series is to present a new paradigm in somatic-mechanical treatment and to educate bodyworkers about how memory is stored in connective tissue, how sequencing/unraveling maximizes human potential in the healing process, and the appropriate use of language.

“The body is continuously poised to resolve afflictions and all of the physiological and emotional imbalances they create.”

—James Oschman, PhD

There is hardly anything more challenging or humbling than serving human beings in their need and suffering. It requires pure meditative presence. No matter how much we study and learn, there is no template that applies in every case. The mastery of human service is in seeing each individual as a marvel of nature, finely tuned to function at maximum potential. Obstructions to health are like stations of the cross, transformative thresholds on the path to wholeness and radiance.

When people see a therapist, whether they consult a bodyworker, counselor, or a physician, they bring with them generations of history memorialized in the cells of their mind-body. In a therapeutic process, that entire compendium is opened. If there is an awakening, an insight, a change in structure, or a reorganization of attitudes and beliefs, then that person finds a new way of being, and their future is recalibrated.

If mind and body are both touched with wisdom, miracles occur. Human potential is realized. This is the true purpose and intention of all somatic therapies. Symptomatic relief occurs alongside its transcendence. The answer to the debate about whether cause or symptom should be treated is not an either/or. It is a synthesis.

“Several patients, all diagnosed with the same condition, will each have a distinctive and unique clinical expression. To get excellent outcomes, each patient should be evaluated and treated uniquely,” says osteopathic physician Ed Stiles. The practitioner, or healing artist, is a detective solving at least two conundrums. One is the disease itself. The other is the host, the person expressing the dysfunction/illness. Somewhat like a computer whiz, the practitioner has the assignment of clearing the virus (nervous system overload) from the software (the mind/body/spirit of the host).

When the client is seen as revealing a continuum of experience, then short- and long-term care become one and the same. If you are a massage therapist in a hotel or spa, a

physical therapist for a sports team during their season, or a physician on call, you can treat at profound levels if you make your assessments to maximize human potential.

Therapists in private practice have multiple opportunities to guide recipients toward optimum health and self-expression. The osteopathic model of treating mechanical/somatic dysfunction, while simultaneously treating the disease process and educating for empowerment, can be applied consistently. Each session becomes a voyage into the transformational matrix of human life.

The events and experiences in any individual's life are stored in connective tissue and throughout the mind/body. The skilled practitioner treats the impacts of allostatic load with touch that varies from subtle to compressive, and language that stimulates consciousness. This is the integrative paradigm that Stiles and I practice with complete faith. This article, and the one that preceded it (“The Dance of Love: The Unraveling Process in Bodywork,” October/November 2007, page 54), provides the tools and perspective for any practitioner to embody the new paradigm. If only one session is possible, it will be unforgettable and will plant seeds that will inevitably bloom.

People come to healthcare practitioners because they need relief from the discomforts of life. Their need varies from extreme to transient, from acute to chronic, but the need is always compelling, and sometimes desperate. The success of our ability to help and simultaneously stimulate maximum potential derives, in large part, from the quality of relationship we provide, as well as our skill level, no matter how many times we see our clients.

Relationship, like energy, takes place in the boundary waters between mind and body, between conscious and unconscious knowing. Practitioners who aim to optimize human potential know this. They recognize the vibratory world, invisible to the naked eye, which is formed from memory and activated in healing relationships.

The Role of Memory

“Memory is the elemental elasticity of biological tissue that allows the effects of experience to be preserved over time.”

—Richard Semon, PhD

Memory is everywhere. A variety of rather tortuous experiments that involved taking the brains out of salamanders, monkeys, and rats all demonstrated that memory persists even without a brain, despite numerous efforts to localize it there.

Memory is in connective tissue, in cells, and energy fields. When client meets therapist, memories are aroused, albeit at an implicit level. When the interactions between clients and therapists have coherence and the relationship is rewarding and supportive, hopeful memories float to the surface, like the memory of health. Thus, the healing process can be ignited even in a phone call to schedule an appointment.

But memory has other significant functions. *Mnemosyne*, the Greek goddess of memory, is related to oracular wisdom. Her task is not only to impart the remembrance of feelings, places, and objects; she awakens the memory of life lessons or essential learning. Getting the virus out of the software means enabling systemic reorganization to awaken the memory of who we really are. Biomechanical challenges give us the opportunity to do this.

Complete healing is integrative. It resolves the wounds of the past in the present and restores the immediate, or at least imminent, capacity to move, act, and express. Getting the virus out of the software for the long term extricates consolidated and inhibiting patterns that usually reach far back into personal history. This uprooting process is thoroughly successful when it follows the unraveling or unwinding referred to in part one of this series.

All somatic treatment arouses memory. This is one way it maximizes human potential. As Stiles observes, “Patients who have experienced severe emotional trauma years earlier will once again re-experience those emotions as the layers of musculo-skeletal trauma are peeled off and sequentially exposed. Thus, we have uncovered the root cause of the allostatic load and it can now be composted.”

Remembering at the level of essence is a gift that comes from treatment that emphasizes the host and not the disease. The ancient Greeks believed that those who choose to remember, learn the purpose of their existence and thus recall the energies of the universe, the cycles of life, and the way to live in the world. They are liberated from the past.

The alternative is articulated by neuropsychologist Daniel Schacter of Harvard who says that “those who try to forget or avoid remembering their traumas increase the long-term likelihood of persistently

remembering them.” This, by the way, is true not only for individuals. It also applies to families and all communities (businesses, for instance), cultures, and even civilizations.

Compassion and Root Causes

“Our perceptions change the size and shape of our brains, they change the architecture of our immune systems, and they change the circuitry of our nervous systems.”

—Gerald Callahan, PhD

When unexpressed feelings become somatic symptoms, the cause may be rooted in another time-frame, such as an earlier pre-verbal period when sensation was everything. This is not a new idea. It goes back at least to Sigmund Freud, and most likely before. One of Freud’s first patients, in 1893, was a woman who became paralyzed after attending her dying sister in →



childbirth. It is fascinating to speculate how Stiles, or one of his students, would treat this woman today using the sequencing and unwinding strategies presented in the first installment of the “Dance of Love.”

We have, with the help of developments in neuroscience, gone beyond the judgments of psychosomatic hysteria common to Freud’s era. Now it is up to us, the *bodhisattvas* of the body, to find out

why primitive survival options (like paralysis) were originally chosen and then repeated, leading to patterns of dysfunction.

The next step is to differentiate the past from the present, and invite new expression, integration, and interaction. (A four-part paradigm for all caregivers committed to the integrative paradigm that includes language and provides choreography for the differentiation process can be found on page 102.)

The power of compassion helps to offset the sequelae of somatic dysfunction. Removing the somatic dysfunction may enable the virus to be washed out of the software when it is flooded with neurotrophic substances like dopamine and oxytocin that ignite from positive energy fields.

The coherence between practitioner and recipient substantially heightens the possibility of change. This means that the knowledge and skill of the practitioner may be more important than the modality. This is true in all treatment environments.

“Chloe’s” experience, which follows, is an excellent example of this dynamic. It also illustrates why and when we can choose energy medicine and language. We’ll explore this more a bit later under the heading of assessment equations.

A Call to Arms

Chloe was a highly-skilled manual therapist. Her attunement to the body was remarkable, and it fueled her busy practice. She could recite, rather like a litany, the names of all the bones, muscles, ligaments, and tendons of the human form and their interactions.



She read the body with the attention an evangelist gives to scripture, and this was likely the cause of her professional success.

Her own persistent shoulder pain, however, was hardly touched by this knowledge. Her peers in manual therapy had provided her with excellent support that had peeled off layers of somato-emotional obfuscation. At a certain point, however, Chloe stopped improving. The delicate task of

touching the original wounding clearly required something else.

Chloe faced each day with affirmations, surrender, and slight mechanical adjustments. She assumed she was stuck with this discomfort and that it was some byproduct of her profession. Besides, she was trained, as we will see, not to complain or reach out too much for help. Bearing up (while simultaneously collapsing) and going on, while feeling enormous disappointment, was quite familiar.

She heard about energy medicine from her colleagues who were incorporating it into their repertoire, so she came to see me. Her need gave her a willingness to reach for something unknown. This, in itself, expressed a shift in her patterns of withdrawal and stoicism when things got tough. Her responses to the manual treatments she had received from her peers were responsible for this opening.

By assessing her energy using pulse reading, I was able to determine that Chloe was holding onto emotions with a fierce tenacity and that she had been doing this for some time. As I gently touched energy centers on her body, Chloe and I noticed that her shoulder began to tremble uncontrollably. This concerned her, but what concerned her even more was that she had impulses to say and do things that in the present did not make sense.

Chloe’s eyelids fluttered rapidly as she struggled internally, but she got some relief when she shared her experiences with me. I reminded her that she could take her time exploring what was going on inside of her, that there was no pressure and no →

present danger. It was a dramatic moment. Chloe listened intently to me and as she took the message in, her breathing slowed and deepened, and her eyelids stopped fluttering. She felt safe.

Two vignettes presented themselves before the session ended. They had surfaced before, but now they would coalesce and communicate with one another. One involved Chloe's brother, who had regularly grabbed her shoulder violently when they were both young. He would hold her down to frighten her, and sometimes he would also put pressure on her chest and throat. The other was a sexual assault she had endured as a young woman, during which she was pinned down with particular force on the complaining shoulder.

Chloe had never consciously joined these experiences, but they were girded together in her mind and her body. And just before we were done, a third trauma would be unsheathed, completing the unwinding. Chloe had capitulated to a hysterectomy in her early forties, and grieved for a long time afterward. What linked these three breaches of trust was the submission and internalization that was her response to threat, established long before any of these events ever occurred.

As I supported Chloe in expressing the movements and words that had been imprisoned in her body, her shoulder stopped trembling. It took several such sessions to bring Chloe, and her shoulder, into the present. This is the unfreezing process, heralded in particular by shaking. Shaking is the sign that the ice of emotional and energetic holding is cracking, loosened by the heat of the spirit's readiness for freedom.

Chloe's familial and cultural traditions, particularly true for women, were stoic. She had never reported her brother's abuse or the sexual assault. She had not sought counsel before agreeing to the hysterectomy. She had long ago concluded that there was no point in talking about things like this. Chloe had trained herself to carry the weight of her feelings on her own shoulders. She had organized herself not to speak or reach out for help, no matter how passionately she craved support.

In the four sessions it took to resolve Chloe's shoulder pain, these old, densely consolidated decisions were replaced with a fresh orientation. The old choices had worked in the past, but were extremely deleterious in the present. Our task was to convey this transition to all of Chloe's systems, not just her nervous system. And we succeeded. The shoulder pain never returned. The virus was completely out of the software.

For people who have used hardening and resistance consistently for past purposes of survival, it is worth noting that the softer, more spacious, and non-invasive modalities may, in the end, be the most liberating. The subject of when to use energy or invite language is what we will now explore.

Assessment Equations: An Introduction

According to Stiles, assessment means, in part, evaluating the dynamics between host, disease, and the resulting expression of illness. The tricky part is that the determination of whether host or disease is more dominant is not easily made on the basis of appearances. The practitioner needs some experience with the client, or a profound intuitive link. In addition, the dominance of host or disease will change over time. This said, let's explore the use of the host-disease formula. Chloe's case, at the time I stepped in with energy medicine, could be portrayed this way: $HOST + Disease = Illness$. Those who express this equation respond to host-oriented therapies (such as manual therapy, energy medicine, and lifestyle change). They will probably not respond well to disease-oriented medical care. The possibility is that the client is emotionally unable to access the core



of the many insults that have accumulated and attached to one another in the part of the body that is the most vulnerable. At this juncture, energy medicine combined with empathic and attuned language is likely to break the spell.

Another possible equation is: $host + DISEASE = illness$. In this situation, the disease process produces the major components of the manifesting illness. Somatic rib cage dysfunction or chronic respiratory distress explicates this formula. Somatic dysfunction of the thoracic area may inhibit ventilation, alter sympathetic nervous system vasomotor tone, stimulate or inhibit efferent innervations to the related organs, and impact venous and lymphatic circulation. These hindrances →

Glossary

Adrenaline (epinephrine). The first of the major stress hormones poured out by the adrenal glands when threat occurs. Adrenaline steps up heart rate and sends extra blood to the muscles and organs to create the classic fight-or-flight response.

Area of Greatest Resistance (AGR). A term created by Ed Stiles as part of his sequencing process, AGR refers to the area of greatest resistance or the most dysfunctional area within the total musculoskeletal system that surfaces in the order the body requests as revealed in a palpatory screening examination.

Allostasis. Stability through change. The ability of the nervous system to be resilient and to recover from stress.

Allostatic Load.

Unremitting stress. The impacts of chronic stress include lowered resistance to illness, increased blood pressure, and an imbalance in stress hormones, like adrenaline and cortisol. Elevated adrenaline levels predispose the client/host to high blood pressure and cardiovascular disease. Elevated cortisol levels predispose the client/host to depression and immune suppression.

Body Language Significance (BLS).

Holistic translations of somatic language.

Cortisol.

The stress hormone that works as a brake on the immune system and solidifies the relationship between stress and memory.

Cranial Therapy. Hands-on therapy aimed at balancing the flow of craniosacral fluid and treating mechanical dysfunctions that compromise the dynamic, highly plastic, and mobile responses of the cranial structures, including bones, sutures, and dural membranes. Cranial treatment is a component of manual therapy, osteopathy, energy medicine, and a variety of approaches under the general rubric of craniosacral therapy.

Energy Medicine. Subtle methods of treating the body's bioelectrical system.

Host/Client. The unified mind-body-spirit of the recipient of treatment.

Manual Therapy. Therapeutic techniques for removing mechanical restrictions from the musculoskeletal system which will improve range of motion, joint function, strength, flexibility, and movement, and result in the overall integrity of the biomechanical system.

Neuroendocrinology. The study of the interactions between the nervous and endocrine systems.

Osteopathy. The name osteopathy comes from the Greek *osteon* (bone) and *pathos* (suffering). Dr. A.T. Still, the father of osteopathy, chose this name to illustrate the role of the musculoskeletal system in health. In osteopathy, a possible predisposition to disease is traced to the relationships within and between biomechanical structures. The physical integration of the whole body is the goal of osteopathic medicine.

Physical Therapy. Therapy aimed at alleviating functional limitation through therapeutic interventions.

Pulse Listening. As assessment process that "hears" pulse qualities in the fingertips when they are placed at specified locations on the body.

Sequencing. The ordering of treatment to ensure that it is uniquely designed to enable the client/host to realize their highest potential.

Shock. The highest magnitude of trauma that results in allostatic load, or the complete "dysregulation" of the nervous system and its hormonal secretions.

Somatic Therapy. Any therapy that attunes to, reads, and uses the body's sensation and responses to guide the healing process.

Stressors. Biomechanical, emotional, energetic, or spiritual restrictions.

Tensegrity. A tensegrity structure is composed of non-touching compression struts suspended within a complex, but dynamic tension system. The system resists change of shape and defies gravity.

Trauma. An experience that shakes the foundation of beliefs about safety, and shatters assumptions about trust.

Unraveling/Unwinding. Bodywork, or any therapy, that addresses individual layers of experience in the order that they are presented by the body.

Unraveling requires a way to identify these layers, such as sequencing or pulse listening, observing, witnessing, or listening.





will weaken the entire system significantly and make the client susceptible to a variety of diseases.

The observation of the client's vital signs, receptivity, social engagement, physiological capacity to function, range of motion, muscle strength, and enthusiasm for life are the criteria for this formula. Sequenced manual therapy is indispensable here. Medications or surgery may be necessary. Language is supportive, but not probing. The healing process is titrated according to the client's improved stamina.

The final schema is: $\text{host} + \text{disease} = \text{ILLNESS}$. Here the host and disease components are equal. Optimum results will occur when there is an integrated balance of structural relief while unraveling the client's allostatic load. "Bob's" situation is illustrative. Bob had severe low-back pain and a magnetic resonance imaging (MRI) showed lumbar disc degeneration. The combination of manual physical therapy and neuromuscular massage, backed up by energy medicine and craniosacral therapy, averted the need for surgery and created an unprecedented total recovery within two months.

The forewarning of this formula is the client's relationship to his condition. While Bob was concerned, even frightened, about the implications of his diagnosis, he relished the attention to healing that he received and the opportunity to change his work patterns. His body was screaming for a lifestyle change, but his structural vulnerabilities were so significant that somatic dysfunction and psychological/spiritual demands were tied for first place.

Most importantly, Bob experienced enormous relief from manual physical therapy and neuromuscular massage. The softer modalities were supportive, relaxing, and complementary but did not, in and of themselves, provide sufficient somatic change to move Bob forward in the healing process.

Skill, in all regards, was required here, as both the structural and the emotional/psychological issues were

The Four-Step Differentiation Process

This simple four-step process can be used by therapists and care providers in all fields. It is especially helpful in resolving accident trauma.

- **Step One.** Describe presenting problem. This could be whiplash, difficulty in breathing, wrist pain, or an emotional feeling, such as fear of driving, sense of loss, dispiritedness, etc.
- **Step Two.** Describe what happened in the accident or circumstance surrounding the injury. Give very specific details about time of day, season, place, surrounding colors, temperature, objects, and people involved. These details play an important role in the differentiation process as they help to ground the experience in time and place.
- **Step Three.** Does anything remain incomplete from this experience? Was there a sound, a movement, a gesture, or an expression, anything that was missing from the experience? This could be a movement to protect oneself, call for help, tears, cries, shouts, or a feeling gesture. Allow completion, either through actual expression in the present or visualization.
- **Step Four.** Articulate what is different in the present from this experience in the past. For instance, if the accident occurred when the individual was much younger, name the age difference and the additional resources that come with greater maturity. If the accident occurred at a time when expression was difficult, describe the enhanced possibilities for expression now. If the injury occurred at a time when defense was impossible, articulate the capacity for self-protection that exists now. Explore as many of these contrasts as possible, clearly differentiating then from now. Note changes in presenting complaints and overall sensation as the differentiation process ensues and completes.

These four steps can be repeated as often as necessary.

insistent. Language was sparse, but well-timed and designed to mirror the transition Bob's body so agonizingly articulated for him. A gentle inquiry into his sedentary workaholic patterns and their possible origins paved the way for deeper research later when he could literally stand on his own two feet.

The unrelenting obsessiveness with which Bob pursued his goals was the outmoded primitive survival mechanism he would eventually identify, once the host aspect of his formula could take center stage. The confrontation with vulnerability and mortality created by his dysfunction got his attention. Bob felt spiritually blessed to be guided by far-seeing practitioners with solid integrative skills who could unravel allostatic load in his tissue and his consciousness. He realized he had been saved from a potentially serious condition and that he was not alone; someone was →

looking out for him. To use Stiles' language, he "composed his allostatic garbage."

These illustrations provide a simple introduction to the host-disease formula of assessment and decision-making in the treatment process. Each component of the equation can be explored extensively. Check out the resources at the end of this article to see how you can learn more about this aspect of the integrative paradigm in healthcare.

The New Paradigm is at Hand

"When vibrations pass through tissues, they are altered by the signatures of the stored information. In this way, our consciousness and our choices are influenced by memories stored in soft tissues. An important property of the living matrix is the ability to regenerate or restore itself. Massage therapy and bodywork facilitates this process."

—James Oschman, PhD

Stiles describes the disease process as "localized chaos embedded within a dynamic and complex host." Given this, the password for getting the virus out of the software is "respect." Respect is necessary between practitioner and recipient; and the intervention used must be the one that most effectively

addresses the nature of the restrictive barrier. This is how the chosen intervention is respectful.

Bob and Chloe were treated with respect. They emerged from their healing crises with greater health and inspiration to live their lives anew, unburdened by the past. Chloe would declare her boundaries and respect her own gifts. Bob would put his intelligence and competence toward his own future, creating a new balanced lifestyle for himself. Profound recovery was wedded to self-realization. This is the power of the new paradigm.

What precisely is the new paradigm? It is host-centered. Even when the emphasis must be on the disease, the intention is to return to the host. It is completely respectful in relationship, use of language, and choice of interventions. It sequences healing, resolving one layer at a time, as the host's body guides. It is integrative—it integrates the past with the present; it integrates the themes in each individual's life; it integrates methodologies and interventions, employing those that are needed when they are requested by the body's expression. It is holistic, meaning that the mind-body-spirit is treated as a whole. And its intention is to maximize human potential.

The patience and time it takes to unravel the complex layers of the human healing process has been a theoretical concern to those who see healthcare primarily from the business perspective. But the new paradigm makes good business sense. Superlative health results more than make up for the time invested. Those who experience profound holistic recovery are ecstatic with good reports and this is the best marketing there is.

Those healthcare providers I know who adhere to the new paradigm never lack for clients. In fact, they usually struggle with the challenges of being overbooked and finding sufficient staff and hours in the day to serve those knocking on their office door. **M&B**

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For more information on Stiles and Stylized Osteopathic Seminars, visit www.omtsos.com.

Resources

- Mines, Stephanie. Collision and Consciousness: The Frontiers of Healing. *Massage and Bodywork*, (June/July 2003): 37–48.
- Mines, Stephanie. 2003. *We Are All in Shock: How Overwhelming Experience Shatters You and What You Can Do About It*. New Jersey: New Pages.
- Oschman, J.L. 2000. *Energy Medicine: The Scientific Basis*. Edinburgh: Churchill-Livingstone-Harcourt.
- Oschman, J. L. Trauma Energetics. *Journal of Bodywork and Movement Therapies* 10 (2006): 21–34.
- Schacter, Daniel. 2002. *Seven Sins of Memory: How the Mind Forgets and Remembers*. Boston: Houghton-Mifflin.
- Thompson, Richard F and Madigan, Stephen. 2005. *Memory: The Key to Consciousness*. Washington, DC: Joseph Henry Press.

Six Steps to Maximizing Human Potential and Compassion

1. Establish coherence through your energetic relationship.
2. Educate and make referrals for continued unwinding.
3. In treatment, unravel restrictions until the tissue no longer changes. This means the client has reached maximum potential for the moment and cannot integrate anything additional. Acknowledge this so that the client is engaged.
4. Maintain seamless coherence, or attunement, throughout the session. Do not be afraid to ask questions or dialogue appropriately.
5. Make suggestions for self-care, empowering the recipient to not be passive in their healthcare, but to participate fully, with confidence.
6. Be clinically optimistic about the benefits of exploring the mind-body connection as a pathway to symptomatic relief and maximizing potential. The source of this optimism is that you are treating a system that wants to get better.