



HOW TO UNDERSTAND TISSUE MEMORY AND ITS IMPLICATIONS

SOMETIMES YOUR CLIENTS WILL EXPERIENCE EMOTIONAL RELEASES WHEN YOU WORK ON THEM. THIS ARTICLE EXPLAINS WHY.

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Have you ever had a massage client start to have an emotional reaction on the table?

Did you wonder why that happened? Did the client think that there must be something wrong with him or her because they “just came in for a relaxing massage”? Did you wonder how to handle the situation? Did you suspect that there might be some important information there for the client, but didn’t quite know how to best access and work with it?

If you answered “yes” to any of these questions, you are not alone. Although it seems to happen with some massage practitioners more than others, witnessing an emotional response from a client who is receiving a massage (or other form of bodywork) is not unusual. This article is designed to help provide you with a context to understand how these emotional reactions can occur. It is not, however, intended to teach you to work with these emotional reactions; this demands further training.

The approach discussed here comes directly from the work of John Upledger, D.O., O.M.M., developer of SomatoEmotional Release®. Upledger developed these theories and principles over a period of time, based on his clinical experiences and the ideas of numerous others.¹ In other words, these principles were not intellectually preconceived. Rather, they resulted from his observations of his patients’ experiences.

Tissue Memory

In a nutshell, the concept of tissue memory says that the body’s cells and

tissues have the ability to retain memories of trauma, including the emotional environment present for the person around the time of the trauma. These memories are explicitly stored in the tissues, not in the central nervous system.

Some examples that clearly demonstrate this concept, although in a dramatic way, are brought to us via the experience of several patients who have received heart transplants.

Perhaps you have heard of the woman who received a heart transplant and soon after noticed she had some new traits, including a craving for Chicken McNuggets®. Later, when she found out who the donor was, she also discovered he had had a strong liking for that same food. Even more interesting to her was finding out that the new personality traits she was experiencing matched those of the donor.²

Paul Pearsall, Ph.D., relays a more dramatic case. He describes an 8-year-old girl who received the heart of a 10-year-old murder victim. The recipient began to have vivid dreams of the murder in explicit detail. The police were finally contacted, and based on the details from the dreams that matched the evidence from the crime, they were able to identify and convict the murderer.³

These are admittedly extreme, though real, cases. Yet, there are many other situations that show up in our practices where there is a great potential for tissue memory to show itself.

Let’s take, for example, several possible cases involving a motor vehicle accident. In the first scenario, a person is driving along and sees that she is going to be involved in a collision, and she suddenly becomes fearful of the imminent impact. It is not unusual for a person to reexperience that fear when being “treated” in the area that was physically hurt in the accident, even years later. This type of response is com-

mon, and often makes sense to both the client and practitioner once they realize what is going on.

Now, take the same example of an auto accident, but instead of the person seeing the accident coming, it is a surprise. (The element of surprise in and of itself can cause an emotional reaction, but we’re not going to look at that right now.)

Let’s say that the person driving was in an emotional state that was unrelated to driving. Perhaps she had had an argument with her spouse before leaving for work, or perhaps her father had just died, or her child was ill. It could be anything. The driver is then involved in an accident and later, when getting therapy for the physical injuries, the “unrelated” emotion comes out. In this case, it may not “make sense” to either the client or the practitioner, unless the client happened to remember that that emotional issue was present at the time of the physical injury.

Whole-Body Diagnosis

Much of the research that led to the development of the concepts discussed here occurred in the 1970s, during Upledger’s tenure at Michigan State University. He was a member of a multidisciplinary team that was investigating topics related to the practice of

designed numerous experiments to measure electrical changes in the body during a session.

In their investigations it soon became clear that there were indeed changes in the electrical fields in the body as a patient underwent therapy. One of the specific changes they noted was that if Upledger helped a patient attain a position that offered pain relief, the total body voltage would decrease dramatically. If the therapy was successful, the total body voltage post-treatment would rise to about half of the original reading. On the other hand, if the therapy was unsuccessful, the post-treatment voltage would be the same as the pretreatment measurement.

The big questions here became, “How was Upledger able to help the patient into these therapeutic positions?” and, “How did he know when the patient was in the right position?”

The answers to these questions were not easily forthcoming. As is the case with many talented practitioners, his hands often seemed to know what to do without his brain knowing why. However, after persistent questioning from Dr. Karni and others, Upledger was finally able to identify at least some of the cues that told his hands what to do.

The major sign that seemed to indicate that a therapeutic position had

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osteopathy. In the course of his clinical work, he became convinced that there were energetic changes occurring during his sessions. He enlisted the assistance of biophysicist Zvi Karni, who

been attained was the sudden cessation of the craniosacral rhythm. (The craniosacral rhythm has a rhythm of about six to 12 cycles per minute. When the rhythm abruptly and totally stops dur-

ing a session, it is termed the “significance detector.”) This is different from the induction of a “still point,” which is a more slowly induced stopping of the craniosacral rhythm.⁴

Questioning further, they wondered why these positions were important. These queries led to much discussion and synthesizing of ideas, which eventually developed into the model of the “energy cyst.”

Energy Cysts

Simply stated, the model of the energy cyst says that when a person is injured, there is a force (energy) associated with the injury that enters the person’s body. The body then has the immediate option of either dissipating or not dissipating this force. If the body is able to dissipate it at the time, there is no energy cyst formed. If, however, the person is unable to dissipate the energy of the injury, it is retained in the body. In an effort to minimize the disruption to the body from this foreign energy, the energy is walled off or encysted. Hence the term “energy cyst,” a term coined by Dr. Elmer Green of the Menninger Foundation.

So we can define the energy cyst as “a localized, concentrated area of foreign, disorganized energy.” Another way to say it is that an injury results in an area of increased entropy (chaos) in the body, which is then isolated and compressed into a particular area of the body in an attempt to keep it from causing harm. (This is similar to what the body tries to do with pathogens, foreign bodies, cancer, etc.)

These energy cysts are also termed “active lesions” because of their ability to actively affect the energy systems of the body. (The word lesion here is used in the generalized osteopathic sense of a localized tissue dysfunction.) These

energetic disturbances coming from the active lesion can potentially inhibit normal body functions in many ways.

What determines if the body retains an energy cyst or not? Some of the factors that seem to influence the ability to dissipate the forces of an injury include:

- **The amount of the force.** All other things being equal, a larger force would have a higher likelihood of not being dissipated.
- **The physical state of the person at the time of the injury.** Is the client still recovering from a previous injury? Is he or she stiff/arthritis/compensating for previous injuries, etc.?
- **The emotional environment/status at the time of the injury.** (Refer back to the examples involving a motor vehicle accident.)

If an incoming force is unable to be dissipated, the body retains the energy from that force. Here are some concepts regarding this retained energy:

- The areas with the retained energy don’t blend well with the body’s energy system, so they are walled off to minimize the potential effect on the function of the body. This walling off, or encysting, requires an energy input to be maintained.
- An energy cyst can lodge anywhere. Where it lodges is usually unpredictable.
- Energy cysts can remain for a long time.
- They tend to devitalize the tissues in the area where they lodge.
- Electrical and thermographic changes have been recorded with a release of an energy cyst.
- Although the original model was developed using physical forces, other sorts of trauma can also create energy cysts (i.e., emotional, spiritual, toxic).
- The entropic/disorganized area sets up an oscillating disturbance in the energy field of the body that can be

palpated as a distinct rhythm (faster than and superimposed on the craniosacral rhythm).

Energy Cyst Evaluation: Arcing

In order to find an energy cyst, we can palpate the waves of energy disturbance that the energy cyst induces. This evaluation technique is termed “arcing” because we feel different arcs of the motion caused by the energy cyst.

In a two-dimensional model, we can use ripples in water as a useful analogy. Imagine sitting in a bath with just the big toe of your foot out of the water, and then rhythmically move your toe back and forth. There will be a series of ripples coming out from the oscillating disturbance created by the movement of your big toe. If you have your hands resting gently on the water, you can feel the movement of the water. In particular, if your hands are not equidistant from your wriggling toe, they will be on different arcs of the ripples. If you then imagine where the radii of those arcs would lead you to (and intersect), you would come to the wriggling big toe.

Arcing on a patient is similar, except the ripples are usually not as obvious. And we are working on a three-dimensional person, so the ripples are really concentric spheres.

For most people, learning to arc takes some instruction and practice, but once learned can be a very useful tool. It is important to remember that arcing is an evaluation technique specifically for finding an energetic disturbance in the



After a client has an emotional reaction, reassure her that things are okay.

body. It is not a tool for finding fascial restrictions, although a region of the body could concurrently have a fascial restriction and an energy cyst.

Arcing is also very useful in gauging the effectiveness of your treatment, because if the energy cyst has been successfully released, the arcing will be gone. (Imagine that the big toe has stopped wriggling and the water is now calm when you touch it with your hands.)

Energy Cyst: Treatment

There are basically two techniques to treat an energy cyst: the direction of

energy and regional tissue release. With either technique, there are signs that the body gives to indicate that the release is occurring. These may include any of the following sensations: a softening of the tissues; a heat release; an increase in energy flow, for instance, along acupuncture meridians; an increase in mobility; an increase in fluid flow; a therapeutic pulse; a twitch; and the sense that the therapist's hands are floated away from the client's body.

With the direction of energy technique, the practitioner simply places his or her hands on the client's body and uses his or her intention to offer an energetic assistance to the client. This may seem too simple, but it can be very effective. There are many traditions of energy work that can be used here. The other technique, called regional tissue release (RTR), is a form of a positional release technique such as strain/counterstrain. However, it is the only positional technique that I am aware of that utilizes the significance detector to help identify where the therapeutic positions are. (Remember that the significance detector is when there is a sudden, total

The essence of RTR is that we are going to assist the client's body to position itself in the ways that it needs to allow the energy cyst to release. This often ends up replicating the position(s) that the person took during the injury. It seems that the energy can most easily leave in the exact vector that it originally entered, and the correct positioning of the client's body is what allows the body to recreate the original vector(s). This positioning can also be useful for bringing a conscious awareness to the client regarding what caused the energy cyst, because the client often recognizes that the position he or she assumes is the same one experienced during a particular trauma.

How do we know what these positions are? The primary thing to keep in mind is that the client's body will know what the positions are. Our job as therapists is to assist in ways such as holding a limb to support it from the effects of gravity, to follow the limb as it moves to the position it needs, and to stop the movement when the limb is in the correct position. Once again, we know it is in the correct position when the significance detector is on.

ARCING IS AN EVALUATION TECHNIQUE SPECIFICALLY FOR FINDING AN ENERGETIC DISTURBANCE IN THE BODY.

stopping of the craniosacral rhythm.) Before talking about how one does RTR, there are a couple of ideas about the energy cysts that we need to look at.

It appears that when a person is injured, the incoming force enters along specific vectors (i.e., lines of force), and each vector contains a discrete amount of energy. A typical trauma could include a number of vectors, each with their own specific quantities of energy.

How does the process get started? Sometimes it happens spontaneously. Have you noticed part of a client's body moving "on its own"? Other times, once you have arced and found an energy cyst, you can pick up a limb extremity close to or containing the energy cyst, support the limb from gravity, and then follow any movement, stopping the movement when the significance detector goes on. Sometimes a bit of a

long axis compression or distraction will help get the process going once you are supporting the limb.

Once the limb is in a significant position, hold it there, allowing the release of energy that entered in that specific vector. Once the significance detector goes off, you can allow the limb to move until the significance detector comes on again. These steps may need to be repeated a number of times. To finish, one provides some sense of closure. It is also very important to keep in mind that the positions are extremely precise—to the millimeter.

Emotional Component

An energy cyst may be physical, emotional or both. What this means on a practical level is that sometimes the process of an energy cyst release will occur without any apparent emotional charge, and other times there may be an emotional release as well. Sometimes the emotional component comes out later, in a dream, for example. As a therapist, it is important to remain open-minded and free of preconceived notions regarding your clients' experiences.

What can you do if your client has an emotional reaction while you are working with him or her, and you don't feel you have the training and expertise to work in the emotional realm?

One of the most important things you can do for your client is let him or her know that it is normal to have such an experience. You can speak a bit about the ability of the tissue to hold a memory. You can encourage your client to acknowledge that something just occurred, even if neither of you really understands what it was. I encourage you to avoid the temptation to explain beyond what you know, even though your client may really want you to. Help your client with the notion that we don't always know why something

occurred, but that further answers and clarity may come later. Refer your client to someone who can help further process the issue. You can also help your client in the moment by helping to ground. Avoid getting carried away in the emotions of your client so that you are available to help.

If you find that emotional releases are happening frequently in your sessions, and you don't feel equipped to handle them, there are several things you can do. One is to get training in some sort of mind/body release work to give you the tools to further facilitate these releases. Part of that process includes getting work for yourself. The clearer we are about our own issues, the easier it is to assist others with theirs. Also, develop a working relationship with one or more mental health workers so that you have some solid references to give your clients.

Most of all, realize that you can use your intention to provide a framework to your sessions that honors but doesn't encourage emotional releases. ❏

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