

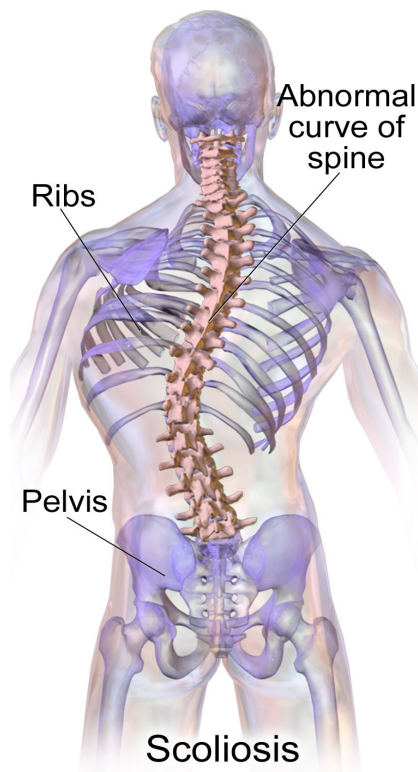
Can Idiopathic Scoliosis be just twisting away from emotional pain?

Two cases say idiopathic scoliosis may be psychosomatic

I am sharing two remarkable cases of scoliosis I treated with the Functional Muscle Manipulation.

I have a way to test scoliosis. I ask the patient to stand in front of a full-body mirror with their eyes closed, without looking at their reflection.

I ask them to relax, letting their body find its position of comfort, as opposed to asking them to stand straight. Then I ask them to open their eyes and see how their body is. We do this at the beginning and at the end of the session.



No, mom!

The first, a petite young lady of 22 years, that looked 17, a student.

Her mom, a university professor and a client of mine, brought her to my practice. The mother sat in the waiting room. The girl and I had to whisper in order to discuss privately.

I started working on her back. I had a hypothesis that I developed while treating other cases: Scoliosis may have to do with emotional pressure from the parents.

While I was dealing with the muscular resistance in the “curved” areas of her back, I suggested to the girl that she wonder what would be the one thing that bothers her more in her relation to her parents. Which one of them is dominant? How does their pressure on her feel?

She shared: Her mother was the assertive one. She has an intense personality and the pressure was around food and how the daughter ate. “She was getting crushed” by her mother’s persistence, she said.

And then her body opened up.

From the mother’s perspective the daughter was not eating enough and not in a healthy way. It turned out during our talk that her mother was right that she wasn’t eating well.

Nevertheless, the way she was pressuring her, she was making the daughter tighten up in a very reactive way and “twist away” from the painful and repetitive stimulus.

An image I have of scoliosis: A soft and sensitive kid -one that doesn't express their emotions outwards- is feeling a lot of pressure and wants to shy away, but the parent is holding their arm.

A need to flee, struggling with a dependence on the powerful parent. A part of their body pulls away, another part expresses the strong attachment to the parent.

The girl felt listened to and justified during the talk with me. I was feeling her resistance gradually withdrawing and setting her free.

Her body straightened out on the massage table.

While she was getting dressed, I talked to her mother in a low voice. I explained that regardless if she was right that her daughter needed to eat more, the relationship had created this health problem and in fact, this pressure was also making her refuse to eat, reactively.

Also, that this situation was not allowing the girl to wean, to become self-sufficient in a matter so basic as “I eat when I am hungry”.

The mother appeared to understand and accept the argument.

The girl came out in the waiting room lit by a wide smile. We stepped in front of the mirror and repeated the test.

Her mother was pleasantly shocked by the result and so was I.

Aligned both on the vertical and horizontal axis, the girl was tall with dignity, bright-faced and obviously more flexible. Her scoliosis just wasn't there any more.

Then the mother started on her favorite subject, food, in an attempt to show that she had changed. She told her daughter that she understood she doesn't have to interfere any more, that she's glad and sure that from now on her daughter will do the “proper” thing.

While the apparent attitude of the mother was approving and supportive, the girl's expression changed instantly. She excused herself and came out of the bathroom 10 minutes later, visible signs of crying, a fake smile and a very obvious scoliosis twist.

Externally, consciously, the mother had supported her. In a level just under that, she had unwillingly manipulated her again.

The daughter, who was a student in my city, living far from her mother, visited me another two times. I didn't have the pleasure to see her come to her session totally straight and flexible. But the change was obvious both physically and on her personality. She was more self-confident and outgoing.

Can I make it alone?

The second scoliosis case I'm sharing was a 17 year old teenager.

His relationship to his father that brought him, appeared great. The kid was polite, smiling, interesting but reserved.

These are common attributes with the previous case, and -I think- with all the young scoliotic patients I have seen.

The orthopedic doctor that had diagnosed him recently with progressive idiopathic scoliosis, had told both of them: “A cause? There is no cause”. And he added: “You must hope that the kid will not grow any taller. Any more height will become scoliosis”.

In the low-voice talk I had with him at our first session, he brought out a possible cause of great intensity.

In two months the kid would take the university exams. He was an average student with a low probability of success. Expressing that helped him release.

At the end of the session, the curve in his spine was still apparent. The visual change was small. But in front of the mirror he had a significant change on his shoulders, which were now parallel to the ground. His upper back had “opened up” and he looked a bit like an athlete. His breathing, almost imperceptible in the beginning of the session, was now deep, liberated, manly.

The young man was glowing. His father glowed in the same way when he faced him and saw the changes.

During the next 3 sessions, the results progressed in the same direction. The curve was still there, less apparent, together with an improved, wider upper back. He was standing taller now, perhaps by half an inch.

He told me he felt more flexible, and not tiring as easily. He couldn't stop smiling at me and expressing his gratitude.

The bigger curve on the lower right ribs appeared to lose its tension when we worked on the massage table, but when he got up it appeared to be there again.

What appeared to be happening in that period was that the trigger that created the issue was always there, maybe even intensifying as the time of the tests approached.

In one of these sessions I asked him more about it. Is it the stress of failure if he doesn't pass? He told me that both outcomes stressed him. Maybe he was even more stressed by the possibility that he would pass and would have to leave his home.

He physically expressed a lot of fear telling me that. His body twisted and I had to bring him back in contact with what was physically happening to him before we could loosen it up again.

His stress that he might be accepted at a university far away from home and would have to "be responsible of himself" and that "there would be no excuses" (his own words) was bigger than the fear of failure. It was natural for this kid to experience the stress of "growing up".

What created or triggered his issue was the intensity at which he was experiencing it.

Maybe we had the same weaning stress pattern in both cases?

I suggested that he come back to me during the exams, to be treated with a combination of Functional Muscle Manipulation and Reflexology, to help him avoid tightening up even more. And so it happened.

With the help of the treatment, his response to the stress of the tests was brilliant and unusual to him.

I was thinking that going through the hurdle of becoming independent, there was a fear of possible emotional trauma.

I wanted to suggest psychotherapy, but I felt that at that period of exams, adding to the idea that there's something wrong with him would hamper him.

The young man passed the exams and was now a student. He also started a romantic relationship.

Comparing to his prior outlook, he was self-confident, outgoing and he talked about himself and his experiences in a comfortable way.

My comments and opinions

Reviewing several cases I had so far, I can offer that a big percentage of 'idiopathic' (meaning: we don't understand the causes) scolioses may be related to emotional stress and the physically expressed need to twist away from the painful stimulus.

I claim that Functional Muscle Manipulation can help many of those, especially when the therapist finds the way to help the patient express and resolve the internal emotional conflict during the session. Among some that wouldn't physically unwind enough -where the back wouldn't achieve a lasting symmetry- the Functional Muscle Manipulation offered elasticity, better breathing and enough functionality for some patients to be able to take on sports.

Those became able to stretch their body without resistance, but when they are not willingly stretching, the body seems to fall back to its twisted position. So their problem becomes a lighter one, more a problem of image than of functionality.

Although I could not achieve the cooperation with their Greek orthopedic M.Ds that would support

this, (orthopedists would not even talk to massage therapists in Greece until a few years ago) I would argue that in many cases where vertebrae deformity happened during growing-up, relieving the initial cause, the muscular contraction, may liberate functionality, but cannot change the way the spine has set in.

In my opinion, most, if not all of scoliosis is not a bone disease! Neither it is a mystical curse that passes from grandparent to grandson, about which we can't know anything more. It's 'one of those' psychosomatic problems.

It is an active process of contraction, physically expressing an emotional need to evade, to twist away, which then becomes an established psychosomatic pattern.

Solving it is as easy and as hard as conveying to the person you put your healing hands on: "Listen, it's ok. You are not under threat any more."

This is what the Functional Muscle Manipulation specializes in: In a non-combative but convincing way, dealing with the psychosomatic pattern of resistance itself, to help the body let go of that resistance and unwind.

If researchers focused more on examining those causes and effects, knowledge might ensue to answer to problems currently attributed to the "hereditary" and the "unknown".

Knowledge that could help a lot of people lead healthier and happier lives.

An integrative approach is needed

There is also a lack of an holistic, interdisciplinary approach.

An aware orthopedist would refer to both a mental health professional and a functional bodyworker. Psychotherapy could work well together with the functional/somatic approach of the type discussed here.

Knowledge of the probable body-mind mechanism in scoliosis, would help a functional bodyworker identify an emotional crisis through the symptoms of the body and refer to a mental health professional to treat the causes and avoid further development of the problem. An aware psychotherapist would refer to a functional bodyworker to help with the manifestation of the conflict and help the patient build the physical awareness that then becomes emotional awareness. Family counseling could resolve any traumatic family dynamics.

As far as the encouraging results I had with the Functional Muscle Manipulation, they are just a few cases I worked on so far.

After I teach the technique to enough fellow therapists and collectively have a significant number of cases treated successfully and documented, the FMM may emerge as a key technique for the treatment of scoliosis.

George Rodafinos

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