

# THE ROLE OF THE MASSAGE THERAPIST IN TREATING EATING DISORDERS

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## INTRODUCTION

For the purposes of this essay, I have concentrated on Anorexia since I have some personal experience of the difficulties. Bulimia Nervosa and compulsive eating do however have elements in common with anorexia. All are combinations of psychological and physiological conditions and require specific treatment from experts. Whilst it is very unlikely that clients with this range of difficulty would seek advice from a massage therapist about them, it is possible that someone in massage therapy might have this type of history. It is in these circumstances that the massage therapist should have some knowledge of the attendant problems.

Eating disorders can be viewed as a survival mechanism. Just as an alcoholic uses alcohol to cope, a person with an eating disorder can use eating, purging or restriction to deal with other problems. Some of the underlying issues that are associated with an eating disorder may include:

1. Low self-esteem.
2. Depression, feeling of loss of control.
3. Feeling of worthlessness
4. Loss of identity.
5. Familial communication problems.
6. Precipitous mood swings and difficulties in coping with emotions.

In having an eating disorder, an individual may be trying to express something impossible to communicate in any other way.

## ANOREXIA

The main characteristic of anorexia is the restriction of food intake and failure to maintain minimal body weight. Any actual or perceived gain in weight results in considerable anxiety and distress in the subject. Not only are there true feelings of dread or fear, but the subject also may have a severe distortion of body image. The areas of the body representing maturity of sexuality are often perceived as being fat. Body loss can be so severe in women that there is a loss of menstruation or amenorrhoea. Studies of female ballet dancers who, as a group, are quite lean, report a greater incidence of menstrual irregularities or oligomenorrhoea, eating disorders and a higher mean age at menarche compared age-matched non-dance females. (McArdle, Katch & Katch, 1991.) In the obsessive pursuit of thinness, anorexics resort to restrictive dieting, compulsive exercise and sometimes, laxative and/or diuretic abuse. The condition can sometimes be fatal.

## SYMPTOMS

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|---|----------------------------------|
| 1. Weight loss of more than 25%.          | 11. Dry hair or alopecia.        |
| 2. Intolerance of cold.                   | 12. Depression.                  |
| 3. Constipation.                          | 13. Increase in facial hair.     |
| 4. Loss of menstruation.                  | 14. Muscle spasm.                |
| 5. Muscle atrophy.                        | 15. Broken facial blood vessels. |
| 6. Loss of fatty tissue.                  | 16. Erosion of the oesophagus.   |
| 7. Low blood pressure.                    | 17. Thyroid dysfunction.         |
| 8. Dental cavities.                       | 18. Electrolytic imbalance.      |
| 9. Increased susceptibility to infection. | 19. Dehydration.                 |
| 10. Blotchy or yellow skin.               | 20. Cardiac arrest.              |

About 30% of anorexics have the condition all their lives. 30% have at least one life-threatening bout. 40% grow out of it. Even if an individual survives an acute phase of the disorder, permanent body damage may be present.

The majority of sufferers seem to be middle class adolescent females. There is however some disturbing evidence of the condition in adolescent boys as well as the pre-adolescent age group.

Research conducted by health care organizations (JCHHO) and Rader programmes suggest that zinc deficiency is often present in anorexics. Research is also currently in progress concerning the role of neurotransmitters (serotonin and endogenous opioids) in anorexia.

The mental concomitants in anorexia are a minefield. Subjects commonly have little ability to express or cope with their emotions. I suspect that assistance in this area is the key to recovery and the domain of psychologists or psychiatrists rather than massage therapists. The latter may however have a role in a multidisciplinary setting once the acute phase has passed. Anorexics tend to be confused and angry about a number of things which, even to them, are unclear.

There may have been events or evaluations in the past, which have had a profound effect at the time. Some of these may have even been so unpleasant that they have been effectively blocked out. Like anything left untreated however, these may have festered. Difficulties may reoccur subsequently, possibly fuelled by additional emotional trauma. Unless the original causes of the problem are treated, it is unlikely that the sufferer will regain the ability to lead an emotionally balanced life. Otherwise, they will retreat to the "Safety of Anorexia".

Anorexia in adults may be more difficult to detect and treat than in children or adolescents simply because there are fewer people noticing or caring for them. A cycle of euphoria and depression may also have been established in adults, which is hard to break. In addition, there may be what is almost a fear of joy, happiness and all things positive. Feelings of anger may also be suppressed for fear that such expression will lead to rejection.

### **THE ROLE OF THE MASSAGE THERAPIST**

If a client with a history of eating disorders was seeking massage assistance for a structural problem, the initial priority would be to gain their confidence and facilitate relaxed treatment conditions. Opening procedures might have to be modified because of the client's possible sensitivities about their body image. Both initial questioning and physical examination would have to be as non-invasive as possible. Considerable information might be gained from appropriate ROM tests as well as attention to movement and posture. The latter might also give some clues as to levels of stress or self-esteem.

A first step might be to carry out simple relaxing massage to head, shoulders and back. This might not only give some clues to irregularities in those areas but also gain the client's confidence in physical contact. This would involve a careful commentary on procedures accompanied by the seeking of confirmation that pressure was acceptable accompanied by assurance that if any procedure was unacceptable, then it would be stopped.

Attention to neck and shoulders would in addition be likely to be particularly informative since there would almost certainly be an abundance of trigger points. Some of these might be painful both emotionally and physically. Given permission, release of some of these might be attempted with allowance for tears.

It is important at this point to mention the preservation of the therapist. The treatment of clients with such complex histories and conditions can be exhausting. The therapist should try to develop an undetectable defence to safeguard her own emotional integrity.

The therapist should seek and offer feedback at the end of the session as well as give advice about possible post-session circumstances. The client should be encouraged to relax as much as possible during the rest of the day and take plenty of fluids. It might also be appropriate to point out that massage sometimes triggers emotional release which might result in tears which should not come as a surprise and should not be suppressed. Following appropriate post session ROM there should be discussion and anticipation of a future session with continued assurance that any introduction of additional techniques would be gradual and explained.

As the client becomes prepared for regular therapy, then there should be discussion of an appropriate longer-term treatment plan, possibly involving the treatment of other physical areas. Extension of neck and shoulder to thoracic or abdominal work might be anticipated. It might also be important to broach the subjects of both exercise and nutrition in future sessions.

### **NUTRITIONAL ADVICE**

Distortion of body image is a key factor in considering nutrition. A diet should be sought that does not have an adverse effect upon the already fragile balance between body and mind.

Foods should not stress the digestive system. The stomach may still be shrunken so that "little and often" might be a good rule of thumb. The avoidance of wheat products might be of benefit for a time to avoid any possible intolerances which might lead to discomfort after eating. The avoidance of tea and coffee might also be beneficial since as diuretics, they could put the kidneys under unnecessary strain.

The introduction of good quality vitamin and mineral supplements might be introduced at an appropriate time to gain maximum absorption into the system. (First thing in the morning if vomiting is unlikely or last thing at night when the metabolism slows down.) If meat is absent from the diet, then the introduction of B vitamins would be important as well as a sufficient protein intake. Lack of protein intake can cause the body to metabolise its own muscle to provide energy. If laxative abuse has taken place, absorption of nutrients can be distorted since the digestive system is not used to food staying long enough in the digestive tract to be metabolised efficiently. (This is why subjects are often put onto a drip whilst in the acute phase both to rehydrate and to supply essential vitamins and minerals.)

## **EXERCISE**

Encouragement of Yoga or Tai Chi rather than more frantic aerobic exercise might be advised in the first instance. Both are very controlled and focused activities, “control” being the key word. Exercise releases endorphins and a high release of them combined with a compulsive personality may lead to over-exercise in the pursuit of the “perfect body image”. This would be dangerous to a system not supplied with adequate nutrition and could lead to a relapse.

## **SUMMARY**

Anorexia combines both psychological and physical symptoms. Each case presents with unique features and trigger mechanisms. There are however commonalities.

Anorexics have a severely distorted body image, which often leads to a cycle of euphoria and depression combined with an inability to maintain a stable life style. There is usually a severe restriction of food intake which, aided by the suppression of feelings of hunger, sometimes leading to significant physiological damage. Diagnosis and effective treatment is very difficult, particularly in those instances where the individual has not sought assistance.

The role of the massage therapist, as a holistic therapist, in treatment in the post acute phase of anorexia must be to protect and promote a feeling of relaxation and well-being in the client. The choice of massage offered should be judicious with particular regard to the client’s situation. The therapist must in addition be a good listener and, if required, should be able to offer sound advice to promote balance and stability in the client’s life.

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**Ooh no it’s not... oh yes it is... Corinne Easton DSM, OSM,SMTO appearing in the local press after giving massages to the pantomime cast of Cinderella. Corinne can be contacted in Perth on 01738 635382.**

**Diagnostic Techniques Workshop with John Roberts MSc DO Lic.Ac for Advanced Remedial and Manipulative Therapists on 16<sup>th</sup> February 2002.**

John will be presenting this workshop from 11 – 5 to include examination of the abdomen, lymphatics, neurological testing, differential diagnosis and problem solving. Places are limited.