



Chiropractic Newsletter

Well-Being

Internal Oasis

One year ago, I uprooted everything I'd ever known and moved across the Pacific Ocean to take a chance on a dream. A dream to fill my days with more play. A dream that brought me to Hawaii, where I live in a remote place, surrounded by natural things. A place where you can walk out the doors and eat from the trees, leave your doors unlocked, and walk just feet away to the cleanest water imaginable. It's a place that touches you so deeply that it shifts your internal, cyclical nature. It's the image that comes to mind when you hear the word refuge. An internal and external oasis.

Like many chiropractors, I witness this world through a neurologic lens. One morning at sunrise, while sipping local island coffee and listening to the Myna birds chatter, I thought, "Isn't this what we're seeking in our bodies, as well?" Safety. Peace. An internal oasis. Naturally, the more women I've served in practice, the more this conversation has come up. How do we create an internal environment that feels safe? How do we build trust in our bodies' abilities?

The most magical example of the inherently intelligent design of humans surrounds birth. Everyone talks

about the importance in creating the perfect birth space. Choosing the right provider, the right physical place, the right stroller, the "right" everything. But what if the inside is what created the truest sense of safety? What about creating a safe womb space?

	<i>Freeze</i>	<i>Fight</i>	<i>Flight</i>
<i>Emotional State</i>	<i>Resignation</i> <i>Disassociation</i> <i>Checking out</i> <i>Hopelessness</i> <i>Paralysis</i>	<i>Aggression</i> <i>Anger</i> <i>Anxiety</i> <i>Argumentativeness</i> <i>Stress</i> <i>Overwhelm</i>	<i>Looking for exists and options</i> <i>Avoidance</i> <i>Quitting</i>
<i>Practice</i>	<i>Body tapping</i> <i>Laughter</i> <i>Physical Touch</i> <i>Calling a loved one</i> <i>Play</i> <i>Boundary work</i>	<i>Breath work</i> <i>Meditation</i> <i>Prayer</i> <i>Heart-openers</i> <i>Time in nature</i> <i>Art</i>	<i>Dancing</i> <i>Journaling</i> <i>Chanting or singing</i> <i>Vocal toning</i> <i>Body flushing</i> <i>Learning a new skill</i>

Physiologically normal births happen naturally when your body perceives safety. This occurs under the direction of the parasympathetic branch of the central nervous system.

Traditionally, it's known as the resting, digesting, adapting, healing functional state. Surrounding birth, this neurologic directive provides the proper hormone surges,

softening of tissues, and feelings of love and transformation.

The neurologic state of the mother drives the hormonal release. If the mother feels safe, connected, and socially engaged, an oxytocin-mediated response occurs. If Mom's neurology is in a state of defense or fear, these hormonal responses are likely to be stalled and replaced with high-stress neurochemical reactions. Just like that, the intelligence of the body prepares for a fight, to protect itself—quite the opposite of bringing

new life earthside.

Stephen Porges coined the term “polyvagal theory” and gifted us with an outline for physiologic safety through our neurology—specifically, the vagal nerve. This nerve has branches running from the brain to the heart, lungs, and gut, as well as to the face, where it controls our ears, eyes, and the expression of jaw and voice muscles.

There are three main branches of the vagal nerve:

The **ventral vagal**, or social vagus, allows us to move our eyes, ears, and facial muscles, and controls our voice. This section is also responsible for processing speech (style and tone), listening, and eye contact. Both eye contact and vocal toning play an incredibly important role in the birth process.

The **middle vagal branch** coordinates the heart rate, gut function, and lung capacity. We’ve all heard about the response Walter Cannon dubbed “fight or flight.” It ramps up our defenses, increasing our heart rate, shuttling blood to the arms and legs, priming our lungs with more air, and secreting hormones that signal high alert. It’s a major player in the stalling of labor.

Third is the **dorsal vagal**, which elicits a dissociative state when the hope of self-defense or relational repair is lost. Porges gives examples of this, correlating it with an animal’s death fanning or playing dead. It represents resignation, or sort of a last-ditch effort to get needs met.

Throughout the seasons of our lives, we’ll likely find ourselves in and out of each of these places. A sign of a healthy nervous system is the ability to oscillate among each with grace. Surrounding birth, there will be waves:

waves of contractions, waves of hormonal surges, waves of imaginable sensations. So, what can we do about it? How do we use our neurology to change our state, and create a feeling of safety?

Our body is our biggest tool. If we check in with ourselves and recognize our emotional state, we can utilize a practice to shift it. I provide this guide to all my mamas to support an internal oasis:

These shifts are identifiable and practical. But mamas, this requires you to make your intentions known. What you want in birth will continue to change, but the practice of tapping into yourself and asking this question is a powerful piece of coming out on the other side of birth with a graceful transformation.

My prayer is that more of us can live from this place—especially in place of the ultimate uncertainty of the motherhood transition. We can make the internal place we inhabit safer for expression, for relaxation, and for play.

We can raise the next generation with an understanding of true embodiment. True internal safety. It’s my prayer for the world to see our bodies as our homes. To live in your body, safe and supported. Your body as your vessel. As your own oasis. As your friend.

—Molly Stiens, DC

*Appearing in Pathways to
Family Wellness Magazine Issue 68*

