

THE BODY REMEMBERS

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The fall leaves crunch each time Eli hits the ground. It's his first month of kindergarten, and he's already tackling the monkey bars. These particular bars are loops on hinges; they swing when grabbed, making the normally delicate gravitational balance a child must achieve to master monkey bars even harder. Eli puts both hands on the first loop and steps off the platform. He hangs for a few seconds before eating dirt. Because he's a five-year-old boy, he looks up and smiles at me, stands, and grabs the loop again. He falls, gets up again, falls, gets up again, and again, and again, and again, using slightly more finesse in hanging and swinging than he did each time before.

As I watch Eli, I'm reminded of my own monkey bar obsession in elementary school. I came home from school with blisters on my hands from swinging. I'd go forward and backward, one bar at a time and then every other bar. I, too, fell and got up again, and again, and again, and again. Like Eli, I was tiny for my age, and my mom would remark on my relentless pursuit and mastery of this skill.

I decide to try these loops, not hopeful I can swing the way I once could, but eager to show Eli something of my former self. Fingers wrapped around the first loop, I count to three and let my body dangle. Before I let go with my right hand to swing to the next loop, I hear a crunch and feel a pinch in my mid-back that shoots through my spine. I yelp and jump to the ground. This is my body now. Still, I try to recover and race Eli down the slide. As I shimmy from side to side on the way down, my lower back burns.

As we age, many of us experience chronic discomfort. A perpetually stiff neck, a knot in your back that never goes away, a twinge in your knee each time you stand. I'm only 26, but I've been there, too.

There's no real name for what ails me. My primary care doctor calls it "myofascial-myalgia" which is like fibromyalgia, but in one area, with only two trigger points. My most recent orthopedist called it chronic low back pain. My most recent neurologist called it anxiety and depression. My correctional therapist won't call it anything. The name isn't important, he says. What's important is that we can reduce my discomfort. He's probably right. In fact, fibromyalgia is the name given to chronic pain in certain areas of the body without an identifiable cause. It affects an estimated 10 million Americans, 75 to 90 percent of which are women, and 3 to 6 percent globally.

After seven years, four physical therapists, three neurologists, three orthopedists, one doctor of osteopathy, an acupuncturist, a correctional therapist, multiple x-rays, bone scans, MRIs, blood tests, cortisone injections, back braces, and prescriptions for muscle relaxers and anti-inflammatories, there seems to be nothing *really* wrong with me. Nothing shows up on scans. Nothing responds to medication. Doctors examine me and say I'm "a healthy young lady," although I've had chronic back pain since age 19.

I don't feel healthy. I moan in pain when I bend down to put on my socks in the morning. The 10 minutes I stand to put on my makeup causes my back to ache. To compensate for the pressure on my lower back, I have to shift my weight from one foot to the other, which poses a unique challenge to applying eyeliner. I can't walk around a museum or explore New York City for several hours pain-free. My body feels fragile, stiff, sore, and tired. My bones feel heavy. Yet my pain has repeatedly seemed both unidentifiable in cause and resistant to any treatment.

"I believe that the body remembers everything that ever happened to it," writes John F. Barnes, the physical therapist who developed the Myofascial Release Approach. This approach is pseudo-scientific. There are no hard numbers to support it, but it explains a great deal, in my case. Watching Eli, I wonder if the physical and psychological resilience he shows at such a young age could hurt him later on. I want to find out—is this where our bodies start deteriorating? In childhood,

where we fall and get up and no one thinks twice about it? When did I start inflicting damage upon mine?

Both musculoskeletal and soft tissue injuries are common in children as they play and grow. Their tissues, muscles, joints, cranial bones, and skeletal bones aren't the same as those of adults. A fall could lead to soft tissue injuries such as bruises, cuts, muscle tears, and scrapes, as well as musculoskeletal injuries like sprains, fractures, and ligament tears. Often these heal by themselves, but if an injury doesn't fully heal, it can have long-term consequences for the body.

Because children are still growing, their bodies can "easily become misaligned... or tight in ways that will affect them as adults," says Marybetts Sinclair, massage therapist and author of *Pediatric Massage Therapy*.

"Scarring and shrinking of connective tissue around injuries," she continues, "can restrict movement and create faulty movement patterns (such as walking with one knee twisted inward to accommodate a frequently sprained ankle). Patterns of muscle tightness can also develop around a single contracted area."

Even something as seemingly benign as learning to stand too soon can have lasting effects on the body. As for the growing pains many of us, myself included, had throughout childhood, Sinclair considers these signs of "chronic discomfort"—an expression of stress in the body.

When I was three, I fell out of a moving stroller and face-planted onto the Atlantic City boardwalk. At 10, I leaned on a shelf that gave out, causing a 75-pound television to bounce off my shoulder and hit the ground with a crack. Could it be that these incidents, from which I emerged emotionally shaken but physically unscathed, actually did hurt me?

According to Sinclair, "Adults often forget events from their childhood and their musculoskeletal adaptations to an accident or injury can become so habitual that by the time they experience a chronic problem, they remember nothing about how it started."

The body remembers what the mind forgets.

Perhaps my chronic pain was determined at birth. I was delivered through caesarean section at two pounds, 10 ounces, jaundiced as a lemon with a double hernia at my pelvis. I was so small the doctors didn't operate on the hernia until I was 10 months old. I spent my first few weeks of life in the NICU in an incubator, like a fuzzy little chick, with a feeding tube through my nose. If I hadn't been in that incubator, I would have died. My system wasn't ready to live outside my mother; I couldn't maintain my own body temperature.

A few days after my birth, I was rushed to the Children's Hospital of Philadelphia to undergo surgery for necrotizing enterocolitis, a common disease affecting preemies where the bowel basically dies. Ultimately, I didn't need the surgery. I did need several blood transfusions, although my parents were never told why.

"We kind of held our breath for the first week or two," my mom remembers. "We weren't sure what was going to be with you. Any little thing can kill a premature baby."

But nothing did. For most of my life, I thought the only side effect of being premature was my small frame and poor vision. It took a few years for my growth and fine motor skills to reach that of other children my age, but otherwise I seemed fine. My digestive system works properly; I have strong lungs, good hearing, and no neurological deficits. But after seven years of back pain, I decided to investigate the effect being born so fragile may have had on my structural development.

Positioning in utero, unusual occurrences during birth or infancy, or any infant injuries can have negative effects on the body throughout a person's life. This is true for all infants, but preemies are unusual by definition. I was born before I had the chance to distinguish pain from touch, which happens around 35 weeks. Additionally, the strange environment in which I spent my first two months of life is stressful on all five senses. As an infant in the NICU, I had blood taken so many times from my heels that I have scar tissue on the bottoms of both my feet. All of this may have made me more sensitive to pain compared to healthy newborns, and even into adulthood.

At nine years old I started dancing ballet. For almost the next decade, I fell completely into a world that demanded everything I had physically, mentally, and emotionally. It quickly became apparent my body wasn't ideal for this art. My feet were flat, I was too curvy, and too muscular in all the wrong places. Most importantly, I had little natural turnout. Turnout comes from the hips and allows the legs to rotate such that the ankles and knees turn to the side. Every position a ballerina takes requires turnout, from pliés at the beginning of class to grand allegro at the end. I could only rotate so much from my hips. To compensate, I faked my turnout by rotating from my knees.

I now realize this put a tremendous amount of pressure on my knees and lower back, but at the time, I only cared about looking like my peers. My teachers knew what I was doing—it was easy to spot, looking at my hips and knees—but no one mentioned how dangerous it was or told me I should stop. No one admonished me for pushing my body past its natural limit. No one taught me how to stretch properly before class, in order to support the movements my body was doing in class. My training was all about daily achievement, proper or safe positions be damned.

Reflecting on his own sports injury, Barnes writes that he “loved competition and motion and had no teachers to tell me ‘stop doing that. It’s bad for you.’”

This resonates with me, even years after I stopped dancing. I still find myself approaching every new form of exercise and movement as something to be achieved, rather than a process my body must undergo. Growing up with this mindset and having pain as a result seems to be what led us both to myofascial release.

Told last spring by a new neurologist—whom I’d sought out specifically for pain management options—that my anxiety and depression were the cause of my back problems, I resigned myself to doing as he said: noticing my discomfort, but not letting it make me more anxious or depressed.

A fellow sufferer urged me: “Fuck that. Don’t give up. Give yourself time and permission to keep searching for the answer.”

So I did.

In my experience, doctors can't treat a problem unless they are able to diagnose it. That's where myofascial release is different: it recognizes that while my pain could be caused by any number of things, there are still ways to ease my discomfort. Andrew, my correctional therapist, may never give me a formal diagnosis, but he will always work to lessen my pain.

Myo means muscle. I didn't know what fascia was until this summer when I began my treatment with Andrew. A thick connective tissue that spreads from head to toe without interruption, fascia surrounds every muscle, nerve, bone, blood vessel, and organ. It both supports the structures it surrounds by holding tissues together, and separates these elements to allow for mobility without friction. When injury or inflammation occurs, the fascia thickens in that area to offer even more support. This puts pressure—about 2,000 pounds per square inch, according to Barnes—on everything it surrounds, which can create pain throughout the body, not just in the area where the injury occurred.

Those thousands of pounds of pressure act like a “straitjacket on muscles, nerves, blood vessels and osseous structures producing the symptoms of pain, headaches, restriction of motion, and disease.”

Since fascial trauma doesn't show up on X-rays, MRIs, CAT scans, and the like, there's no way of knowing whether my problem is strictly related to fascia. But treating the areas where my fascia is restricted and where there is a tremendous amount of pressure seems to help.

People who have mysterious, undiagnosed pain often have fascial trauma.

Case studies of patients with chronic low back issues like mine all begin more or less the same way: “I have been through all the MRI's, ultrasounds, massages, heat therapy, muscle relaxants, acupuncture, psychiatry, orthopedics, braces, decades of stretching and other exercise at home, etc. etc., all to no avail.”

Like me, these people get squirmy driving a car for more than a half hour. I imagine they, too, have cried in the car from the intensity of their pain, and even the luster of lazy days in bed has been tarnished.

After two days, two weeks or, in my case, two months of myofascial release therapy, these people were able to experience life with minimal pain. Now their choices about where to go and how to get there aren't always limited by how their bodies feel. They can drive cars for two hours straight. They can get on planes. They can walk around cities. They can stand at concerts. These are all things I have done since being treated by Andrew.

The goal of myofascial release is to improve the body's structural alignment and reduce abnormal pressure on areas of the body that produce pain. Through myofascial release, soft tissue is freed from the clutch of tight fascia. At each appointment, Andrew evaluates my pain. Wherever he finds my fascia most restricted that day is where he begins. He stretches the muscular component of my fascia so the area is less tight. He applies slow, prolonged pressure to the most sensitive areas. This is a mild touch. He holds the fascial area that's restricted for several minutes, until he can gain access to the deeper layer of fascia. Ideally, what will happen next is something called "resonance," or release of fascial tension.

Since Andrew reevaluates me each time we have a session, he typically ends up using a combination of myofascial release, massage, and structural work. What seems to help me feel relief the fastest and for the longest amount of time is when I lie on my side and he gently stretches the skin across my spine with both of his hands, holding pressure on my most painful spots.

Myofascial release is supposed to allow the body's natural healing capacity to function properly. I have felt this only slightly. I saw Andrew for seven weeks before noticing any difference. In that time, I wavered between feelings of hope derived from Andrew's optimism, and complete despair when I felt no difference in my pain each week.

After our seventh appointment, in early August, I drove three hours to Washington D.C. for a long weekend. I prepared myself,

physically, mentally and emotionally to hurt. I wore a back brace in the car. I took ibuprofen before my car ride and before a day of walking around the city. I brought the special ice packs Andrew gave me and stored them in my friend's freezer. I reminded myself that my back would probably feel worse from this car ride, walking so much, and sleeping on my friend's second-hand sofa bed. Yet the pain didn't come. I felt some stiffness from the car, but after ten minutes sitting against an ice pack, it went away. The rest of the weekend, my body felt like it used to. I couldn't believe it.

Since then, my pain has been less severe. On a scale of 0 to 10, I used to wake up at a five or sometimes even a seven. Now, I usually write .5 to 1.5 in my daily back pain journal.

After one more session with Andrew, I returned to New York for my second year of graduate school. I would have continued to see him on a weekly basis had I stayed in Philadelphia. I've read the longer a person's pain has been present, the longer it takes to resolve the problem. Some chronic conditions take three or four months of treatments several times a week to achieve the best results. Should I have seen Andrew twice a week? He said it wasn't necessary, and I couldn't really afford it, but the internet consensus seems to be the more intensive myofascial treatment a person gets, the better off they are. Someday, I might amp up my myofascial release therapy to several times per week so I can once and for all get rid of my pain. Or maybe that's wishful thinking.

I'm seeing Andrew next week for the first time in almost three months. I wonder what state he will find my back in. I've tried to take all he has taught me to New York, making changes to my physical habits, stretching and moving more, drinking more water, and breathing deliberately. Equally important, I learned from Andrew that drastic changes also needed to be applied to my mental and emotional states.

Throughout my childhood, my dad repeated, "Life is a journey, not a destination" and other related clichés. He never said this to my sisters; even at a young age, he saw my tendency toward perfectionism, achievement, and end result, which mirrored his own. The deep

breathing, quiet mind, and overall relaxation Andrew required of Type-A me, lying still in my underwear for our hour-long appointments, took some getting used to. But after two months, I could see he had succeeded in showing me how to focus on the present moment in a way no family member or psychologist had (incidentally, Andrew used to be a psychotherapist). These qualities suddenly mattered a great deal because he connected them to my physical trauma. My habits now, both mental and physical, are better overall.

Knowing what I know now about the body, I see potential structural danger everywhere I look. I notice, in particular, a picture of my friend's toddler hitting a piñata for the first time. Stepping forward with his left foot, back with his right, little Miles holds the bat with his dad's help. It's his neck, head, and jaw I'm watching. His head is thrown back about 15 degrees, eyes toward the sky, mouth open as wide as can be. To judge from this picture, this is the happiest moment of Miles' life. But is it possible this stance, repeated too often, or even this one time, could hurt him later on? As he grows up, the key is to learn how to become mindful of his body and to relax.

"Remember," Andrew wrote to me recently, "there are no 100 percent answers to your pain, just possibilities and dynamic shifts that have impacted multiple layers of tissue over time."