The Lone Therapist: Within the Therapeutic Relationship.

This is a summarised version of the original 'Lone Therapist' document produced by the GCMT Mental Health Awareness Group. **NB:** this version excludes the case study examples and most website links to resources.

Back ground:

The aim of GCMT is to help you feel more supported both inside and outside the therapy space. The aim of this document is to remind massage therapists that mental health issues are not separate from the physical. It also serves as a reminder, of the importance for massage therapists to support self-care of personal mental well-being, particularly for lone therapists.

Massage therapists, regardless of the form of massage practiced, recognise the interconnectedness of the physical, psychological and emotional aspects of an individual. Massage can support clients with low mood, mild anxiety and post traumatic stress. For individuals with more complex psychological/emotional needs, massage therapists can refer, for example to the GP, MIND or sign post clients to websites such as United Kingdom for Psychotherapy (UKCP) or the British Association for Counselling and Psychotherapy (BACP).

Overview

It has become more important than ever to ensure that a person's health and wellbeing is nourished and sustained. As a result of the pandemic, massage therapists' working lives were disrupted, leading some to rethink their personal life.

As a society, we are recognising that mental health difficulties are pervasive across all generations. As therapists, we can find away through this shifting health scenario recognising what is going on, without becoming overwhelmed or feeing untrained. We should feel safe in our clinical and ethical knowledge, providing a level of practice that does not change. We aim to provide a warm, human, skilful and intuitive presence. How can we do this and stay in contact with ourselves and the client? A lone therapist may not have the support of work colleagues, therefore, using other kinds of support systems is important.

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 implied sense of expectation. 'I will make you better' or alternatively, there can be mistrust, a 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. Whatever modality a therapists' sits within there is a working relationship with the client and a duty of care.

The working relationship grows over time and potentially becomes multi layered. Initially it is a business transaction involving professional information gathering, medical history, questions and hands on assessment. Trust is created and the capacity for the clients to engage fully with the process. Importantly, the therapist and clinic setting create a reliable, safe space. Inside the safe space the therapist

provides professionalism, confidentiality, active listening, empathy and the ability to relate.

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 posture, eye contact and tone of voice. We can also become aware of resonances in our own bodies while in a relationship with our clients. We are more in contact with our clients than perhaps we realise.

Depending on the modality of the therapist, the approach varies. However, 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. Working within the scope of practice is paramount. The working relationship requires the therapists to reliably provide a safe space and allow the client to speak as they wish. It is also important to hold and support silence. Sometimes what happens within the therapeutic relationship can feel challenging and beyond the therapists scope of practice. The therapists may feel they have 'lost' themselves or become unclear about what is 'theirs' and 'what is the client's'. On some level what is affecting your client will also affect you and it is important to recognise this. It is perhaps more helpful to recognise that we all have our own vulnerabilities and emotional history which can come into play with each client we treat.

Here is a reminder of a key boundary; the 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 therapists should not allow personal opinion to replace informed practice. The therapist should not talk about themselves and hijack the session. The therapist can sign post, listen but be aware of becoming overwhelmed and invested in 'helping' the client.

To be a therapist we have an inbuilt desire and capacity to support others and make things better. People may be naturally drawn to us and we can often find ourselves taking on emotional and physical loads outside of the clinic setting without even realising it and become 'overloaded'. Being overloaded can creep up on you as you are busy juggling the practicalities and logistics of your own personal life. You may be juggling your own health with the need to be present for family and friends. It is important to remember you are the only one going through this and help is available.

The warning signs of times when we may enter an unhealthy cycle as therapists that threatens our own wellbeing include; not sleeping well > brain fog > low energy > no words left > low mood > not sleeping well > brain fog > low energy > no words left… etc.

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 that you are carrying
- Injury due to postural imbalance and stress
- Ill health due to relentless pressure and overload.

Bear in mind that it is not selfish to put yourself first. It is vital to your mental and physical well-being. We can not support others if we do not take care of ourselves first. Its never too late to make a change. Working as a therapist can sometimes feel an isolating and lonely job. Being part of a Professional Association is a valuable resource. Supervision and/or speaking with a support buddy in a confidential setting can help. Recognising when it is time for a break is essential.

The Details

Boundaries

Sometimes it is difficult to find our boundaries with clients. 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 that we treat. On some level what is affecting your client will also affect you and it is important to recognise this. 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 into or take on this pain at a level which overwhelms us. We can ‘touch and go’.

‘How to be a Help Instead of a Hinderance’ by Karen Kissel Wegela, provides a good supportive discussion on this subject. It describes mindfulness as a way to support the therapists through challenging emotional processing.

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

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 that your client has emotional difficulties. Getting supervision is paramount, as is the need to refer your client to mental health specialist through a GP or otherwise.

The mindfulness ‘touch and go’ technique previously referred to is one way to support our own self-care and there are many others which involve coming back to yourself after a client session. 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 beings there is always a pause. 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 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 up once again. If we can tune into our body's innate cyclical rhythm more closely, we can manage our own stress more successfully.

For more info on energetic cycles: http://www.abmt.org.uk/theorectical-principles.html

Techniques such as '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 also important that we 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 create healthy boundaries.

Physical and Emotional Health

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 sperate the psychological and emotional. Evidence suggests that when we place our hands on the client's body, that we are 'touching' all of the client, physical, mental emotional and spiritual. Recent research has been able to substantiate this. 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.

The 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 of the ANS the sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS). Massage can both energise (sympathetic activation) and calm (parasympathetic activation), through inviting movement from one branch of the ANS to the other.

When the SNS 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 alert, ready for action or expression. When the PNS 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 a resting tone, the digestive system becomes more active and we are less alert. The ANS and self-regulation also play a part in regulating feelings. Feelings can be experienced as up going and arousing e.g. rage, frustration, jealousy, envy, fear, terror or spite. Others moving down towards calm and relaxation e.g. pleasure, joy, sadness and peacefulness. Many clients presenting for massage come because they know that they need to relax and may identify as being stressed or anxious. The ANS of these clients maybe 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 PNS 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 brain stem. In the mammalian brain it has two systems, the dorsal and the ventral. The dorsal is associated with mobility e.g. fight or flight and immobility e.g. vegetive states and the freeze function as a survival state. The ventral vagal pathway is linked to social, affective and communicative behaviours and innovates the larynx, pharynx, soft pallet, 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 the polyvagal theory does not make explicit links to touch, it can be assumed that, by activation of the PNS branch of the ANS, the ventral vagal pathway is also activated.

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 feedback from out bodies is vital for healthy reasoning and decision making. Although we are unlikely to work with client with such extreme injury, we may encounter clients that are not in touch with their bodies. They mayignore or override valuable information about the state of their wellbeing, 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 describes pleasant touch which, as research has shown, has a role in self-regulation, interoception, social bonding and pain management. Affective touch is dependent on the activation of particular sensory nerves in the skin known as ‘C Tactile Afferents’. C tactile afferents 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 already mentioned, has a role in self-regulation, interoception, social bonding and pain management.

The insula cortex communicates with other parts of the limbic system such as the amygdala, the hippocampus, the thalamus and the hypothalamus, the anterior cingulate and the orbital frontal cortex. C Tactile afferents are activated by stroking

between 1cm and 10 cm per second. The optimal speed for firing is 3cm per second. Recent research has found that static holds 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 and activated by skin temperature e.g. during 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 auditory. It is known that the greatest spur to babies development is to be lovingly held by 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.

Neurochemistry of Touch

There is a growing body of evidence to suggest the neurochemicals and neurotransmitters 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 all individuals. 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, pain management, sleep disturbance, depression and other mental health conditions.

Further reading:

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

Damasio, A. 1994. Descartes Error: Emotion Reason and the Human Brain. Grosset/Putnam.

The Therapeutic Relationship

Massage therapists working with a client focus on being in the ‘here and now in terms of what they are experiencing and assessing as they are in contact with the clients’ body. However, more may be going on in the room in terms of what is being felt by both the client and the therapist. When either experience feelings that do not belong to the here and now, but to the past, this is called transference.

The word ‘therapist’ implies the capacity to heal. The role of the healer has ancestral connotations and brings with it status and expectation – transference in terms of

power and also in terms of a parental relationship. Clients may extend an expectation in our skill and ability sometimes in ways that we can not live up to Clients may begin to see us as the parent they never had. On the other hand, they may not trust us, in the same way that they could not trust their parents to give them the support needed to ease painful feelings. This may be implicit in the client therapeutic relationship but not spoken about.

It is not always easy to know how exactly the transference is coming in to the relationship and it may not matter. The important point is the noticing, feeling or sensing that something in your relationship goes beyond the adult to adult interaction. You might sense an expectation, a neediness, 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 that they are looking at you. The important thing to remember is that this transference and there is no need for the therapists to react in any other way than to spaciously notice what is going on between them.

Massage and Trauma

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

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, allow the body to return to normal rhythms and feel depleted. This is called post traumatic stress. It is well accepted that attuned massage therapy can support recovery from this state of dysregulation by encouraging the body’s own systems to return to homeostasis.

Post traumatic stress disorder (PTSD) is very different. The sense of recovery is not reached because at a neurological level the body and mind can not accept that the traumatic event is over. Clients may be triggered into a state of fight/flight, the body’s response to fear. They may experience flashbacks or move into a state of disassociation. It is as if the frightening event is happening now, in the moment, and the series of trauma responses are relived.

Professional training is necessary to support a client recover from PTSD. There may be a temptation, if a client asks a massage therapist to help them to release their body from PTSD to comply. 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 he symptoms to surge back, when another trigger is experienced. At worse, we can increase the dissociation by facilitating the release of sensations and feelings that overwhelm the client.

The client/therapist therapeutic relationship itself can also be retraumatising. Imagine for example, the potential trigger for a survivor of rape as they work to process traumatic memories through touch with a massage therapist.

Rothschild, B. 2000. The Body Remembers. Norton& Co., is a useful reference book here. Rothschild believes it is necessary for the client to re-find a sense, either a memory or 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. It can be detrimental to take the client back into the frightening feelings that occurred if they have no safe place to 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.

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 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 have never experienced one. Again, extreme care is needed in massage when working with clients with this level of trauma. Touch may be very provocative and regressive.

Massage and Embodied Listening

The listening skills of a massage therapist are sensitised as we aim to have an awareness of what is happening at a physiological level for our clients. We want to recognise the dimensions of their pain and what has happened to the client to reach this point of injury. These skills may be well developed and so we will hear other things which may reflect the clients' inner life.

Embodied listening: Using the right side of our brains, we take in non-verbal clues. For example; the way a person is speaking (intonation, pitch, fast or slow). The way the client is moving. The way the client holds themselves in their body (upright, collapsed, tense, at ease). The clients' facial expressions. 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.

Somatic resonance: Using the right hemisphere of the brain we may also be using our own bodies in the process of listening. (Eye contact and touch as also important here). In doing so we form a neuro-physical and neuro-emotional connection with the client. In other words, we may listen to them with our whole bodies.

It appears that we are more in contact with our clients than we may 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 the 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 processing. Since our work as massage therapists is more embodied, we may not be aware just how much we are utilising the right side hemisphere.

(‘Muscle armouring’ and ‘right brain thinking’ are taken from biodynamic and body psychotherapy training.)

Please see the main document for website links to supportive resources.