

Safe Haven

TRAUMA AWARENESS FOR MASSAGE THERAPISTS

Massage therapists need to be able to recognize when a client is experiencing traumatic activation during a session and refer to another health-care professional when necessary.

by Melanie Rubin and Kristen Kuester

We hear a lot these days about trauma, trauma therapy and Post-Traumatic Stress Disorder (PTSD.) But what is trauma, exactly? Trauma is often defined as the lasting physical and emotional effects of an event that is actually—or perceived in the moment to be—life threatening.

Peter Levine, author of *Waking the Tiger: Healing Trauma* and creator of the Somatic Experiencing method of trauma resolution, explains animals in the wild use instinctive mechanisms to discharge the effects of defensive survival behaviors and return to normal after threatening events. Humans, however, who rely less than animals do on the instinctual (reptilian) brain, often retain their responses to real or perceived danger in their nervous systems long after the threat is past.

PTSD is a common anxiety disorder that develops after exposure to a traumatic event in which severe physical harm occurred or was threatened. In relationship to war, some sources, including the Pentagon, estimate 15 to 30 percent

of veterans typically display symptoms of PTSD, either immediately following their return from military service or over time. These statistics predict 255,000 to 510,000 of the 1.7 million Americans who have served in the recent wars in Iraq and Afghanistan will suffer from PTSD. (See sidebar, “Healing the Wounds of War,” page 68.)

Since children of war veterans with PTSD often become traumatized as well, in a phenomenon called intergenerational transmission of trauma, and spouses and other family members are also seriously affected, the impact of PTSD in war veterans on American society is vast.

But PTSD is not reserved for war veterans. The National Institute of Mental Health recently estimated this anxiety disorder affects approximately 7.7 million Americans, or about 3.5 percent of the adult population.

At some point in their lives, most people find themselves in situations they experience as dangerous that subsequently program their nervous systems for later traumatic activation





HEALING THE WOUNDS OF WAR

by Chris Towery

Perhaps no population is plagued by Post-Traumatic Stress Disorder (PTSD) more than soldiers who serve in combat. Today, with two wars raging in Iraq and Afghanistan, there is a spike in the number of veterans suffering from PTSD.

According to a 2008 study by the RAND Corporation, one of the foremost independent research organizations, nearly 20 percent of the 1.7 million military service members who have returned from Afghanistan and Iraq—more than 300,000—reported symptoms of PTSD or major depression, yet only about 50 percent have received treatment.

With so many new cases, the medical services of the Veteran's Administration have been overwhelmed. However, with such a dire need for help, members of the massage and bodywork community have stepped forward to ease the soldiers' suffering using the power of touch.

A touch of relief

In 2005, massage therapist Jaime Bernardo of Silver Spring, Maryland, started volunteering his massage services to vets and their families at Walter Reed Army Medical Center in Washington, D.C. With support from the Potomac Massage Training Institute's outreach program, Bernardo and a team of therapists provided free massage to vets inside their accommodations at Fisher House, a free housing facility for recovering service members and their families.

Bernardo's initial efforts were so well received that in 2007, he and another therapist, Mary Contreras, launched Touch of Relief, a nonprofit organization offering free massage to trauma victims. Today, Touch of Relief provides massage to veterans at eight Fisher House locations in the U.S. and Germany, along with massage for survivors of other types of trauma, such as natural disasters, domestic violence and child abuse.

For the veterans, massage therapy has proved to be an integral part of their recovery from the wounds of war. Bernardo reports Touch of Relief has helped even the most severely injured, including those with multiple amputations and

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under similar conditions, or the perception or memory of similar conditions.

PTSD can result from exposure to such experiences as:

- Medical procedures
- Birth challenges
- Accidents
- Natural disasters
- Media portrayal or direct experience of terrorism
- Sexual or physical abuse
- Witnessing or experiencing violence

For example, notice what you are feeling right now after reading the list above. Are you experiencing any anxiety? Has your heart rate increased? If so, feel your feet on the ground, breathe, glance around the room and find something to look at that feels pleasant or reassuring. Notice you are perfectly safe right now. Bringing yourself (or your client) into present time in this way is an important technique for releasing past trauma and reorienting in the current moment.

It's not only major traumatic events that can cause lasting trauma. Any breach of boundary or experience that overwhelms the nervous system can feel life threatening. Sometimes an apparently small incident can create long-term effects in a person's nervous system. In fact, trauma exists on a continuum, from slight activation to more severe reactivity. And different people have different reactions to the same types of events, depending on such factors as timing, past experience, personality and other challenges they are facing in the moment.

How trauma lodges in the body

In order to understand how trauma gets lodged in the body, we need to define a few parts of the nervous system and how they function. The autonomic nervous system regulates key processes in the body, including the activity of the heart muscle; the smooth muscles, such as the muscles of the intestinal tract; and the glands. It has two parts: the sympathetic nervous system, which accelerates heart rate, constricts blood vessels and raises blood pressure; and the parasympathetic nervous system, which slows heart rate, increases intestinal and gland activity and relaxes sphincter muscles.



traumatic brain injuries.

Bernardo says the most common massage benefits for vets include stress and pain relief, reduction of scar tissue, as well as surgery preparation and recovery. Even more, massage helps them effectively cope with the enormous burden of readjusting to life after war.

"For soldiers undergoing such major stress, massage allows them to cope," says Bernardo. "They deal with so much every day, being able to cope effectively is a really big deal. We're actually caring for them and treating them as a whole person, not looking at them clinically, like a piece of meat."

One of the most dramatic stories of Touch of Relief's success comes from Sgt. Brian Radke, who served in Iraq with the Arizona National Guard. Radke suffered massive injuries, including a traumatic brain injury, after an explosion riddled his body with shrapnel. Barely able to communicate when he first arrived, Radke recovered at Walter Reed for two years and was one of the vets Bernardo worked with longest.

"I've been receiving massage weekly for a little over 19 months, and [Touch of Relief] is so helpful for me," says Radke. "It relaxes me before surgery and helps reduce the amount of scar tissue that builds up. The weekly massages ... have also helped my wife regain her mental stability and physical ability."

"The overall relaxation of getting a massage and the reduction of stress has been vital, not only for me, but also for my wife and our relationship," he adds. "It is a major part of the healing process."

Releasing emotion

Harold McRae, a psychotherapist in Columbus, Georgia, specializes in PTSD and has been working with vets for 35 years. He's convinced massage and other forms of bodywork offer soldiers real relief.

"With any trauma, the body stores tension as well as the brain," says McRae. "Massage is an excellent way to get that locked-up tension out of the body."

McRae is so impressed with manual therapies, he recently began incorporating Tapas Acupressure Technique (TAT) into his sessions with soldiers at nearby Fort Benning. TAT was developed by California acupuncturist Tapas Fleming in 1993 and involves touching several pressure points on a client's face and head, while also engaging in a series of verbal exercises to erase the emotional burden of a past trauma.

Introduced to TAT in 2005, McRae became certified as both a practitioner and trainer. Since then, he says he has used the



Jaime Bernardo, director of Touch of Relief, works on an Iraq War veteran inside the Fisher House at Walter Reed Army Medical Center.

In essence, the sympathetic nervous system is responsible for most of the processes that occur under conditions of danger, and the parasympathetic nervous system is responsible for a variety of processes that take place under conditions of safety and relaxation, as well as for the freeze response that takes place during extreme danger.

Stephen Porges, Ph.D., is a research neuroscientist who articulated polyvagal theory, which describes the relationship of specialized cranial nerve activity to the autonomic nervous system. Porges explained any animal, especially a human, faced with a potential threat to its survival will first assess whether social engagement (building relationship) or social disengagement will manage the challenge. Under conditions of increased threat, the animal will go into hyperarousal and respond by fighting or fleeing. If this strategy does not work, the animal will finally freeze, significantly decreasing metabolic activity, and collapse into immobility.

Once the threat has passed, a healthy instinctual reaction is to shake off the biological response to the trauma. If this discharge does not take place, the animal (or human) becomes fixated in hyperarousal and the ongoing perception of danger. In this situation, the sympathetic nervous system is stuck in the on position and the parasympathetic nervous system is unable to fully return the body to rest. Under this configuration, the animal, especially we humans, will quickly re-experience the traumatic event if any situation looks, smells or feels like the past trauma.

Identifying signs

Cathartic re-enactment of a trauma during a session is not beneficial, as it can re-traumatize the client. On the other hand, healthy discharge of trauma during a massage session can be highly beneficial for the client.

Since symptoms of trauma activation can look a lot like signs of healthy trauma discharge, how can a massage therapist know when a client is becoming activated and possibly moving into cathartic re-enactment, or when he is discharging trauma in a healthy way?

First, notice if the client's activation is escalating quickly. This is a signal of hyperarousal potentially leading to cathartic re-enactment. Note your reaction to the situation as well. If you find yourself becoming agitated or uncomfortable, this may be a sign your client is entering territory that is not helpful for him or appropriate for you to engage with as a massage therapist.

If, however, your client seems to be releasing tension gradually, without symptoms rapidly becoming more and more pronounced, it's likely you are witnessing healthy trauma discharge.

6 STEPS TO TAKE WHEN A CLIENT EXPERIENCES TRAUMA ACTIVATION

If a client goes into trauma activation on your massage table:

1. Quickly make sure you are resourced to address the situation. Take a deep breath. Look around the room, and notice if you feel safe and well. Feel your feet on the floor.

2. Keep clear professional boundaries. There can be a temptation for you to help your client work things out. Don't! This is beyond your professional scope of practice as a massage therapist.

3. Orient your client to being in

this moment by telling her to open her eyes, look around, sit up and reorient to present reality. For example, direct your client's attention to something you think is neutral, such as the wall, and ask her to describe its color.

4. Encourage your client to stay with current sensory experiences rather than recount the traumatic event.

5. When your client is clearly out of cathartic re-enactment, explain how going into a discussion of the trauma could have perpetuated the

traumatic experience for her and is not within your scope of practice, and that is why you steered her out of it. Discuss whether you can continue working with your client during this session, without her going back into the trauma.

6. Affirm you believe your client has the resources within herself to heal, and that it is not your role to help her resolve the trauma. Let your client know you can provide a reference for a specialist who can give additional support.

—Melanie Rubin

Somatic practitioner Kristen Kuester has developed a method of combined techniques for working with trauma. She identifies these symptoms a massage therapist may notice when a client is experiencing traumatic activation during a session:

- Quick body movements
- Rapid talking
- Vocal constriction
- Absent, out-of-body appearance
- A deer-in-the-headlights, startled look
- Fear or anger behaviors
- Rapid breathing
- Increased heart rate
- Immobilization response

When trauma activation is severe, PTSD symptoms can escalate to include:

- Flashbacks or nightmares involving a mental replay of the trauma, along with strong emotional reactions
- Avoidance of situations and people that could possibly trigger memories of the traumatizing event(s)
- Numbness, with inability to feel or express feelings, as well as loss of interest in activities that previously were enjoyable
- Hyperarousal, including the need to stay on guard or

protect against danger

- Extreme agitation, including the inability to calm down, sleep problems, difficulty with concentration or outbreaks of violence

Bodywork can stimulate healthy, safe discharge of trauma. Levine has identified common symptoms of trauma discharge, including:

- Sweating
- Vibrating, trembling or shaking
- Tingling
- Having goose flesh
- Rapid eye movements
- Flushing of skin tone
- Laughing
- Sighing
- Yawning
- Peristaltic activity
- Crying

Background check

If you are considering working with someone you know has experienced trauma, find out more about his background and healing process. If a client has PTSD, it may be wise to work with him only if he is seeing a trauma-therapy specialist at the same time. In



this case, speak with the specialist about the client before beginning treatment, and get a sense of whether bodywork is appropriate for this person at this time.

If you decide to provide bodywork for this person, first discuss with the client situations and places where he feels safe and comfortable. Then, invite your client to access these memories and resources during the session. As the session begins, ask the client to pick out an object or plant in the room that feels safe or reassuring. If your client becomes activated during the session, have him look at this object.

Help your client create a safe space by asking how he would like to lie on the table. Provide a blanket to create an additional sense of protection. Ask your client for feedback throughout the session to check in about his comfort level. Inform him you will be touching a new area of the body, before doing so. Invite him to take control of the session by communicating what is and is not comfortable.

If you know of specific areas of trauma in your client's body, stay away from these during the first session. Only work in these areas during subsequent sessions, if and when safety, trust and excellent communication have been established. It is often useful

The boundaries between talk and touch therapy are not as black and white as they used to be.

to start with the arms or legs, since this is where fight-or-flight responses commonly get locked into the body.

Your scope of practice

The boundaries between talk and touch therapy are not as black and white as they used to be, since there are some touch therapies that include talking and some talk therapies that include touching.

However, there are critical guidelines a massage therapist should follow in order to stay within his scope of practice in working with clients who present symptoms of trauma, unless the massage therapist also has extensive training in trauma therapy.

If your client's reaction is protracted, recurring or severe, refer the client to another practitioner who specializes in trauma therapy. During a session, you may ask the client for feedback about what she is experiencing in her body as the direct result of the touch you are providing. But don't guide your client to pursue an in-depth description of what she is feeling emotionally during traumatic activation. Instead, follow the steps given earlier in this article for working with a client who becomes activated on the massage table.

Never give an opinion or interpretation of the client's symptoms or in any other way diagnose what is happening emotionally with your client. This is beyond your scope of practice.

Specialized training

Although providing trauma therapy requires specialized training

that goes beyond the scope of practice for a massage therapist, it is important for all bodyworkers to have a basic

awareness of the symptoms of trauma activation and know how to manage this activation when it occurs during a session.

Techniques often used in providing body-centered trauma therapy include Somatic Experiencing, Hakomi, Eye Movement Desensitization and Reprocessing, Brainspotting, Emotional Freedom Techniques and Neuro-Linguistic Programming.

Whether you train in a technique to address trauma or simply become more aware of the power healing touch has in assuaging trauma and its effects on clients, it's important to be aware of the symptoms of trauma and how to address them.



To learn about modalities and techniques created specifically to address trauma, visit www.massagemag.com/traumatechniques and read "Trauma Therapy Modalities."

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