

THE EFFECTS OF MASSAGE ON POSTTRAUMATIC STRESS

By Sarah Amundsen RMT, SMTO

BACKGROUND

Posttraumatic stress is a natural emotional reaction to a deeply shocking and disturbing experience. This form of stress has been recognised by the medical profession only since around 1980 as Post Traumatic Stress Disorder (also known as PTSD) and is defined as 'an acquired mental condition that is manifested following a psychologically distressing event outside the range of usual human experience. This disorder presumes that the person experienced a traumatic event or events involving actual or threatened death or injury to themselves or others, and where they felt fear, helplessness, or horror.' Symptoms of PTSD may be delayed, or may become evident at any time following the original trauma(s), including years after the fact.

This type of stress has been around well before recent times of course, but is only now getting more attention, resources and medical/scientific study.

During the early 19th Century military doctors began diagnosing soldiers with "exhaustion" following the stress of battle. This "exhaustion" was characterized by mental immobilisation due to trauma. Through extreme and often repeated stress, the soldiers became fatigued as a part of their body's natural shock reaction. Also, showing any fear would be seen as a weakness. During the World Wars the term 'shell shock' emerged and was used to describe those veterans who exhibited stress and anxiety as the result of combat trauma. This type of trauma exists across the ages, but it was the combined voice of combat veterans of the Vietnam War, together with the fact that the United States is a world leader in medical research that have helped to highlight this condition around the world in recent years.

Since the late 20th century the condition has become recognised as not just related to battlefield traumas but victims and survivors of any and all kinds of trauma can and do develop PTSD, including those who have experienced natural disasters, assault, plane crashes, car accidents, wars, and many other sorts of traumatic events. It is recognised as being potentially triggered by breaking news of bereavement caused by accident or violence, repeated violations such as in verbal abuse, physical abuse and sexual abuse, and regular intrusion, both physical and psychological, as in bullying, stalking, and harassment.

OPINION

Whilst it is fair to recognise that traumatic events *do* have a negative effect on people, humans have had traumatic events happening to them since the beginning of time and that whilst the stresses of today are different than those of even our grandparents, it is arguable that they are generally worse than before. You could even argue that everyday stresses in the West are less, as standards of living are generally better and basic needs more often met. Also, are stresses related to the battlefield 'worse' than those in the home environment? It is of course impossible to objectively define the grade of stress as each individual is unique, and each situation is different.

The industrialised world has a growing 'compensation culture' and we are increasingly finding that once a disorder or condition is generally recognised, the tendency is to claim money for anything you can from anyone/organisation who can be held accountable in any way. We have had recent stories of police officers claiming for compensation for their part in helping to control race related riots in Bradford and other English cities; but then these individuals joined the service knowing that these sorts of activities are part of their remit. I have friends who suffer in silence from traumatic events in military service, the like of which civilians in everyday life in the West will never experience.

As a reasonable person, and a therapist with an interest in this topic, the facts are that the compensation culture is not something that is going to go away. The issues of how do you define a stress, and it's level are impossible to define, so the only thing we can do is treat the individual as best we can and make no judgements as to how something should be affecting them. From my own time in the military it is good to see how even this very 'macho' culture is slowly changing to be more realistic; i.e. moving away from the 'stiff upper lip', 'keep everything to yourself', and the fact that Royal Air Force personnel were labelled as "lacking moral fibre" with papers stamped "LMF", to more support and recognition for those individuals who have been in extreme situations.

SYMPTOMS

The symptoms of posttraumatic stress are described as follows.

The traumatic event is persistently re-experienced in any of the following ways:

- Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions.
- Recurrent distressing dreams of the event.
- Acting or feeling as if the traumatic event were recurring (e.g. reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those on waking or when intoxicated).
- Intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.

- Physiological reactivity on exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma) as indicated by at least three of:

- Efforts to avoid thoughts, feelings or conversations associated with the trauma.
- Efforts to avoid activities, places or people that arouse recollections of this trauma.
- Inability to recall an important aspect of the trauma.
- Markedly diminished interest or participation in significant activities.
- Feeling of detachment or estrangement from others.
- Restricted range of affect (e.g. unable to have loving feelings).
- Sense of a foreshortened future (e.g. does not expect to have a career, marriage, children or a normal life span).

Persistent symptoms of increased arousal (not present before the trauma) as indicated by at least two of the following:

- Difficulty falling or staying asleep.
- Irritability or outbursts of anger.
- Difficulty concentrating.
- Hypervigilance.
- Exaggerated startle response.

The official diagnosis is that the symptoms apparent as listed above last for more than one month, and that the disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

- In addition to the ‘official’ symptoms and diagnosis, the following characteristics may be useful to be aware of:
- Fatigue with symptoms of or similar to ME or Chronic Fatigue Syndrome
- Extreme fragility, where formerly the person was of a strong character
- Numbness, both physical (toes, fingertips, and lips) and emotional (inability to feel love and joy)
- Clumsiness or forgetfulness
- Hyperawareness and sometimes an enhanced environmental awareness
- Willingness to try complementary medicine and alternative, holistic therapies, etc
- A constant feeling that one has to justify everything one says and does
- An unusually strong sense of vulnerability, victimisation or possible victimisation
- Feelings of worthlessness, rejection, a sense of being unwanted, unlikeable and unlovable
- An overwhelming sense of betrayal, and a consequent inability to trust
- In contrast to the chronic fatigue, depression etc, occasional sudden bursts of energy and dramatic good-feelings only to be followed by a full resurgence of symptoms a day or two later

TREATMENT

Massage is indicated for posttraumatic stress and can have a wide ranging positive effect, as I shall outline below. Sufferers may or may not have consulted a GP, and may or may not want their GP to be contacted if they haven’t seen them; the therapist will have to be sensitive to this wish, especially in light of the clients’ likely heightened awareness of the need for trust. If they have been to a GP then drugs such as SSRIs (selective serotonin reuptake inhibitors), anti-depressant or anti-anxiety drugs may have been prescribed. Massage treatment is indicated in conjunction with these drugs.

Stress such as this will potentially affect all the bodies’ systems, so the patient could have a wide variety of symptoms, but fortunately treatment is likely to make significant improvements to all the systems’ symptoms, often at the same time due to the role of the state of the nervous system to all other functions.

As mentioned above, the patient will have psychological symptoms of anxiety and likely be finding it hard to relax. Touch in itself will have a beneficial effect in relaxing them. The treatment room environment should also add to the feeling of relaxation and trust in the treatment and the therapist. The therapist would likely also need to fulfil the role of counsellor as a client can often only ‘unwind’ in the treatment environment and thereby lose some barriers to wanting to talk openly that might exist elsewhere in their everyday life.

From *Recovering Body and Soul from Post-Traumatic Stress Disorder* – Pamela Fitch & Trish Dryden “Experience indicates that when the therapist demonstrates close attention, acknowledgement, and respect for such survival mechanisms, his client will eventually come to trust the process of massage as a safe way to receive the soothing she so deeply craves. With soothing comes a thawing from long-standing fear and the opportunity to reacquaint the client with her normal body signals.”

This type of experience plays havoc with the immune system; when the fight or flight system is eventually switched off, the immune system is impaired such that the person is open to viruses which they would under normal circumstances fight off; the person then spends each weekend with a cold, cough, flu, glandular fever, ear infection etc so the body's batteries never have an opportunity to recharge. As long as no fever is present, treating a patient with massage can help with improving the state of the immune system, and help with all related symptoms often labelled as part of Chronic Fatigue Syndrome.

These experiences, in conjunction with the prolonged 'fight or flight' state will also have effects on other body systems, especially the digestive and reproductive systems. Massage will help to alleviate these symptoms, as these systems are put in standby in stressful situations. Prolonged stress will severely impact the workings of these systems resulting in symptoms such as loss of appetite, constant infections, flatulence, irritable bowel syndrome, loss of libido, impotence, etc. Treatment would primarily involve general relaxation and therapeutic massage, but additionally remedial techniques could be used to correct any misalignments contributing to discomfort and pain.

Massage would then:

- Activate the parasympathetic nervous system, countering the effects of long-term activation of the fight or flight response and enabling systems such as the digestion to start working correctly. This regulates the production of hormones that interfere with homeostasis or balance in the body.
- Relieve muscle and joint pain, and trigger point work would help release areas of stored tension and emotional stress.
- Clean tissues and improve lymphatic circulation and circulation of the blood and the vital oxygen it carries to all tissues.
- Generally relax the client, enhancing the sense of well being. Help with headaches, difficulty sleeping etc.
- The therapist would be able to give further advice e.g. referrals for counselling, or other support, dietary and other lifestyle advice such as the importance of the importance of time and for themselves and 'pampering' if needs be.

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