

# Enlightened Movement

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## *Integrating Body and Mind Through Movement, Touch and Inner Awareness*

### **INTRODUCTION**

A very special form of bodywork is gaining widespread acceptance among therapists who treat the body through touch. Known as Myofascial Unwinding, or Somato-Emotional Release,<sup>1</sup> the technique is a component of Myofascial Release treatment, especially as developed by John Barnes, PT, and of Craniosacral Therapy, originated by John Upledger, DO. These treatment techniques provide a new and fundamental way of accessing the consciousness of the body, and the mind.

This article will offer a brief historical perspective of Mind-Body consciousness, and describe a theoretical basis for somato-emotional dysfunction and one very effective way to access that dysfunction in treatment. Several case studies are included, which I hope will demonstrate the transformation of mind and body that may occur when a person becomes an engaged participant in the therapy I call, Enlightened Movement.<sup>2</sup>

### **COMING TO AWARENESS**

The musculoskeletal and neurochemical influences of soft tissue restrictions on the mind and body have been studied for many years, perhaps millennia. However, western science has only recently begun to formulate theories which are compatible with an expanded view of the mind-body.

Diverging from Freud in 1913, in disagreement over the importance of sexual instincts in the unconscious, Carl Jung, the famous Swiss psychiatrist, postulated that some types of memories were shared by the entire species, in a type of unconscious awareness, known as the collective unconscious.<sup>3</sup> These memories or archetypes of behavior<sup>4</sup> were unconscious, yet somehow available on a limited basis to ensure (among other things) survival and self-preservation. His emphasis in psychotherapy was to reacquaint people with the archetypes of the collective unconscious, and bring about conscious behavior changes through identification and understanding of these archetypal influences on the individual.

Others have explained that instincts or behaviors were at least partially genetic, and thus pre-programmed by nature into lower brain functions.<sup>5</sup> This explanation would leave one assuming that intellect and self-awareness were wholly determined by genetic

evolution, leaving no room for the spirit - not to mention the soul - to lift one from the mundane.

More recently, researchers such as Chopra, Upledger, Barnes and others<sup>6</sup> have postulated that emotions and memories may in fact be stored (or at least triggered) not only in the mind, as has been taught by traditional neuroscience and anatomy, but also in some other more subtle way as well.<sup>7</sup>

The exact mechanism for this extradural retention is not fully clear; however, some theorists see possible explanations for alternative memory in cellular or holographic form<sup>8</sup>, which can be accessed by both direct and more subtle means such as touch, sensation, smell or movement.

The links between what the body and mind perceive and experience as reality are forged by the perceptions gathered by the senses. What one processes and accepts as reality, then, for that individual, truly is his/her reality. It is here that conjecture meets science in the search for clues to unraveling the mystery of memory and the mind-body.

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<sup>1</sup>In Quantum Healing, Deepak Chopra describes holographic memory theory as being similar to the genetic material encapsulated in our every cell, that theoretically is capable of "re-coding" the original from the smallest divisible parts. Recent study of collagen in connective tissue and myofascia indicates that collagen may act as a superconductor within the body, much like the conceptual computers of tomorrow. Quantum mechanics is at play in these theories, and takes its lead in part from Neils Bohr's explanation of the physical properties of light, i.e. light is both a wave and a particle, depending on the viewpoint - yet still one and the same simultaneously. At its strangest level - according to quantum theory - light apparently has an innate intelligence on a particle by particle basis, outside our present level of understanding. There are also fascinating corollaries to cellular or holographic memory in another branch of quantum physics called Chaos Theory. For further reading see note <sup>10</sup>.

# Enlightened Movement (continued)



**Assessing the CSR at the shoulders.**

## **THE BODY SPEAKS ITS MIND**

Most touch-related healing techniques recognize that the body stores stress and soft tissue pain in certain patterns known as trigger points, muscle spasms, tension, headaches, etc. All but the most callous observer could readily identify his/her own peculiar method of storing the body's accumulation of pressure. In the normal subject, this stress

and tension would naturally dissipate with rest, relaxation and exercise. However, when these same factors are unable to properly eliminate bodily tension, the development of chronic pain patterns emerge and the system breaks down. Holding these patterns of tension for long periods causes the myofascial element of the soft tissue to adaptively shorten, putting tremendous pressure on the nerves, muscles and vascular structures of the body, lessening the tolerance to life stress, and hastening the onset of physical pain. Habitual accommodation to these forces can lead to postural changes, structural misalignment and are contributing factors in some disease states such as degenerative joint conditions and other systemic complaints.

When combined insults such as trauma, accidents, injuries or violence enter the picture, the system has to deal with combined threats: somatic, or bodily injury, and psychic, or emotional injury. Dr. Upledger was among the first to formulate a conceptual model of mind-body injuries, which he termed energy cysts, which are then linked and often lie submerged in the soma. They are potential physical and emotional booby traps, which can influence behavior and/or initiate pain under stress.

## **GAINING INSIGHT THROUGH MOVEMENT**

Rather than looking at symptoms as entities in and of themselves, which must be manipulated, medicated or "fixed",<sup>3</sup> therapists trained in Myofascial Release and Craniosacral Therapy look for the cause of dysfunction, then seek to reestablish a homeostatic balance<sup>9</sup> within the body after injury. The techniques used in these treatment approaches are based in part on research into the structural influences of soft tissue injury and restriction on the body, as well as the anatomical, neurochemical and bioelectrical dynamics of the cranium, brain, spinal cord and cerebral spinal fluid.<sup>10</sup>

To treat these physical and emotional insults, the skilled therapist facilitates a somato-emotional release by sensing the craniosacral rhythm (CSR\*\*) and feeling for deviations in the symmetry, fluidity or quality of the motion which can be produced by osseous restrictions or soft tissue distress. Following this intrinsic rhythm, the therapist awaits a quieting or "Still Point" in the CSR. This "Still Point" is apparently where the mind-body integrates and releases the stored physical and emotional energy of non-dissipated trauma and injury. When this happens, memories held in the subconscious may be brought to conscious awareness for processing and integration. The following case is a good illustration.

The patient was a wily, world-hardened Vietnam veteran, a Marine Corps helicopter and tank gunner who had survived combat for two hours of duty in a position where the life expectancy was estimated at less than thirty seconds under fire. He had come to therapy for treatment of severe head and facial symptoms after a devastating industrial injury. In a freak accident, his head and neck had been compressed between a high pressure hydraulic ram and the steel end plate of a large machine press.

Raised by his grandmother, a full blooded Sioux Indian, he had been taught Native American mind control techniques for dealing with pain. Used to fighting in self defense and surrounded by violence from boyhood, pain was nearly meaningless to him until the time of his accident.



**Assessing the CSR at the ankles.**

\*\* "The craniosacral system is a semi-closed hydraulic system which is composed of in part by the bony structures of the cranial vault, the fluid containing ventricles in the brain, the dural tube and the sacrum including its ilial articulations. In a naively simple description of the theory which governs craniosacral motions, the craniosacral system generates a rhythm or "fluid pulse" six to twelve times per minute due to the cyclical production of cerebrospinal fluid. This fluid can be detected quite readily by touch anywhere on the body, but most easily at the sacrum or the base of the occiput. By following the body's own internal rhythm with careful skilled palpation, the therapist can detect restrictions in the otherwise smooth motion . . ."

# Enlightened Movement (continued)

Accustomed to being in control, he now found himself feeling totally helpless and angry. Aggressive by nature, he felt lost when he could no longer rely on his body to move confidently through his world or to cope with the agony caused by his injuries.

After working with him for several sessions to get his facial and head pain reduced, I began to explore a massive trigger point in his right shoulder. Taking his hand and applying gentle traction to the arm, I began to follow his CSR in a slowly flowing movement away from his trunk and into external rotation. As his arm moved away, tears began to slowly leak from his eyes and down his face in a silent stream. I asked him if it was from the pain or from inside. He nodded to the latter, and I gently told him it was okay to have tears and not to worry about them. The tears were followed by silence for a few moments, and then I asked him what was happening inside.

He told me he was remembering his childhood, and that it had been a really tough way to live. In a dream-like montage



**Assessing the CSR at the occiput.**



**Hand position for assessing the CSR at the occiput.**

of images - some known, some forgotten - he recalled being hauled out of bed by his drunken father late at night and forced to fight grown men, bare fisted, in a bar not far from his home; shooting a fifty caliber machine gun from the door of a helicopter into hooches and bunkers as Viet Cong twisted in agony in his sights; receiving minor wounds in battle; having his ankle almost torn off by the turret of a tank on which he was riding. He remembered hurting so badly from being beaten by his father that he would leave his body, float up into the corner of the bedroom and look down as his father bear a body that no longer felt the blows, laughing that his father could not get him to cry, and thinking himself crazy for being able to escape the pain in this way. Yet now - the pain was so great that even his tremendous will could not conquer.

As the treatment came to an end we stood, hands clasped and tears in our eyes, mine with awe at the shift I was witnessing and he, I think, from the relief at letting go.

He told me many months later that the day had been a real turning point in his life. He said, "In a way, I'm glad this all happened. Used to use my strength and intimidation to do anything I wanted. I was strong. I was smart, and I knew how to get people to do what I wanted them to do - I never listened to anyone... I think it took this injury to wake me up to what I was missing. Thank you for being there, and believing I could change."

I didn't tell him then but I was just glad things were getting better, because he was big and strong enough to break me in two! I'll never forget his face, or the fear he was facing with so much courage.

## **AWARENESS THROUGH TOUCH**

Somato-emotional release as a process can also occur as a result of simple contact.<sup>12</sup> A patient's change in mind-body awareness is a subtle phenomenon, often requiring only an open, gentle intent on the part of the therapist. Sometimes the insight and spontaneity of the interchange is astounding.

One such patient, a delightful seventy-two year old woman, came to my office for treatment of arthritis of the hands. Frustrated and angry with the medical community, she was still hopeful that I would have some magic formula to "cure her." As fate would have it, she came without our usual scheduling procedure and was squeezed in between two other patients who also required a considerable amount of time.

Smiling, (while trying to figure out how to fit her in without blowing the schedule), I began to take her history. My heart sank. She had seen everyone else, including a rheumatologist, an orthopedic surgeon and several other physical therapists. She had received several second opinions and tried everything I was planning to do. There was no way to stall for time and there was no way she was going to leave without what she thought she came for.

A very energetic woman, she was upset because she could no longer hold onto her golf clubs and, to add insult to injury, was losing her tennis grip as well. Looking at her other joints, I noticed that almost all of her symptoms were in her hands, and that otherwise she seemed to be in excellent health. (I do not consider myself an expert on arthritis. This was a quick assessment only.)

Panicking over my time constraints and not having anything new to try, I took both of her hands in mine and simply held them quietly. For some reason, there in our noisy gym, with athletes

# Enlightened Movement (continued)

training all around us, time seemed to become suspended. The normal world faded into the background and in our bubble of contact, tears began to roll down her face.

At the time I didn't fully understand what was going on, but I knew something important was happening and that I only needed to share the moment. I felt no need to comfort nor reassure - I knew that I only needed to be a catalyst and share her experience. Some essential progress was being made.

At one point she looked up through her streaked glasses and smeared makeup and said, "I'm not in pain, I just feel like crying... I haven't cried in so long..."

I replied, "Don't worry about tears, people cry here all the time... we understand," and kept on gently holding her hands.

It is sometimes difficult for me to pay attention to my intuition but something was telling me to ask her a question. So I relaxed, took a deep breath and asked, "What would you really like to have happen in your life?" The tears began again and her lower lip quivered as she said, "Well, what I really want, I can't have... and I would feel bad anyway."

Slightly bemused, I asked her to quiet down inside and feel what it would be like to have what she really wanted. There in the middle of our busy treatment area, she quietly mumbled, "I'd like to strangle my husband." Suddenly I had the image of this beautiful, poised woman wanting desperately to throttle her spouse in his sleep. Somewhat humorously, I said, "It feels like you really would like to strangle him." And she said, "Well, no. Not really."

Then she looked up at me, and back at her hands. A light went on in her thinking, and she started to cry once again. Gently, still holding her hands, I began to talk to her about seeking counseling for stress, books on anger and healing, and how the scars of a

lifetime can become a choking band around our hearts, cutting off those vital supplies which are essential to a healthy life: Love, Friendships, Tolerance, Self Acceptance, and Peace of Mind.

That spark of understanding initiated a whole progression of changes for my patient. She came to see that she already had the right medical care and medications, and had choices in her life which would allow her to break free from her physical limitations and would give her the energy to work on her inner life as well.

I am not saying that movement therapy cures arthritis - far from it. What I am saying is that holding a mirror up for my patient to see her life as one of possibilities rather than restrictions gave her the courage to let go of her anger, take control of what was hers to control, and to get on with life. When I last saw her, grip strength and the ability to open and close her hands had improved over 70%. She was back playing tennis with an adapted racquet handle (something she wouldn't have considered prior to our sessions), and was starting to take golf lessons from a local pro.



**Assessing the CSR in the dural tube – sacrum to occiput.**

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## EXPLORING THE HIDDEN

In his book, *Myofascial Release: The Search for Excellence*,<sup>1\*</sup> John Barnes describes dealing with submerged often totally blocked memories, including trauma and sexual abuse.

*"...the body remembers everything that has ever happened to it. When a person has experienced unpleasant situations or traumas that overload the ability to cope, the body, in an attempt to protect itself from further harm, creates a dissociation or amnesia of the event. Time does not heal emotional wounds; it simply covers them up with layer on adaptive fascial layer, tightening over time. These buried events in the fascial system are uncovered during the myofascial unwinding process, reversing the amnesia or dissociation that was not available to the person's consciousness. This is called state-dependent learning, memory, and behavior, a concept that can be expanded to include position-dependent learning, memory, and behavior. This theory states*

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*that when a particular state or position is attained, all physiologic responses, memories and beliefs of that event become conscious and can be re-experienced. This places the patient in a state of awareness, allowing for a change of beliefs, emotions and holding or bracing patterns that are responsible for perpetrating myofascial restrictions and their resultant symptoms."*

In another case, a client recalled such hidden memories while being treated for back and neck injuries. She was lying face down on a table while we worked on an area of pain in the upper back. As I moved her scapula to reach a tender point, her arm began to move spontaneously with her index finger outstretched, giving the distinct impression of a little child being led away.



**Awaiting a still point in the CSR.**



**Following intrinsic bodily motion as a still point softens, motion resumes and soft tissue restrictions begin to release.**

I took her finger into my hand and gently pulled her hand and arm upward. The reaction was instantaneous and authentic. She took in a deep shuddering breath, and with her awareness split in time, said in a whisper, "They're taking me... to ...". She paused for what seemed a long time. I waited, then asked, "Where are they taking you?"

"To the... room, (quiet shuddering for many moments)... up the stairs..."

With no apparent prior awareness, she relived a sequence of ritualized, incestuous sexual assaults that had apparently gone on for many years. Following sessions revealed parts of an entire childhood forgotten in desperation to escape the pain.

In such cases, immediate psychiatric help is indicated. Our treatment team includes several psychotherapists who are available to assist and follow up with these

clients. We also do joint sessions in which I or my staff do the bodywork and the psychotherapist assists with the dialogue and deep processing.

She spent many weeks in traditional therapy for her physical injuries, and additional individual and joint sessions with therapist and psychotherapist for dealing with the regained memories. As in the illustration from *Myofascial Release: The Search for Excellence*, the release of her body's fascial restriction provided her with immediate links with other childhood memories which could only make sense if the abuse had truly occurred. On further inquiry, she found that other members of her family had also been abused. Being older, they knew of the events but in a code of silence had never told until confronted with this information from their baby sister.

Interestingly, she had suffered numerous previous "injuries" to the left side of her body, especially the left arm and hand. The hand with which she was led up the stairs had been speaking to her all those years, until she could listen.

Fortunately, more notice is being given to the reality of submerged memories. Recently, a federal court upheld a prosecutor's position that a state's witness was able to provide accurate testimony against her father - relying on long suppressed memories - for a murder committed decades prior to their emergence. The court heard the case and a jury convicted on felony charges based on the return of these memories.

## **LOOKING AT THE UNKNOWN**

Some are uncomfortable with this view of a mind-body connection. The thought that the body may hold memories or emotions of which they are seemingly unaware is indeed disquieting to some - body workers and the public alike. Whether from dread of the unknown, or fear of embarrassment, pain, or emotional vulnerabilities, there is often a reluctance to uncover hidden triggers to behavior, or unconscious body memories.

I believe this is as it should be. Nor all persons trained in Craniosacral Therapy and Myofascial Release are going to feel inclined to enter this area of bodywork. Some, frankly, should not approach this fragile cliff. Like the gods of ancient Greece, some of what I have written is intended to warn a modern Icarus to stay away from the sun.

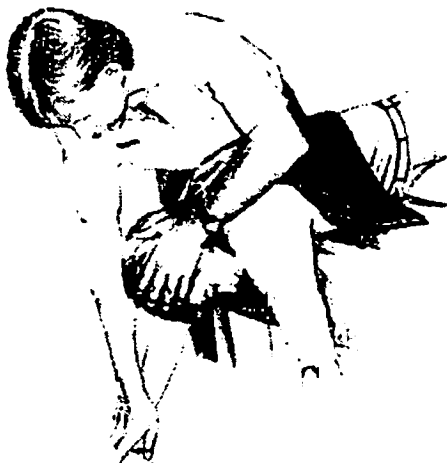
There have been many soundly thought out articles in the literature advocating an increased awareness and honoring of boundaries in the bodywork arena. More still needs to be written and integrated into the healing professions until the dignity, sanctity and boundaries of our clients are totally inviolate.

# Enlightened Movement (continued)

In this most critical area, where healing can come to the damaged vessels of the soul, nothing but total integrity, respect and safety will suffice on the part of the therapist. This is no stage for the display of ego or a refuge for those with a saviour complex. Therapists must use these techniques with understanding and thorough respect, holding the client's best interest as paramount for recovery.



**Second still point.**



**Further physical and emotional release with deep relaxation as common result.**

Taken in its proper place Somato Emotional Release is a highly effective tool in the healing of the injured mind and body, transforming physical and emotional pain into a state of balance. As they listen with hands and heart,<sup>15</sup> the craniosacral system's gentle motion guides both therapist and patient to create a peaceful inner quiet, integrating body and mind through movement, gentle touch and inner awareness.

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#### References

1. Mansueti, C.I., Lavett, D.K. *Craniosacral Therapy and Somato-Emotional Release. The Self-Healing Body*. New Jersey: Slack, Inc. 1989
2. Heinrich, S.W. "Body Watch: The Importance of Dialogue and Myofascial Unwinding in Creating a Safe Place to Heal." *Physical Therapy Forum*, Feb. 5, 1990.
3. McNeely, D.A. *Tou Jang: Body Therapy and Depth Psychology*. Inner City Books, Toronto, Canada, 1987
4. Stevens, A. *Archetypes: A Natural History of the Self*. Quill, William Morrow & Co., New York, 1982.
5. Moore, R., Gillette, D., *King Warrior Magician Lover: Rediscovering the Archetypes of the Mature Masculine*. Harper, San Francisco, 1990.
6. McCulloch, W.M. *Embodiments of Mind: The Postpositional Foundation of Epistemology*. MIT Press, Cambridge, 1965.
7. Chopra, D., *Quantum Healing: Exploring the Frontiers of Mind/Body Medicine*. Bantam Books, New York, June 1990
8. Upledger, J.E. *Craniosacral Therapy II: Beyond The Dura*. Washington, Eastland Press, 1987. Barnes, J.F. *Myofascial Release: The Search for Excellence*. Rehabilitation Services, Inc., Paoli, PA 1990
9. Upledger, J.E., Verdegood, J.D., *Craniosacral Therapy*. Illinois, Eastland Press 1983. Upledger, J.E., *Craniosacral Therapy II: Beyond The Dura*. Washington, Eastland Press, 1987.
10. Upledger, J.E., Verdegood, J.D., *Craniosacral Therapy*. Illinois, Eastland Press 1983. Barnes, J.F. *Myofascial Release: The Search For Excellence*. Rehabilitation Services, Inc., Paoli, PA 1990. Mansueti, C.I., Lavett, D.K. *Craniosacral Therapy and Somato-Emotional Release. The Self-Healing Body*. New Jersey, Slack, Inc. 1989.
11. Moore, R., Gillette, D., *King Warrior Magician Lover: Rediscovering the Archetypes of the Mature Masculine*. Harper, San Francisco, 1990.
12. Chopra, D., *Quantum Healing: Exploring the Frontiers of Mind/Body Medicine*. Bantam Books, New York, June 1990
13. Hawking, S.W. *A Brief History of Time*. Dore Books, 1988. Watson, L., *Dreams of Dragons: Ideas on the Edge of Natural History. "The Currents of Life"*. Scepter Books, London, 1986
14. Upledger, J.E., Verdegood, J.D., *Craniosacral Therapy*. Illinois, Eastland Press 1983, pp. 30-38. Cf. Heinrich, S.W. "Body Watch: The Importance of Dialogue and Myofascial Unwinding in Creating a Safe Place to Heal." *Physical Therapy Forum*, Feb. 5, 1990
15. Lorko, B.L., "The Use of Simple Contact." *Physical Therapy Forum*, Vol VIII, No. 16, 1988.
16. Upledger, J.E., *Craniosacral Therapy II: Beyond The Dura*. Washington, Eastland Press, 1987. Upledger, J.E., Verdegood, J.D., *Craniosacral Therapy*. Illinois, Eastland Press 1983
17. Barnes, J.F. *Myofascial Release: The Search For Excellence*. Rehabilitation Services, Inc., Paoli, PA 1990, pp. 197-192
18. Heinrich, S.W. "Tou Jang - A Catalyst for Healing." *Massage Therapy Journal*, Fall 1991, pp. 50-51