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Bioregulatory Psychosomatic Bodywork: Generating Health via the Body's Own Communication System

by Tatyana Bosh, MD

The greatest mistake physicians make is that they attempt to cure the body, without attempting to cure the mind; yet the mind and body are all one and should not be treated separately.

– Plato

Abstract

Being the oldest forms of healing art, massage and bodywork were practiced throughout the human history. Although Eastern and Western manual therapeutic approaches are distinctively different, both are based on the healing capacity of human touch. The Eastern approach includes variety of disciplines; for example, reflexology, shiatsu, Ayurvedic massage, tui na, and lomilomi. Equally, there are many different types of Western "hands-on" techniques, and some of the most commonly practiced include Swedish massage, Esalen massage, aromatherapeutic massage, rhythmical biodynamic massage, and various usually Anglo-American versions of so-called holistic massage. With the birth of the New Age, we are witnessing a renaissance of therapeutic massage and bodywork techniques, where old methods are further refined, while new techniques are continually developing; for example, osteopathy, chiropractic, Rolfing, Bowen technique, Alexander technique, Feldenkrais technique, polarity massage, and craniosacral bodywork. Bioregulatory Psychosomatic Bodywork (BPSB) is one of those manual methodologies that truly deserve their therapeutic status.

All body-centered therapeutic disciplines have the same objective: to manually regulate homeostatic mechanisms. Each technique is distinctively different, and favors only a specific aspect of bioregulation. Osteopathy, for example, primarily focuses on realignment of the muscular system, lymphatic drainage massage bioregulates the lymphatic system, while shiatsu puts an emphasis on bioenergetic points and meridians. On the other hand, BPSB is a relatively new therapy, formulated by Dr. Tatyana Bosh in early 1990s, which aims to facilitate an overall psychosomatic health of an individual.

Psychosomatic Approach

Bioregulatory Psychosomatic Bodywork (BPSB) integrates a variety of massage and bodywork techniques into one unified manual methodology. It is utilized on different therapeutic levels, from stress release and medical prevention to a profound curative level. BPSB brings together elements of physiotherapy, osteopathy, chiropractic, Rolfing, shiatsu, bioenergetics, visceral manipulation, lymphatic drainage massage, biofeedback, craniosacral therapy, and kinesiology, as well as psychosomatic medicine, EFT, psychotherapy, neurolinguistic programming, aromatherapy, color and music therapy. All those therapeutic methodologies are integrated in accordance to parameters of the psychosomatic therapeutic process, to simultaneously treat different structural and functional aspects of the body-mind. Since BPSB therapeutically addresses fluids, soft and hard tissues, and psychological and bioenergetic phenomena, it represents all integrated manual methodologies of bioregulatory medicine.

The Medical Art of Listening and Facilitating

The body is a "communicational device." It communicates verbally and nonverbally. Verbal communication is in domain of conscious spheres, and it may therefore be either true or false. Nonverbal communication is run by the subconscious mind, and it is *not capable of lying*.

Nonverbal body language conveys its messaging in different ways, such as by means of posture, emotional expressions, spontaneous gestures, tics, and automatisms; constitutional expressions such as skin complexion or shape, size, and proportion of various bodily parts; and different symptoms and signs. It is this nonverbal communication, the true language of the body, that BPSB takes into therapeutic consideration. Dr. John Diamond, a well-known psychiatrist,

carried out thousands of tests based on psychomotor reflex, scientifically validating the concept of nonverbal communication. He developed the behavioral kinesiology technique, which practically demonstrates the wholeness of body, mind, and spirit as living integration of energy and matter.

As with any form of therapeutic bodywork, BPSB is an art of listening and facilitating. Listening implies acknowledgement and understanding of subtle bodily phenomena; for example, movements, patterns, rhythms, pulsations, sensations, and tendencies to congestion, spasms, and resistances. Facilitation means assisting the body to release those resistances and blockages present within bioenergetic networks, fluids, tissues, or visceral organs, allowing suppressed emotions and feelings to emerge, new insights to get acknowledged, and positive perception to arise.

Manual Approach to Bioenergy

Behind hyper- or hypofunctioning of any affected part of the body or mind, there is always either bioenergetic excess or deficiency. The therapeutic touch for approaching bioenergetic networks has either a sedating or tonifying quality. The first type of pressure is applied when the vital force is excessively concentrated, with consequent energy stagnation, while the second one strengthens the vital force in the energy-deficient locations. Prolonged disturbance in any part of the bioenergetic system may alter function of a related endocrine gland, which further affects the PNEI system, capable of setting up a disease on both the physical and psychological levels, where timely recognition and treatment of the bioenergetic imbalances offer an important contribution to both preventative and curative medicine.

Manual Approach to the Bodily Fluids

The quality of the therapeutic touch for treatment of the fluid system of the body is "fluid specific." Manual bioenergetic methodologies may engage the flow of the circulating extracellular fluids, including arterial and venous blood, lymph, and cerebrospinal fluid.

Direct stimulation of arterial circulation is achieved by movements that heat up the body, such as friction, hence stimulating arterial vasodilatation in the restricted areas. Apart from increasing heat, there are other mechanisms for manual assistance and facilitation of the vascular system. Stroking for example may additionally liberate peripheral vasoconstriction via activating the parasympathetic system, which generally assists the flow of both arterial blood and the lymphatic circulation. Although those methods may also enhance venous circulation, venous stasis is treated similarly lymphatic stasis. It is particularly important to drain the jugular vein along the front edge of the sternocleidomastoid muscle, due to its significance and accessibility.

Another fluid commonly in need of therapeutic facilitation is the lymph. Since the physiological process of lymphatic drainage is based on a gentle and unique siphoning movement, it too could be manually assisted and facilitated. The lymphatic drainage massage technique helps improve functions of the lymphatic system, being particularly effective in treatment of lymphoedema. The technique follows the direction of lymph flow from the head and extremities toward the cervical, axillary, and inguinal lymph nodes. The therapeutic touch is mainly based on applying effleurage like rhythmical movements in the centripetal direction toward the heart, and along the anatomical projections of lymphatic vessel, as well as pump-like movements over the projections of lymph nodes. It is frequently important to drain the left subclavian vein, since it is where the thoracic duct delivers the lymph into the venous circulation.

The cerebrospinal fluid (CSF) expresses a rhythmic, tidelike fluctuation referred to as longitudinal fluctuation. Within this physiologically rising and sinking movement of the CSF, there are also other physiological currents flowing around the structures of the brain and spinal cord, similar to currents in the ocean within the movement of the tide. Longitudinal fluctuation is a normal fluctuation of healthy CSF. The cerebrospinal fluid tide may be sensed by palpation as a

welling up and receding or drawing away of a force. Conditions such as chronic fatigue or ME are typically associated with very sluggish, congested, and stagnant CSF fluctuation that calls for manual facilitation, while conditions such as inflammation or hyperactivity correlate with increased speed of the fluctuation, a disturbance that could easily be downmodulated by means of the craniosacral bodywork. Bioregulation of the cerebrospinal fluid flow has a profound impact on the entire PNEI system.

Manual Approach to the Connective System

Since connective tissue interconnects bodily parts on both the micro and macro level, it creates the entire physiological system – the connective system. On micro level, the connective system interlinks all cells of the body, as well as all intracellular structures and organelles. Intracellular connective structures are minute threads known as microtubules and microfilaments. On macro level, the connective system interconnects tissues, organs, and organ systems; hence those connective structures take various anatomical forms, such as membranes, fasciae, tendons, or ligaments. The therapeutic intervention on the tissue level involves bioregulation of the connective tissue and fascial system. On the organ level, BPSB approaches organ-specific connective structures: tendons, ligaments, muscular sheath, and visceral protective layers such as pericardium or pleura. Connective structures that correspond to the level of physiological systems, such as dural membranes or peritoneum, are very complex and need very delicate manual therapeutic interventions.

A system of interconnected connective tissue fibers is frequently just referred to as the body fascia. The physiological movements of fascial structures are experienced on gentle palpation as a distinctive "gliding" sensation. Resistances to normal fascial glide, as well as membranous restrictions, are experienced as micromovements with a "recoiling effect." The basic manual principle for fascial release is traction.



Bodywork

Manual Approach to the Musculoskeletal System

Muscles can be classified as smooth or striated, voluntary or involuntary, longitudinal or circular, big or small, skeletal or visceral. Yet regardless of their anatomical or physiological specifications, each muscle has its unique tonus, wherein muscular dysfunction is always manifested either as hyper- or hypotonicity. There are different manual techniques for restoration of muscular tonicity; a few of the most commonly practiced are stroking or effleurage, kneading, friction, tapping, vibration, and stretching. Effleurage is the least invasive, wherein the therapist makes use of long and sweeping strokes to cover more than just one area of the body usually to initiate the treatment, warm up the body, and provide a sense of interconnectedness from one part of the body to the others. Kneading consists of intermittent grasping, squeezing, and releasing movement that attempts to lift the soft tissue away from the underlying and adjacent structures. Friction is mainly used to warm up the treated area, and to apply shear forces to underlying tissues, particularly at the interface between two tissue types; for example, dermis–fascia, fascia–muscle, or muscle–bone. Tapotement, tapping, or percussion are strokes aimed toward energizing the area being treated, yet at the same time loosening and relaxing it. The vibration technique is used to shake up various areas of the body, while traction involves pulling the peripheral bodily parts such as head, arms, legs, fingers, or toes.



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Bony structures have a very definite physiological motion, which is shaped by their relationships with the surrounding tissues. Although certain skeletal maladjustments may still call for osteopathic or chiropractic interventions, a revolution has taken place in manipulative therapy involving a movement away from high-velocity/low-amplitude thrusts, characteristic of most chiropractic and some osteopathic manipulations. The new tendency is toward gentler methods of skeletal realignment; hence BPSB is using methods of craniosacral therapy, which takes far more account of the soft tissue component.

Sensitive therapists can even detect, explore, and manually bioregulate the most intricate relationship between anatomically distant parts, such as the relationship between the tentorium cerebelli and the respiratory diaphragm, or between the temporal bones and sacroiliac joints. It is a sad truth that the palpatory skills taught at medical schools worldwide barely scratch the surface of the therapeutic possibilities of human touch.

Somatoemotional Release

Manual bioregulation of the biological terrain often triggers resurgence of previously trapped psychological pollution. When suppressed experiences start to surface, the bioregulatory psychosomatic approach shifts from purely somatic work to techniques for emotional release and cognitive reintegration. This part of BPSB is referred to as the Somato Emotional Release (SER).

SER is the body-mind response to the psychosomatic therapeutic intervention. It is essentially a shift from body to mind; from structured rigidity back

to psychological experiences; from potential energy trapped in physical spasm to the kinetic energy of heat, motion, or emotion. SER is the core process that restores Health, the process of conversion of matter into energy, the cathartic homeostatic rebalance in action. Regardless of whether this response of the body and mind manifests as a gentle and gradual or a sudden and intense process, SER is always based on undoing, unfolding, releasing, and surrendering.

Tissue Memories

Persistent stress and traumas throughout one's life tend to get "downgraded" and converted into musculoconnective strain and spasms. The consequent body armoring therefore becomes a form of tissue memory that keeps a record of all unprocessed stressful and traumatic events since prenatal time. Those memories are accessible by means of manual therapeutic approach. The more defensive armoring is therapeutically released, the more a person is able to surrender suppressed emotions and experiences.

Mechanisms of Somatoemotional Release

SER usually starts with release of structured resistances of the body. Those may be experienced as sore, ticklish, sensitive, "needy," itchy, or painful places. Release of structural resistances involves a combination of bodywork techniques needed to liberate an individual-specific chronic pattern of tension and restriction; for example, a combination of acupressure, lymphatic drainage, and tendomuscular techniques. BPSB then facilitates a somatopsychic leap, by means of applying a variety of SER techniques. BPSB initiates and maintains this healing process under controlled medical conditions, ensuring that optimal structural release and psychological resolution take place. Although the process is always as specific to each person as one's fingerprints, it is possible to describe this somatopsychic process in general terms.

SER is usually experienced as a combination of energetic, mechanical, and emotional phenomena. Energetic mechanisms mainly manifest as local

experiences of heat, cold, or pulsations. Sometimes, the experience may even manifest as a short-term fever, in which case antipyretic drugs are usually contraindicated, as they would halt this essentially healing process.

Mechanical mechanisms are typically expressed as automatic and effortless movements of various parts of the body. They represent conversion of potential energy stored in musculoconnective tissue, into kinetic energy. These movements too are short lived, and they are followed by a noticeable sense of liberation. They may manifest as shivering, tics, restless legs, and similar tonic and clonic muscular responses. Sighing, coughing, yawning, burping, hiccupping, cramping, or rumbling of the bowels are the most typical forms of somatic release. Once those spontaneous movements start appearing, it is important to encourage them, as they represent a mechanical release of stored bodily tension.

Emotional release manifests as reexperience of emotions previously suppressed and embodied. The person may suddenly develop an impulse to cry, laugh, scream, or shout, or become overwhelmed by fears. Those emotions, particularly laughing or sobbing, also help release diaphragmatic spasm, as do hiccupping, coughing, yawning, burping, or sighing.

Apart from a manual therapeutic approach such as BPSB, other therapies, even those considered exclusively psychological or energetic methodologies, such as hypnosis or acupuncture, may be equally effective in inducing a full somatoemotional release. Both somatic and psychological parts of this therapeutic somatopsychic process may be additionally facilitated by use of homeopathic bioregulatory medicines (e.g., New Vistas Nutraceutical combination remedies or Heel's antihomotoxic remedies), essential oils, crystals, music, and colors.

Psychosomatic Reintegration

The process of SER usually starts on a physical level and ends up as an increased personal integrity. After successful SER, the original traumatic experience remains in the cognitive memory, but it loses its excessive emotional charge, since SER prompts

psychological resolution to take place. The old trauma becomes a new opportunity, as an old conflict gets realized in a more meaningful and more bioeconomically viable way. Hence, the process of SER typically ends up increasing personal awareness and improving one's psychological processing. Heightened personal awareness increases an individual's ability to suspend defensive mechanisms of the ego, which further amplifies inner health resources and shows the way how to grow out of a diseased state of the body-mind.

Conclusion

The human organism is a hierarchically structured multi-dimensional system of living energy and matter. Since it functions as an integrated whole, a disruption or resistance that arises within its physical, psychological, or energetic reality has immediate repercussions on all aspects of the human living system. Each of those biological realities is equally important for therapeutic intervention, and equally capable of facilitating one's overall psychophysical integrity. In other words, restoring optimal health implies understanding of intricate

correlations and biofeedback loops between body, mind, and bioenergy. This calls for an interdisciplinary therapeutic approach that transcends medical politics and divisions into different therapies, methodologies, and modalities. BPSB brings together structural, psychological, and energetic medical interventions to help in releasing and balancing an individual's specific pattern of tension, restriction, and disharmony. By facilitating processing of denied and incorporated experiences, BPSB primes patients toward a higher level of psychosomatic integrity and discovering a new sense of personal freedom.

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