

The progressive continuum linking stress and pathology is theorized to move, initially, from adaptation to compensation and substitution. It then moves toward injury or illness, finally accreting in degeneration, disease and, ultimately, death. And, of course, injury and illness may precede compensation and substitution.

Understanding the paradoxes of this progression allows the practitioner to serve clients with greater clarity. The central paradox is that some clients respond immediately to therapeutic touch while others take a very long time to even begin to turn the corner and, there are also those, who are beyond our capacity to functionally assist without medical care.

Previously, I have described the physical response of the body to “stress” as the cringing of the sacs and the shortening & narrowing of its tubes, both the tubes within the organs and between them such that the internal suspension of the organ systems is pulled toward the middle of the body. This cringing, shortening, and narrowing reduces the surface area for the activities of physiology. Blood and lymph drainage becomes labored and congested. Arterial pumping requires more effort (1).

Physiology struggles in its prime directives to distribute strain and allocate resources equitably. Needless to say, the external structure of the body goes into distress when this occurs. The flexor and extensor reflex systems become confused and over time forget how to cooperate with one another. An insidious dis-coordination emerges to the point where our very sense of balance in gravity is subconsciously in question with every movement we make. Succinctly, this is often the degenerative progression of the human structure in movement as we age.

When a client’s somatic profile is principally the result of “stress related” difficulties they will make some no matter how slow or stuttering, progress along the dimensions of perception, energy, and movement capacity. The most reliable markers for the initiation of healing are when clients shift the focus and sites of their ailments and report a positive change in their perception, energy level, and movement capacity. What I propose underlies such shifts is that the body and psyche are re-prioritizing the allocation of resources and re-organizing the distribution of the internal strain patterns.

The good news is that the body can get used to “damn near anything.” Adaptation as a concept infers that one is able to adjust to changing circumstances internally and externally such that all functional activities of living remain the same. Adaptation infers that one's capacity has not been drained. Compensation and substitution reflect the notion that the body is able to maintain its function, but at a price.

The price is typically reflected by how we perceive ourselves and the world, (usually more negatively), the sense of energy we experience to do what we want (usually less), and by the degree to which our movements become limited or painful. In short, the quality of our lives becomes insidiously and sometimes drastically reduced. It’s a continuum.

Let’s explore this further. When one becomes ill, we slow down, do less and rest more. This allows the body time to catch up with itself such that the surface area within the organ systems and within their tubes re-expand and lengthen again. It also allows our consciousness to reflect

upon our lives; who we've become, and questions related to, do we like our life, and where do we want to go from here. Sometimes new and radical decisions are needed.

When we injure ourselves, we discharge energy and, depending on its severity, we also reflect, slow down, do less, and rest more (2). I would propose that both injury and illness are nature's way of assisting our bodies to re-organize whatever compensation and substitution patterns have become too rigid. They function to throw the marbles up into the air so that a new pattern may emerge.

The oriental healing arts suggest that it is very interesting where people hurt themselves and/or which illnesses emerge and they relate this information within their philosophy and maps of healing(3). In my recent phrenic circuit articles I was endeavoring to describe a set of relationships that has helped me to serve my clients. Among other maps and systems to explore include; The Body's Map of Consciousness®, Chiropractic & Osteopathic spinal correspondences, Applied Kinesiology relationships, Reflexology, Travell's trigger point map, CranioSacral relationships, Visceral Manipulation relationships and many others.

Using a map, however, can be like painting by numbers, where we have a pre-conceived notion of the outcome. Though incredibly useful as a starting point, maps are not the actual territory. Chronic problems defy such simple external representations by the fact that they persist. They keep us on our toes searching for and distilling information from all the maps as we broaden our perceptual skills and deepen our capacity to touch with compassion and grace.

Degeneration and disease reflect the 2 prevailing theories of evolution - subtle changes over a very long time and sharp cataclysmic changes that happen abruptly. Usually the former precedes the latter and we simply didn't notice, don't want to notice or haven't developed the perceptual skills to notice. This is what learning and education are all about for us as well as our clients.

I would further assert that we are actively in the process of turning nature's emphasis on survival toward a more inclusive willingness to become aware. The common sense of "an ounce of prevention is worth a pound of cure" is increasingly becoming cost effective. Our profession is part of this shift in consciousness assisting our clients to develop the ability to notice and to relate to the basics of physiological processes. We are on the "front lines" as educators in the health care delivery system not because we know so much but rather because we genuinely care.

Let us consider death as we explore degeneration and disease. Basically, most humans expire as a result of some kind of cardiopulmonary disease, cancer, or trauma. What's important to learn is how the tributaries flow into the rivers of these processes; to develop ways to describe the relationships, which are the subtle events that so often go unnoticed. Nature's emphasis on survival contributes to the veiling of degenerative and pathological declines. Consider that part of the healing partnership we forge with clients includes becoming part of their early detection team.

When a client senses that something is amiss internally or, you instinctually do yourself, become a Dallas Cowboy cheerleader for them to have a well-baby check. Swing those pom-poms.

Express concern and a desire for them to be thorough. Acknowledging our limitations enhances their trust of us rather than decreasing their confidence in us.

It is the information, education, and compassionate reflection offered to clients that distinguishes the therapeutic touch profession. The simple process of taking the time to be “in presence” with clients, to touch with open hearts, and to listen without preconceived notions is often underestimated in the healing process and is a necessary ingredient to assisting clients to unravel the knot of their chronic problems.

Hold the paradoxes of how problems progress over time. Place your consciousness, intent, and willingness “inside the body.” This is where the action is really happening. Shift from doing to and begin to allow the body to guide you. Build a library with each client from the “inside-out.” Give their body access to your library of all that you have learned. The contribution of reflecting back to the client takes many forms. Dedicate yourself to reflecting their wisdom because it is their life. It is the inherent gift of conscious touch.

Osteopathy stuck a flag in the ground over 120 years ago in their creative distillation that the relationship between disease and healing is largely defined by, “who gets the blood.” This central intention relates to any therapeutic touch style, approach or technique orientation. What’s important is to assist the body’s capacity to circulate its fluids, all of them, everywhere. It is at the core of physical healing. Tissues denied their fair share of blood do not heal.

In conclusion, I would like to publicly honor Dr. John Upledger, DO, and Dr. Richard MacDonald, DO, for the actual personal and professional risks they, and others took, to open the libraries of Osteopathy through their personal teaching and for Dr. Upledger’s continuing commitment to invite innovative teachers from around the world to share the many dimensions of healing with our profession and others. True to another central tenet of healing, their efforts have embodied a clear intention to be inclusive of all who are sincere in their desire to assist the healing process.

#### References:

1. “The Inside-Out Paradigm: Healing From the Core”, Dale G. Alexander Ph.D. L.M.T., *Massage Today*, Parts 1 & 2 in the Sept. & Oct. 2004 issues, Vol. 04, Issue 09 and Vol. 04, Issue 10 and “The Inside-Out Paradigm: Equalizing the Pressure”, Dale G. Alexander Ph.D. L.M.T., *Massage Today*, March 2005, Vol. 05, Issue 03.
2. Discharge Theory, articulated by Dr. Jean-Pierre Barral, Developer of Visceral Manipulation in classes 1987 – 1993.
3. Articulated by Bill Williams Ph.D. & Ellen Gregory Ph.D., developers of Soma Neuromuscular Integration, 1980.