

Understanding Trauma and Abuse

Touch therapy can provide a valuable healing environment for the abuse survivor. Practitioners minimize the risks of retraumatization by being sensitive to the experience of the survivor and its effect on their work together. Psychologist Melissa Soalt eloquently describes the dilemma faced by the survivor as he enters therapy: "Being present in one's body is a double-edged sword for survivors: on the one hand working through the body can stimulate the trauma and evoke confusing or frightening feelings; on the other hand, it is this very ability to be present and in one's body that ultimately allows one to feel more grounded and thus safer and more in control."¹

Many responsibilities fall upon the practitioner. When a practitioner begins work with an abuse survivor, she may be the first person to touch the client's body since the abuse. The practitioner minimizes potential errors and creates a safe environment for the treatment process when she has awareness and understanding of the factors surrounding abuse and recovery.

Sometimes, the client who is a survivor of abuse exhibits physical symptoms which indicate the presence of unresolved trauma. Examples of such symptoms include chronic fatigue, insomnia, chronic joint and muscle pain throughout the body and a weakened immune system.² Other reactions to the abuse experience are flashbacks and intense memories. It is useful for practitioners to understand the origins of these reactions, know how to recognize them and appreciate the contribution of the touch treatment to their resolution.

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The Potential for Harm From Reckless Treatment

Chris Smith, the founder of Trauma Touch Therapy and a survivor of abuse as a child, had some early experiences with types of bodywork that encouraged cathartic emotional releases. Although such releases may feel beneficial at first, Smith now believes that they ultimately increase rather than decrease the traumatization.³ Smith is one of a large number of professionals who believe that bodywork undertaken in isolation from other therapies, or in a context that does not allow the client to integrate the experience, has more potential to harm than to heal.

Below are several examples of the negative effects of touch therapy when done without appropriate knowledge and training.

A practitioner was approached by a client who wasn't in psychotherapy and wanted to address her abuse issues through bodywork. The practitioner had very limited training in working with survivors but wanted to assist the client in her healing process. In the course of their work together the client began to have flashbacks during the treatments. The practitioner felt she should let the client fully experience these memory experiences and would process what happened afterward. After several weeks of treatment the client began to experience more uncontrollable, intense and disabling flashbacks on buses, in the supermarket and frequently upon entering the practitioner's office. The practitioner's lack of training in this area resulted in a damaging situation for the client and a lawsuit against the practitioner. In this case the practitioner did not understand the significance of the flashbacks and how to deal with them. She did not realize the client needed psychotherapy and other support systems in place; she herself lacked outside supervision to guide her work when questions or difficulties arose.

This harmful situation occurred because the practitioner did not understand that recovery from abuse proceeds in stages, and that her client was in a very early stage of this process. Therefore, the practitioner did not know what the client needed to proceed safely with her recovery. This client was not psychologically ready to delve into her past.⁴ The boundaries and support systems necessary for effective treatment were not adequately in place.

Another practitioner performed deep and somewhat painful bodywork on a woman who was an abuse survivor. Only months later into the process did he discover that often, after sessions, she collapsed in bed for two or three days to recover from nightmares, light sensitivity, emotional pain and turmoil.

Clients with a history of abuse often lack the ability to adequately protect themselves when a practitioner errs. Treatment mistakes occur when a practitioner works too deeply or inadvertently violates a boundary. Because survivors often have trouble recognizing their boundaries, they may ask for treatment that is inappropriate, or they may be unable to let the practitioner know if they are feeling violated. Practitioners must understand abuse issues to structure the treatment session at a level appropriate for the survivor's needs. This determines how a practitioner approaches a session. Consider the following story.

A woman came into a massage therapist's office and immediately began removing all of her clothing. The therapist quickly covered her with a blanket and gently asked her to dress again since they were going to start with an interview. During the interview and history, the woman reported that she was an abuse survivor and actually only felt comfortable removing her socks and shoes.

The practitioner who works with survivors must possess a gentle and enduring patience, for the pace of the treatment may be very slow. For instance, a practitioner could literally work on a survivor's hands or feet for two or three months. Many clients report taking up to a year before they can have their backs and legs touched when they are unclothed. Patience can nurture healing and well-informed care can minimize the potential for harm in the treatment process.

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Enhancing Psychotherapy Collaboration

Psychotherapists who recommend touch therapies for their clients see the bodywork practitioners as collaborators in the healing process. Many see touch as a valuable adjunct for some of their clients to reduce stress while others see it as a vital part of the task of reintegrating the body into the survivor's life.

In their collaborative book, *Embodying Healing*³⁴, Robert Timms, Ph.D. and Patrick Connors, C.M.T. write, "Working with the body is a powerful means of side-stepping the conscious mind and gathering information directly from the unconscious fund of knowledge." In their "psychophysical model" each professional brings separate skills and roles to the healing process. The psychotherapist helps the client integrate her emotional and cognitive insights, while the bodyworker helps the client increase her self-awareness and gain access to emotions and less conscious memories through direct touch.

Timms, a psychotherapist, describes the benefits of his frequent collaboration with Connors, a massage therapist, in the following way: "Often I find clients are better able to make cognitive connections in psychotherapy sessions that follow bodywork sessions. In most cases, the client's characteristic resistances are lowered and she or he is more available for therapeutic insight."³⁵

Melissa Soalt writes, "In psychotherapy the therapist is often the one who holds the client's feelings until the client is more able or ready to have and own them. In this light, bodywork can both elicit feelings/memories and help survivors contain (i.e., stay with but not become overwhelmed by) these feelings, thus aiding in the psychotherapeutic process."³⁶

Psychotherapists and bodyworkers collaborate in different ways. A sequential mode is when the client has a bodywork session in the first hour and a psychotherapy session in the next hour. A combined mode entails the psychotherapist and the practitioner working simultaneously with a client in one room, as described by Timms. (The combined mode,

where psychotherapist and somatic practitioner work simultaneously, may present complex challenges, both rich in opportunity and possible difficulties.) Others work concurrently at separate locations, seeing a client weekly at their offices and communicating by phone as needed. Psychotherapists who regularly call upon touch therapists to support their treatment plan usually interview the therapists before they refer their clients to them.

Chris Smith's Trauma Touch Therapy method (see above) utilizes simultaneous but separate bodywork and counseling sessions. While the bodywork session may release memory and emotion, the counselor's role is to help the client integrate the experience in a meaningful way. In this manner, the practitioners in the two fields remain within their respective scopes of practice and avoid confusion of roles.

The above is excerpted with permission from *The Ethics of Touch*, by Ben Benjamin and Cherie Sohlen-Moe. www.TheEthicsOfTouch.com

¹ Melissa Solat, personal interview, 1994

² Stephanie Mines, "Secrets: Healing Triumphs over dDomestic Ciolence," *Massage and Bodywork* Oct/Nov 2001: 18

³ Karrie Mowen, "Trauma Touch Therapy: An Interdisciplinary Approach to Trauma," *Massage and Bodywork*, Oct/Nov 2001: 28-36.

⁴ Janet Yassen, personal interview 1994.

³⁴ Robert Timms and Patrick Connors, *Embodying Healing* (Brandon, VT: The Safer Society Press, 1992) 24.

³⁵ Timms and Connors 38.

³⁶ Soalt.