

The Domino Effect of Adaptive Forces

From the MASSAGE Magazine article, "Release Restrictions With Visceral Manipulation," by Jean-Pierre Barral, in the July/August 2009 issue. Article summary: There are many reasons for an organ to lose its mobility: physical traumas, surgeries, sedentary lifestyle, infections, pollution, bad diet, poor posture, and pregnancy and delivery among them. When an organ is no longer freely mobile but is fixed to another structure, the body is forced to compensate.

by Bruce Schonfeld

Similar to the underlying mechanics of psychology, where an unresolved issue sits at the center of a complex surrounded by a web of compensation, somatic misalignment is also surrounded by adaptive forces attempting to correct unresolved physical imbalance.

Sometimes this domino-like effect doesn't stay neatly within one anatomical system. Visceral theory simply contends the musculoskeletal system cannot disengage until the visceral restriction(s) has been improved or resolved. The tension literally sets the stage for it's counter-tension.

So, if there is a legitimate visceral restriction in play, then the musculoskeletal system is essentially a secondary reaction, a compensatory mechanism/response to the primary lesion.

This is especially true with long-standing issues where strain has insidiously/incrementally spread outward from the neural and visceral systems into the more familiar articular and musculoskeletal systems.

Let's say, for example, there are adhesions to the small intestine and peritoneum from an old appendix surgery, both in terms of residual scar tissue and undifferentiated fascial layers, then the transverses abdominus, obliques, Q.L., psoas and iliacus have no choice but to perpetually relate to the deeper dysfunction. They have to deal with it.

Essentially, the body three-dimensionally shortens into the effected area (a.k.a. AGR, or area of greatest restriction) as a protective strategy to contain the area and prevent new traumatizing forces from doing further damage.

The law of averages plainly states for every action there is an equal and opposite action. A tension sets the stage for a counter-tension. This is especially true with the human body, where the sensory and perceptual systems are basically trying to get themselves back into anatomical midline so they can more efficiently do their jobs.

The body twists and turns to get itself right again. Often the injury or illness heals, but the pattern of compensation remains. Allopathic medicine sometimes refers to this state of

right as pathological neutral, the relative balance within patterned "dysbalance." The goal for the body, like psyche, is to be differentiated and in healthy relationships.

There is a good chance the greater omentum might be at the scar tissue or surgical site in the form of an adhesion. The greater omentum must always be considered in terms of pelvic and abdominal adaptation---it likes to go where the trouble is/was.

The spinal-visceral connection becomes more obvious perhaps in dissection. Many membranes, mesentery and visceral attachments connect directly into the anterior aspect of the spinal and articular systems.

Visceral manipulation developer and author Jean-Pierre Barral has been known to strongly state a large number of spinal subluxations or fixations are in fact reflexogenic from visceral issues.

Especially with tricky clients who have received quality care, visceral restrictions are often the anatomical elephant in the room.

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