

THE LONE THERAPIST

WITHIN THE THERAPEUTIC RELATIONSHIP



GCMT Mental Health Awareness Group Statement

The professional associations that make up the GCMT represent a diverse group of massage therapists. The results of a recent survey sent to council members acknowledged, regardless of the form of massage being delivered, the interconnectedness of physical, psychological and emotional aspects of human beings. Research has shown that although we might think we are working solely with the physical body, evidence suggests that when we come into relationship with our clients and place our hands on their bodies we are making contact with all physical and mental processes. It is important to remember that the skin and the nervous system develop out of the same embryological layer.

It is from this holistic perspective that the mental health awareness group has developed this presentation to remind massage therapists that mental health issues are not separate from physical.

Massage therapists have a vital role to play in the emotional and psychological health of their clients. Massage therapy of all orientations help clients regulate physical and emotional responses predominately through the Autonomic Nervous System and engaging the Polyvagal System. Massage can help clients presenting with low mood, mild anxiety and post traumatic stress. When the symptoms of these states become more problematic such as depression, moderate to severe anxiety and post traumatic stress disorder then a referral to a mental health professional is needed. This may be through the clients GP or through organisations such Mind. Clients able to fund their own therapy can find a qualified, registered psychotherapists or counsellors through the websites of the United Kingdom Council for Psychotherapy (UKCP) or the British Association for Counselling and Psychotherapy (BACP).



The Council for
Soft Tissue Therapies

FURTHER READING

[THE THERAPEUTIC RELATIONSHIP](#)

[MASSAGE AND EMBODIED LISTENING](#)

[EMOTIONAL AND PHYSICAL HEALTH](#)

[BOUNDARIES](#)

[MASSAGE WORK AND TRAUMA](#)

[RESOURCES](#)

Click on the links as they appear through the document to explore further

CASE STUDY

- We have also created a Case Study to parallel this presentation:
- Jimmy
- This Case Study covers many of the issues explored in our narrative and may be helpful, as you read, as a reference to the connectivity between the physical and emotional in massage work.

THE NEW NORMAL

- It has become more important than ever to ensure your health and wellbeing is nourished and sustained.
- Emerging from the pandemic many of us have started to rethink our personal lives. Our working lives have also had quite a shake up.
- Whilst many have the camaraderie of work colleagues to support and share things, lone therapists have been challenged further.
- Our aim is to help you feel supported, both inside and outside the therapy space.



THE NEW NORMAL IN HEALTH

- As a society, we are recognising that mental health difficulties are pervasive across all generations.
- Within the massage world, simply treating physical symptoms without acknowledging some relationship to emotional health, is getting harder to sustain.
- We **can** find a way through this shifting health scenario, recognising what is going on without becoming overwhelmed or feeling untrained.
- Emotional & Physical Health

WHO AM I?

We are human beings. How we perceive ourselves in every day life, should not be a reflection of our professional persona.

At the same time, we should feel safe in our clinical and ethical knowledge, providing a level of practice that does not change, along with a delivery style that will not falter.

We aim to provide a warm, human, skilful and intuitive presence. How can we do this, staying in contact with ourselves and the client?



SO HOW AM I PERCEIVED?



- The word therapist implies a capacity to heal, whether that is a sports injury, accident, trauma, or a combination of all of these.
- Within the therapeutic relationship there is an implicit sense of status and expectation: “I will make you better.”
- Alternatively, there can be mistrust, deep seated belief that you cannot mend or ease the pain.
- We can find ourselves working both in the here and now and at a level of transference.
- The Therapeutic Relationship

THE EVOLVING WORKING RELATIONSHIP



- Whatever modality a therapist sits within, there is a duty of care and a working “relationship” while in the room, with the patient/client.
- This working relationship grows over time and potentially becomes multi layered:
 - Initially it is a business transaction
 - Involving professional information gathering, medical history forms, questions, and hands on assessment
 - Creating trust and the capacity for the patient/client to engage fully with the process.

[Read our Case study about the client/therapist relationship.](#)

THE EVOLVING WORKING RELATIONSHIP



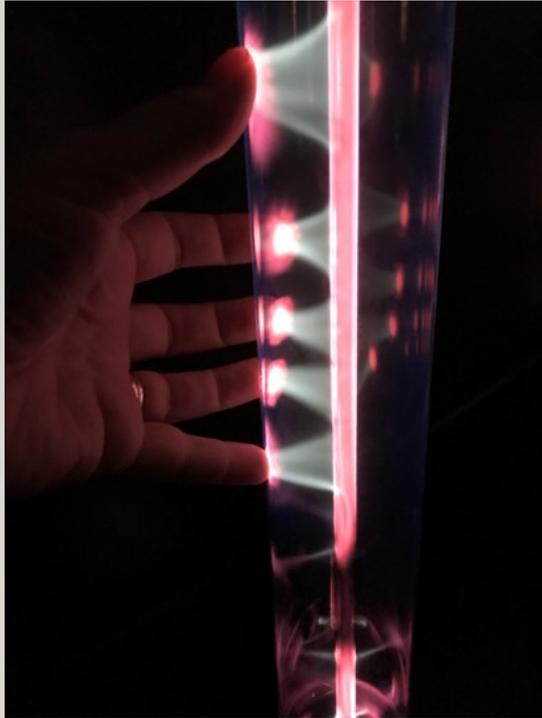
- Most importantly, the therapist and clinic setting create a reliable, safe space.
- Inside the safe space the therapist provides:
- Professionalism
- Confidentiality
- Active listening
- Empathy/the ability to relate.

GETTING TO KNOW YOUR CLIENT

- Massage work can also involve what we call **embodied listening**.
- Working with **the right side of the brain** we become aware of the non-verbal cues from our clients such as body shape, posture, eye contact and voice tone.
- We can also become aware of **resonances in our own bodies** while we are in relationship with our clients.
- We are more *in contact* with our clients than perhaps we realise.
- [Find out more about massage and embodied listening here](#)



PHYSICAL & EMOTIONAL HEALTH OF THE PATIENT/CLIENT



- Depending on the modality of the therapist, the approach varies.
- But we can see that any touch therapy is affecting more than skin, fascia, muscles, ligaments and bones.
- Recent research in neuroscience has shown that mind and body are closely integrated, and as such, touch affects our whole selves.
- But, working within the scope of practice is paramount.
- [Read more here about Physical and Emotional Health.](#)

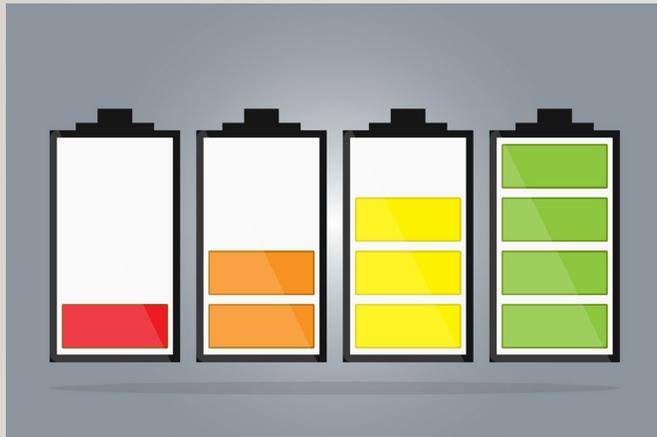
BOUNDARIES OF THE WORKING RELATIONSHIP



- The working relationship requires the therapist to reliably provide a safe space and allow the patient/client to speak as they wish. It is also important to hold and support the silence.
- But sometimes what happens within the therapeutic relationship can feel challenging and beyond the scope of practice.
- The therapist may feel they have 'lost themselves' or become unclear about what is 'theirs' and 'what is the client's'.
- Find out more about how to read the signs and develop boundaries.
- Read more information about massage and trauma.

THE WOUNDED HEALER

- On some level what is affecting your client will also affect you. It is important to recognise this



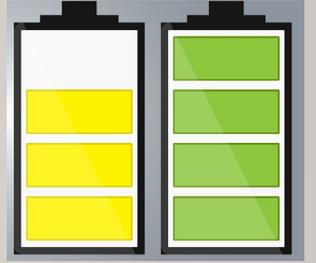
- In Greek mythology Chiron was the wounded healer after being poisoned with one of Hercules' arrows. Psychologists warn of the danger of inflation and splitting in the helping professions, involving the projection of the 'wounded' pole of the archetype onto the patient alone, with the analyst safely separated as a 'healer'.
- It is perhaps more helpful to recognise that we all have our vulnerabilities and our own emotional history which comes into play with each client we treat.

WHEN BOUNDARIES ARE CROSSED OR BLURRED



- Here are some red lines:
- The patient/client is paying you to help them. The relationship is not based on friendship.
- The working relationship should not extend beyond the booked session.
- The therapist should not allow personal opinion to replace informed practice.
- The therapist should not talk about themselves and hijack the session.
- The therapist can signpost, listen but be aware of becoming overwhelmed and invested in helping.

WHY PEOPLE LIKE BEING AROUND US

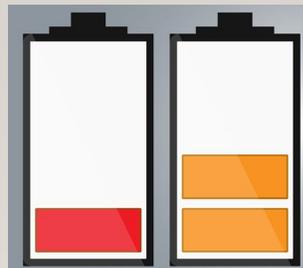


To be a therapist within any modality means we have an inbuilt desire and capacity to help and make things better.

People will naturally be drawn to us, and we can often find ourselves taking on emotional and physical loads outside of the clinic setting without even realising it.

WE BECOME OVERLOADED

Self Help & Resources are listed further on

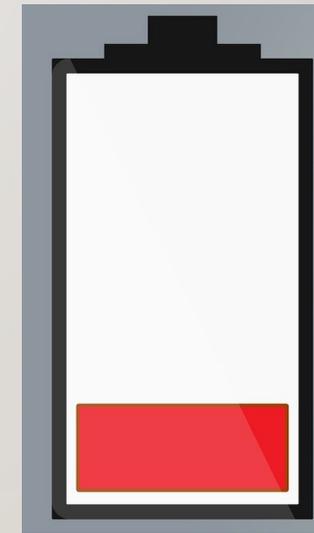
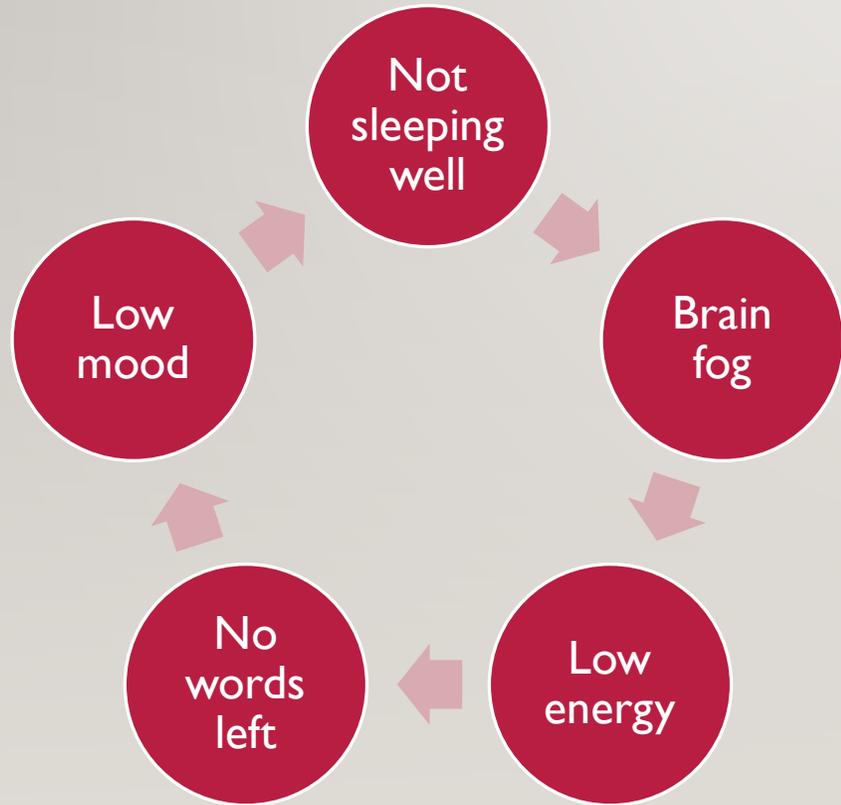


THE EBB AND FLOW OF EVERYDAY LIFE OUTSIDE THE CLINIC



- The dilemma of finding yourself overloaded is very real and can creep up on you.
- You are busy juggling the practicalities/logistics of your own personal life.
- Money is important so there is a pressure to provide.
- You may be juggling your own health with the need to be “present” for family and friends .
- It’s important to remember **you are not the only one going through this and help is available.**
- Resources are listed at the end of this document

LEADING TO LET ME INTRODUCE YOU TO YOUR THERAPIST.....



How well is this session going to go?



WE CAN MANAGE THIS CYCLE FOR A WHILE, BUT IT IS NOT HEALTHY

Here are some of the warning signs:

- Lack of concentration.
- Inability to be 'present' in the room.
- Chronic tension owing to the emotional load you are carrying.
- Injury due to postural imbalance and stress.
- Ill health due to relentless pressure and overload.

Bear in mind:

- It is not selfish to put yourself first; it is vital to your mental and physical wellbeing.
- We cannot support others if we don't take care of ourselves first.
- It's never too late to make a change.

THE REALITY OF A LONE THERAPIST



- Working as a therapist can sometimes feel an isolating and lonely job
- What support does the therapist have?
- Being part of a Professional Association is a valuable resource.
- Speaking with a support buddy in a confidential setting can help.
- Recognising when its time for a break is essential.

RESOURCES AT YOUR FINGERTIPS

It is always right to seek help or advice with any element of your life

It is not a sign of weakness, it is a sign of strength that is being tested too far

If you want to work helping others, you must make sure you look after yourself first

[Mental health conditions - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Information & Support | Mind, the mental health charity - help for mental health problems](#)

[Home | UKCP \(psychology.org.uk\)](https://www.psychology.org.uk)

[National charity helping people with Anxiety - Anxiety UK](#)

[Samaritans | Every life lost to suicide is a tragedy | Here to listen](#)

[Personality disorders - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Personality disorder | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)

[British Association for Counselling and Psychotherapy \(bacp.co.uk\)](https://www.bacp.co.uk)

[Counselling - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[NHS talking therapies - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Overview - Cognitive behavioural therapy \(CBT\) - NHS \(www.nhs.uk\)](#)

HOW TO LOOK AFTER NUMBER ONE.... Yep, that's you

Good time organisation

15 minutes before starting your clinic, have time to sit and ground yourself

Check through notes from last time so you can ensure you provide the best session you can

Leave your "every-day life" outside the clinic room door. You can pick it up when you put your coat on to leave

Allow sufficient time between sessions to perform all health & hygiene tasks, plus 5 minutes to relax and re-focus on the next client

Do not book too many people in during one day. Your last session of the day must match the quality of your first

Once you leave your clinic room (where-ever it is) close the door and leave work behind you.

Do not deal with client texts/emails late in the evening and ideally not on your days off.

Meditation apps and classes

Breathing techniques

Gentle relaxing yoga or pilates

Making sure you rest as well as work

Treat yourself to a therapy – perhaps one you do not do yourself, so you can relax and enjoy the session

AND YOUR FINAL TAKE-AWAYS and possible aims moving forwards...

01

Endeavour to have at least half an hour a day to yourself, to sit and read, look out of the window or contemplate your thoughts and feelings

Pat yourself on the back for a day done in the best way you could. Tomorrow is another day.

02

Spend time making sure you breathe properly – using all the muscles associated but really ensuring your rib cage, abdomen and lower back are involved and moving.

Providing a hug on he inside

03

Learn how to say NO

It takes strength to say no and mean it. It is not unkind, nor selfish. It is giving you back the option of choice and freedom to have time for things you want to do.

04

Make sure you are living in the here and now and not allowing things to pass you by so quickly, you don't appreciate their value

Retrospect is a brilliant thing, so promise yourself you will look after the yourself now,.

**FURTHER READING
LINKS THROUGHOUT THIS DOCUMENT LEAD YOU TO
MORE DETAILED INFORMATION HELD IN THE FOLLOWING
PAGES**

Please respect this document and the information provided in it.

This document should be distributed in completeness

Provided by GCMT Mental Health Working Group December 2021

The Wounded Healer

Sometimes it is difficult to find our boundaries with clients. Psychologists warn of the danger of inflation and splitting in the helping professions, involving the projection of the 'wounded' pole of the archetype onto the patient alone, with the analyst safely separated as a 'healer'. In Greek mythology Chiron was the *wounded healer* after being poisoned with one of Hercules' arrows.

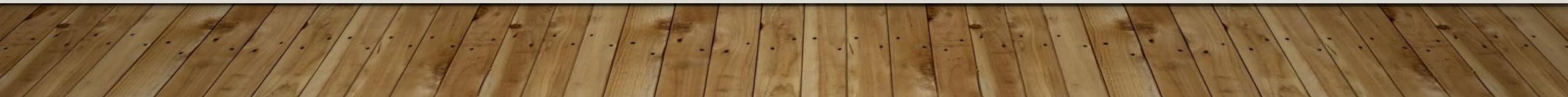
It is perhaps more helpful to recognise that we all have our vulnerabilities and our own emotional history which comes into play with each client we treat.

On some level what is affecting your client will also affect you. It is important to recognise this (read more about this and **transference** in the **Therapeutic Relationship**).

We can become aware of levels of pain in our clients and in ourselves which involve a **felt (right brain) recognition**. At the same time we do not have to delve or take this on this pain at a level which overwhelms us. We can **'touch and go'**.

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Boundaries cont'd... linked to The Lone Therapist

A good and supportive discussion on this is in Karen Kissel Wegela's book: ***How to be a Help instead of a Nuisance***, which describes mindfulness as a way to support therapists through challenging emotional processing

As we gain more emotional information at an embodied level about our clients, it helps us form clearer boundaries. We become more aware of where the line is in terms of what we are trained and qualified to treat.

Reference:

How to be a Help instead of a Nuisance, Karen Kissel Wegela's, 1996, Shambala, Boston & London.

Referrals and Care for the Client

While we may be able to do a level of 'holding' of our clients in terms of what they bring emotionally to the sessions, **getting out of your depth is definitely not a good idea**, particularly if you feel your client has emotional difficulties. Getting supervision is paramount, as is the need to refer your client to a mental health specialist, through a GP or otherwise.

Look in the **Resources** section for sources for referral



Self-care – for the Therapist

The mindfulness, 'touch and go' technique referred to above is one way to support our own self-care. There are many others – which involve 'coming back to yourself' after a client session. If we are all to some degree 'wounded healers', it is important to recognise our need to relax and show ourselves care and compassion.

As human beings we follow the laws of nature and work in **energetic cycles**. Beginning from a **still point** we ascend the curve until we reach a high point in our **energetic expression**, before **winding down** and **coming down to rest**. Every action we take follows this cycle, every breath, every movement, every feeling. Before the next energetic cycle begins, there is always a pause.

Often we can get stuck at any point of this cycle – for example, being insufficiently energised to fully build the charge in our body/minds, or alternatively failing to gradually wind down after each activity. Sometimes we stay at the top of the curve, only to crash down later in exhaustion or collapse; then we are unable to rest sufficiently to allow the slow build once again. As a society we have a tendency to override this natural energetic cycle.



If we can tune into our body's innate cyclical rhythms more closely, we can manage our own stress more successfully as well as that of our clients.

For more information on energetic cycles:

<http://www.abmt.org.uk/theoretical-principles.html>

A Final Word about Boundaries

Some of the ideas described above – 'touch and go', working with energetic cycles, right brain connectivity, help us to create good boundaries with our clients. We want to be present for our clients but not for them to overwhelm us.

It is also important to recognise that we are **never alone** with our clients. We bring into the therapy room, our supervisor, our peer support and our training. This support system helps us to stay **grounded** and creates healthy boundaries.

There is more information and links on Self-care and support networks, in the Resources section.



Physical and Emotional Health – further reading linked to The Lone Therapist

In the statement presented at the beginning of this document it is acknowledged that most massage therapists hold a holistic perspective. This can be seen as recognising the interconnectedness of all aspects of being human, that we cannot separate out the physiological from the psychological and emotional.

To repeat what has been said before, we might think that we are working solely with the physical body but evidence suggests that when we come into relationship with our clients and place our hands on their bodies that we are 'touching' all of the client, physical, mental, emotional and spiritual

It has only been recently that research has been able to substantiate these beliefs. Much of the validation of this holistic perspective has come from the experience and research of those working in the fields of trauma, neuroscience and developmental psychology.



Physical and Emotional Health – further reading linked to The Lone Therapist

Autonomic Nervous System

Central to healthy functioning of all bodily processes is the concept of homeostasis or self regulation. This applies to physical and emotional functioning and is primarily influenced by the Autonomic Nervous System (ANS). There are two branches to the ANS, the sympathetic and the parasympathetic. As stated in the section on massage and trauma, massage can both energise (sympathetic activation) and calm (parasympathetic activation) through inviting movement from one branch of the ANS to the other. When the sympathetic is to the fore the body and mind are in a state of arousal. Breathing is faster, heart rate is quicker, there is an increase in blood pressure with possible pressure in the head. The pupils dilate, muscles are tense, the digestive system is less active and the body is on alert, ready for action or expression. When the parasympathetic comes to the fore the body and mind starts to calm and relax. The breathing slows, heart rate decreases, blood pressure lowers, the pupils get smaller, muscles return to resting tone, the digestive system becomes more active and we are less alert. The ANS and self regulation also plays a part in regulating feelings. Feeling can be experienced as up-going and arousing eg. rage, frustration, jealousy, envy, fear, terror or spite. Others move us down towards calm and relaxation eg. pleasure, joy, calm,



Physical and Emotional Health – further reading linked to The Lone Therapist

sadness and peacefulness. Many clients presenting for massage come because they know they need to relax and may identify as being stressed or anxious. The ANS of these clients is often stuck in a state of charge, overly stimulated, always 'doing' or focussing on the future, unable to relax, let go and unwind. This can become a chronic state for some clients and could potentially lead to changes in physiological and psychological functioning.

Polyvagal Theory

Closely linked to the parasympathetic branch of the ANS is the vagus nerve. Polyvagal Theory, developed by Stephen Porges and colleagues, has emerged as being significant in the understanding of trauma and the social engagement system. The vagus nerve, as proposed by Porges, has a role in the regulation of communication, mobilisation and immobilisation. The vagus nerve is located in the brainstem. In the mammalian brain it has two systems, the dorsal and the ventral. The dorsal is associated with mobility eg. fight or flight and immobility eg. vegetative states and the freeze function as a survival state. The ventral vagal pathway is linked to social, affective and communicative behaviours and innervates the larynx, pharynx, soft palate, oesophagus, bronchi and heart. It also regulates the striated muscles of the head and face, including emotional expressiveness, eye gaze, listening and tone of voice, which are all part of the social engagement system. Although polyvagal theory does not make explicit links to touch, it can be assumed that, by activating the parasympathetic branch of the ANS, the ventral vagal pathway is also activated.



Physical and Emotional Health – further reading linked to The Lone Therapist Neuroscience and Touch

There has been significant research conducted with patients with damage to the somatosensory regions of the brain. The findings show that making sense of the feedback from our bodies is vital for healthy reasoning and decision making. Although we are not likely to work with clients with such extreme injury it is not unusual to have clients that are not 'in touch' with their bodies and will ignore or override valuable information about the state of their well being both physically and emotionally, losing the capacity to self regulate. Massage that involves slow gentle stroking and holding has been shown to activate not only the somatosensory regions but also the limbic system often referred to as the emotional brain. This touch is referred to by neuroscientists as affective touch.

Affective Touch

Affective touch is the term used by neuroscientists to describe pleasant touch which, as research has shown, has a role in self regulation, interoception, social bonding and pain management. Affective touch is dependant on the activation of particular sensory nerves in the skin known as C Tactile Afferents which are activated by slow gentle stroking and static or pulsed holding, specifically over hairy skin. Affective touch appears to have a central role in human emotion. Touch receptors in the skin will generally activate the somatosensory cortex of the brain in the contralateral hemisphere. C tactile afferents, shown in fMRI scanning, activates the posterior insula cortex which, as stated before, has a role in self regulation, interoception, social bonding and pain management.



Physical and Emotional Health – further reading linked to The Lone Therapist

The insula cortex communicates with other parts of the limbic system such as the amygdala, the hippocampus, the thalamus and hypothalamus, the anterior cingulate and the orbital frontal cortex. C Tactile afferents are activated by stroking between 1cm to 10cm per second. The optimal speed for firing is 3cm per second. Recent research has found that static holding also activate the C tactile system, registering in the insula as well as the supramarginal gyrus. This brain region is involved in our capacity to feel empathy and self/other recognition. The affective system is also temperature sensitive being activated by skin temperature touch, in other word interpersonal touch.

Developmental Psychology and Touch

The way we experience the world is through the main organ of touch, our skin. Touch is the first sense to develop in the womb and can be considered our first language. Developmental psychologists consider tactile attachment communications equally as important as the visual and the auditory. It is known that the greatest spur to babies development is to be lovingly held by our primary caregivers. The stimulation provided by touch is seen as a biological necessity: we need physical contact with others to flourish as children and adults.



Physical and Emotional Health – further reading linked to The Lone Therapist

Neurochemistry of Touch

There is a growing body of evidence to suggest the neurochemicals and neurotransmitters such as oxytocin, serotonin and opioids are involved in the experience of touch and is based on interactive and interdependent neurobiological processes. It is recognised that there is a close relationship of touch with the oxytocin system and that pleasant, warm, rhythmic touch releases oxytocin in both sexes. It is suggested that oxytocin has a role in modulating serotonin release and the interactions between these two neurotransmitters starts early in brain development. Levels of serotonin have long been implemented in mental health disorders such as depression. Research shows that lack of maternal warmth can be a predictor of depression in women. Interpersonal touch, specifically massage therapy, has been shown to increase dopamine and serotonin levels in numerous studies of cancer, depression and other mental health conditions, sleep disturbances and pain reduction.

Further Reading

Carroll, R. 2009. Self Regulation an evolving concept at the heart of body psychotherapy. In Hartley ed. Contemporary Body Psychotherapy: The Chiron Approach. Hove: Routledge.

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Physical and Emotional Health – further reading linked to The Lone Therapist

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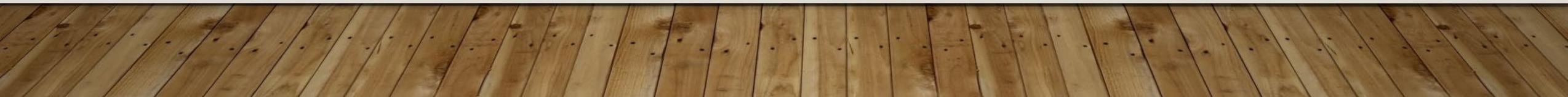
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Porges, S. 2011. The Polyvagal Theory: Neurobiological Foundations of Emotion, Attachment, Communication and Self Regulation. New York: Norton.

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The Therapeutic Relationship – further reading linked to The Lone Therapist

In terms of whether we are massage therapists working with physical or mental health, or both, we share one important aspect of the work – a relationship in the room with the client in the *here and now*.

Massage therapists, working with the body, focus on the here and now in terms of what they are experiencing and assessing as they are in contact with a client's body.

There may, however, be more going on in the room in terms of what is being felt by both client and therapist. When either of them experience feelings that belong not to the *here and now*, but to the *past*, this is called *transference*.

Transference

We are called massage *therapists* which implies a capacity to heal. The role of healer has ancestral connotations and brings with it status and expectation – **transference** in terms of power and also in terms of parental relationship ('I will make you better'). Clients may extend an expectation in our skill and ability to ease their suffering – sometimes in ways that we cannot live up to.

Clients may well begin to see us as the parent they never had.



The Therapeutic Relationship – further reading linked to The Lone Therapist

Alternatively, they may not trust us, in the same way they could not trust their parents to give them the support they needed to ease their painful feelings.

All this may be implicit in the client therapist relationship but not spoken about.

It is not always easy to know how exactly the transference is coming into the relationship and it may not matter. The important point is the 'noticing' or the 'felt sense' that something in your relationship goes beyond the adult-to-adult, here and now interaction. You might sense an 'expectation', a certain 'neediness' or equally a defensiveness or an avoidance. You might 'feel' a certain pressure in the chest or tightening in the abdomen when your client is talking or from the way they are looking at you.

The important thing to remember is that this is transference and there is no need for the therapist to 'react' in any other way than to spaciously notice what is going on between them.

***coming from psychotherapy training**

To learn more about the '**here and now**' relationship with the client, read the **Embodied Listening** (link) section.

For further reading on transference: <https://www.goodtherapy.org/blog/psychpedia/transference>
<https://www.healthline.com/health/mental-health/transference#use-in-therapy>



Massage can both energise and calm the body. This is because the contact received by clients through touch works directly with the autonomic nervous system and the polyvagal system as described in the linked section on **Emotional and Physical Health**.

Massage can be beneficial to trauma but we need to move carefully. Sometimes massage is really not appropriate for clients suffering symptoms of trauma.

Shock: Two Types of Response

Post Traumatic Stress

When someone experiences shock, for example through a frightening event such as a car accident, it takes time to recover. By recover we mean for the residues of fear and startle to dispel themselves through the body. The client may feel 'stuck' in the physicalised moment of the event, unable to relax and allow the body to return to normal rhythms. We can feel very depleted.

This is called **Post Traumatic Stress** and it is well-accepted that attuned massage can support recovery from this common state of dysregulation by encouraging the body's own systems – cardiac, breathing, digestion as well as the nervous system - to return to homeostasis.



Post Traumatic Stress Disorder

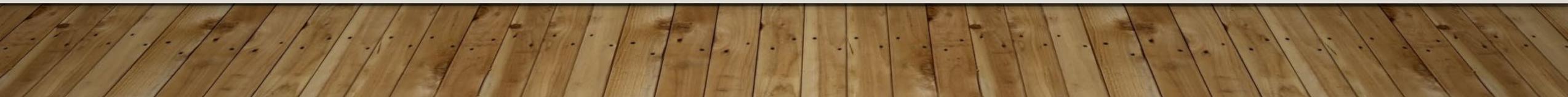
Post Traumatic Stress Disorder (PTSD) is very different. The sense of recovery is not reached because at a neurological level the body and mind cannot accept that the frightening event is over. Clients are frequently triggered into a state of 'fight/flight', the body's hormonal response to fear. They may experience 'flashbacks' or even shut down into a state of dissociation. It is as if the frightening event is happening now, in the moment, and the series of trauma responses have to be played out in order for the person to feel they are coping.

Professional training is necessary to help a client recover from Post Traumatic Stress. There is a temptation, if a client asks a massage therapist to help them 'release' their body from post traumatic stress, to comply in our desire to help them process these painful physical and emotional memories. This can be quite dangerous for the client as at some level we may become complicit in the process of re-living the frightening event – calming the patient temporarily, only for the symptoms to surge back as soon as another 'trigger' emerges. At worst, we can increase the dissociation by facilitating the release of sensations and feelings that overwhelm them.

Reference

The Body Remembers, Babette Rothschild, 2000, W.W. Norton & Co., New York, London.

The therapeutic relationship itself between client and therapist can also be retraumatizing. Imagine, for example, the potential triggering for a rape victim as they try to process traumatic memories through touch work with a massage therapist.



Babette Rothschild's book, *The Body Remembers*, is a good reference here. Rothschild believes it is necessary for the client to re-find a sense – either a memory or a somatic sense, of what it feels to be calm and relatively free from fear.

This is the starting point, and this internal resource must be established before any processing of the trauma can take place. The worst thing you can do is to take the client back into the frightening feelings that occurred if they have no 'safe' place which they can return to. From a safe starting position a client can gradually begin to process what happened to them little by little, without being overwhelmed by fear and panic.

Developmental Trauma

Sometimes people struggle with PTSD because the early establishment of the neurological system for self-regulation has been severely impaired. A client may have been traumatised from a very early age, for example, if they were brought up in a household where there was a lot of fear or violence, or if their relationship with their early care-giver was extremely unpredictable. Essentially, they have no 'safe place' to go back to because they never had one. Again, extreme care is needed in massage when working with clients with this level of trauma. Touch may be very provocative and regressive.



Summary

Trauma can be complex, involving a number of factors including the early development of the individual, relationship history as well as the narrative around the shocking and distressing event(s). Many people who suffer from PTSD also have a complex history in terms of emotional self-regulation.

Reference

The Body Remembers, Babette Rothschild, 2000, W.W. Norton & Co., New York, London.

Case Study: Jimmy

Tough guy masks trauma

The client and the therapist make contact

Jimmy, 27 contacts me via text. There are long gaps in communication about fees, times etc. I'm not sure he is going to make an appointment but eventually he does.

Jimmy has come to find treatment for his frozen shoulder – an injury from playing football for his local amateur team.

Despite knowing nothing about me, Jimmy has read all about the form of massage I do and is convinced this is what he needs.

What does the therapist notice?

Despite being a sportsman, Jimmy seems a sensitive, quiet-voiced young man with wide blue eyes which have almost a pleading quality about them. He is slight, wiry, and possess an agile strength in his body.

He wants me to 'work hard' on his body. His last shoulder injury benefited from his once leaping out of bed after a loud noise and 'ripping' it back into shape!

Lying on this front, Jimmy's back seems almost hunched over, ribs protruding, although he isn't unduly thin. The whole of his back seems gripped in a deep tension.



Case Study: Jimmy

Tough guy masks trauma

I ask him to turn over to work on his shoulder and arms. His arms almost seem to rise above the table, there is so much tension in them. Instead of resting heavily in my hands, they lift themselves up as if they have always done so. At times during this first massage, I notice that Jimmy's breathing has almost stopped.

What is the therapist feeling?

As I begin to work on Jimmy's back, I feel a momentary sense of real sadness.

Despite 'trusting' me there is a real resistance to surrendering to the massage. A sense that his body is pervaded by fear at a level which cannot be reached by my touch (or not yet).

I feel resistance in myself to 'pushing him hard'.

Where are my boundaries here?

Despite being small Jimmy's always been a tough guy. When I tell him I am resistant to working his muscles too hard, he tells me he needs to 'feel himself more in this body – 'only 50% of himself is really available to him. He also tells me he feels his 'anger' gets stuck in his body – he is readily 'up for a fight'.



Case Study: Jimmy

Tough guy masks trauma

In subsequent sessions I also learn other things about Jimmy:

His family called him a bully when he was young, which upsets him a lot. He doesn't know how to let go of his anger. Jimmy tells me violence was a habitual occurrence in his family when he was growing up. He tells me he is very easily able to reach 'out of body' states when he is awake at night. I am acutely aware of the indications of trauma. I feel I have to go carefully and gently in the work – not applying too much pressure, even though this is what Jimmy wants – as too much stimulation could lead to **dissociation** (leaving the body when what is happening inside becomes overwhelming).

What have I learnt in my sessions with Jimmy?

At one point in a session Jimmy tells me he can feel purple light shooting out of the top of his head. I ask him if he can feel the support of the massage table and stay in contact with me (through talking and eye contact) as we finish the massage.

I'm aware of Jimmy's tendency towards dissociation (leaving the body). I'm concerned about his anger levels. I get the sense that although he isn't telling me this, difficulty in regulating his feelings causes himself and others suffering. I am aware of the **embodied 'startle'** in Jimmy's back - the contracted shoulders and muscles, his sudden holding of breath and retracted head movements – and my sense is that he could easily be triggered into fight/flight.



Massage and Embodied Listening (the here and now) linked to The Lone Therapist

The listening skills of a massage therapist are acutely sensitised as we want to know exactly what is happening at a physiological level in our clients. We want to know exactly the dimensions of their pain and what has happened to the client to reach this point of injury. These skills are so good that we will hear other things – clients will also tell us extraneous details which may reflect their inner life.

Embodied Listening

Using the right side of our brains (see below), we take in non-verbal clues as well, such as the way a person is speaking (intonation, pitch, fast or slow speech), the way the client is moving; the way clients hold themselves in their body – upright, collapsed, tense, at ease; their body shape, facial expressions and more. These patterns can come together as fixed tensions, also known as muscle armouring* – where patterns of emotional defence from early childhood manifest at a muscular level. A client may seem quite relaxed on the surface, but tension in the muscles reveals a different story.



Massage and Embodied Listening (the here and now) linked to The Lone Therapist

Somatic Resonance

As massage therapists we may also be using our own bodies in the process of listening (using the right hemisphere of the brain). Eye contact and touch are also important here. In doing so we form a neuro-physical and neuro-emotional connection with clients. In other words, we may listen to them with our whole bodies. We are more in contact with our clients than we may always realise. Right brain thinking* We take in external information and process it through the two hemispheres of our brain: the left hemisphere (involved in factual, detailed processing) and also through our right hemisphere (the intuitive, emotional side of our brains which connects in with the body and feelings). Right brain processing is more spacious than left brain, and as massage therapists, since our work is more embodied, we may not be aware just how much we are utilising this hemisphere.

*coming from biodynamic and body psychotherapy training

