

RELEASING THE PAIN OF CHILDBIRTH

The body is an incredible organism and it will recover from insult and injury with remarkable resilience. However, as any energy therapist or bodyworker will tell you, it retains the memory of pain and trauma at a subtle level even when the grosser symptoms of injury appear to have healed.

We know this, not least because most therapists have experienced the phenomenon that can occur during or after treatment; the memory of an incident, an operation or an accident surfacing, unprompted, un-cued, with the associated physical pain and emotional state being replayed before clearing permanently from the body.

After trauma – physical and/or emotional – the body will protect itself, creating an armouring around the area involved. This could be protection around an injured knee or it could be emotional guarding around the pelvis after, for example, sexual abuse. Even a purely emotional trauma will be held in the body. We have all felt the effect of panic or nerves on the solar plexus, experienced tension in the neck and jaw, and so on; the mind and the body are inextricably linked.

How does this armouring happen? The fascial network, the clingfilm-like connective tissue that envelops every organ, muscle, bone, nerve, blood vessel, etc., forming a continuous sheath through the body, has more qualities than simply being protective (as in bursae) or providing free movement between tissues (muscles over bone, etc.). Cranio-sacral therapists are aware that the fascia reflects the cranio-sacral rhythm (the rhythm of the cerebro-spinal fluid as it expands and contracts). The fascia also retains the memory of injury and thus any kind of damage will ‘feed’ from an injury site into other parts of the body. Just as if you take a piece of material and ruck it up in your hand, a lot of the rest of the material will not remain flat but have its shape affected by your grip, the folds radiating out from where you have gripped towards the edges of the material. Therefore, if one were to sprain an ankle, for example, that injury would have a domino-effect, creating ‘pulls’ throughout the fascial network, disrupting energy flow and possibly creating associated pain at a distance from the original injury.

There are various systems of myo-fascial release where the therapist facilitates the surfacing and clearing of ‘muscle memory’ and ‘fascial memory’. This work has been described as the missing link between massage and chiropractic/osteopathy; through it we effect the release of trauma patterns from the muscles and the fascia, usually enabling emotional and physical pain release at a profound level.

How can childbirth create such painful memories and how does it affect the woman later on? One persistent trauma pattern I see in my clinic is that caused by giving birth in stirrups, sometimes up to twenty or thirty years ago. The client usually presents with low back pain with no identifiable cause, yet she will clearly have extreme lumbar tension and pain with classic patterns of compensation throughout the body. Looking at the case history, one should always ask how her children were born and whether there was any physical difficulty, intervention or associated stress. If my client gave birth in stirrups then that is almost inevitably going to reveal itself at some point, as the realignment processes unfolds. This pattern is usually further

complicated by pelvic misalignment due to the mother carrying the baby/child on her hip; this action repeated constantly over the years creates a form of Repetitive Strain Injury.

The way a trauma pattern ‘reveals itself’ using the release system I work with – Body Realignment – is interesting because this particular method works by the application of pressure to key points combined with allowing the body to move into the position in which it was traumatised. The therapist is trained to follow the body’s subtle, instinctive move into the release positions. Sometimes, if the client is relaxed and non-resistant, the therapist simply has to follow and support the body as it ‘unwinds’. Often, though, the therapist needs to use their skill, knowledge and intuition to help the client overcome her own natural guarding and assist the body to find its optimum position of release.

Whichever way the therapist works with the client, the release positions show exactly how the client has originally injured him/herself. It is easy to tell whether someone has been in the habit of, for example, sitting with their legs tucked under them, or crossed, because the body releases in those positions. The body does not lie and it often shocks people to realise how accurately their physical habits can be demonstrated through this work. It also shocks them as they start to understand how a complete record of their physical and emotional injury/damage has been locked into their bodies and the long-term effect this has had. There is not only the physical pain that stems from the original injury; the energy meridians are usually affected (and this affects organ function), circulation of blood and lymph are often restricted to a greater or lesser extent, there is a pattern of compensation around the injury that increases the misalignment of the body.... the list goes on and includes the long term effect of pain on our mobility and on our emotional state.

An entire history cannot be cleared in one treatment and the number of sessions a client needs will depend on how able they are to relax and let go, and how complicated their trauma patterning is. If someone arrives who is in their teens and who has simply twisted a knee, then one session may be enough to release that twist and the consequent effects from the hips and back. However, if a woman comes in who, for example, gave birth in stirrups decades ago, has carried three consecutive children on the same hip, has carried heavy shopping all her life and has finally fallen and twisted a knee while playing tennis, then this last might be the proverbial straw that breaks the camel’s back.



It may take 6 or 10 treatments to rectify the problem. The corrective process is like peeling an onion; each time the whole body is worked on with the understanding of the whole body connectivity of the fascial network. Each time another 'layer' is released, the pain and stiffness decrease. Finally, perhaps, we get to the stirrups birth with the legs, one at a time, moving naturally into the stirrups position while supported by the therapist. As the key points in the legs, hips and back are released in that position, sometimes the memories surface. If they do not then it is highly likely that they will be 'dreamed out' over the next few days, but surface they most definitely will. Clients often report strange and vivid dreams that seem to resolve issues or throw up long-buried memories.

No matter how skilled, empathic and caring midwives and doctors are, births can take their toll in one way or another. Even epidurals can leave their imprint, not least because some practitioners are more skilled in this technique than others; I have treated several cases of long-term back pain in which the numbness created by the body as a protection around a traumatised epidural site, combined with the damage to the energy flow caused by the procedure have been causal elements. Release of the trauma pattern usually not only helps the general discomfort in the back but increases the client's energy, the spine being a major energy channel in the body.

Caesarean scars are another frequent sight in the clinic; the rather brutal old vertical incisions as well as the bikini line scars. Often there are adhesions evident and a lack of kinaesthetic awareness evidenced by a feeling of numbness, which is obviously affecting the client's movement and the localised tissues, even into the joints, lumbar and abdominal areas and groin. Using positional releases all around the scar frees the general area, while specific gentle movements to the scar, which replicate the separating of the skin edges during operation, help the body to let go of the traumatic memory held by the scar itself. Obviously a scar should be well-healed before scar-releasing is done and it, like all this work, should only be done by a trained practitioner. Once the releases have been performed, the result is a general loosening of the abdominal, pelvic and lumbar areas with, often, an emotional release stemming from that difficult and stressful time all those years ago. Once the area has been revitalised and the client can sense it again, she tends to be more positive about the scar and about her abdominal area rather than emotionally cutting off from it as being a source of discomfort or pain.

It is important for us to connect with our bodies. We spend most of the time in our heads, random thoughts by the thousand interspersed with our conscious thought. Our bodies often take second place. Pregnancy and birth brings us most definitely into our bodies and an awareness of how elements of childbirth and childcare can have long-term effects is vital. Treatment following traumatic birth gives effective and rapid results when given soon after the event; it is when time is allowed to elapse and the armouring develops as the body self-protects in order to get on with life, that the problems become ingrained.

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