

Therapeutic massage with Survivors of Abuse

By Kathie Bailey

Published in *Massage Therapy Journal*, Summer 1992, pp. 81-85, 116-22

Why do so many survivors of abuse come for massage? First, simply because there are so many survivors. More than one half of all women¹ and one third of men are sexually abused before age 18, to say nothing of survivors of physical abuse.² Now, after centuries of silence and invalidation, survivors of abuse are beginning to tell their stories, to have an opportunity to heal. The severity of abuse varies widely, from minimal effects for some to major long term damage for others. I believe that abuse survivors come for bodywork because it is a mode of healing that serves their needs. Abuse is a wound to the body as well as to the self, and the body is necessarily involved in the healing process. Often survivors are drawn to bodywork even before they have recovered the memory of their abuse. In abusive families there is frequently an absence of nurturing touch, so survivors turn to massage to help fill the need for good, safe touch. Abuse disrupts survivors' relationships with their bodies, frequently resulting in physical discomfort, health problems, body objectification and shame, sexual problems, eating disorders, and addictions. Naturally survivors hope that massage can help.

However, to be truly healing for abuse, massage therapy needs to question some common assumptions. Assuming that clients are comfortable taking off clothes and lying in various positions on the table, or that touch is always comforting and relaxing, does not necessarily fit for survivors of abuse. Since massage is similar to the abusive situation because it involves touch and the client is in a passive role, survivors often experience memories and feelings related to abuse during a massage. Many survivors have their first conscious memories of abuse during either massage or intimate contact with a partner. Practitioners need to be aware of this possibility and prepared to deal with it. The most frequent complaints I have heard from abuse survivors about receiving massage are that feelings came up which they felt the practitioner could not handle, that they "left their body during the massage, or they did not feel comfortable being touched in certain areas. Some survivors may have such an uncomfortable experience that they are reluctant to receive another massage. Massage therapists can modify their work so that abuse survivors can be comfortable with massage and use it to enhance their healing process. The first step is to gain an understanding of what constitutes abuse and its effects on people who are its victims. Even practitioners who choose not to work on an ongoing basis with survivors need enough information to recognize abuse, successfully complete a first session during which unexpected memories arise, and make appropriate referrals.

The Damage of Abuse

Sexual abuse is any non-consensual sexual contact, especially when there is a power difference involved, such as physical size or strength, age, or social authority. It also include non-touch behaviors, such as invasion of privacy, and inappropriate sexual language, descriptions, or questions. Physical abuse includes any coercive, painful, or uncomfortable touch, including unusual or shame-inducing punishments. Survivors or abuse have had their bodies assaulted in a painful or overwhelming way.

Since sexual feelings have a physiological basis, some survivors felt sexually aroused as a result of abuse, which is very confusing and leads to ambivalent feelings about physical pleasure. They were not allowed to say no, and were often met with increased abuse or threats if they tried to resist. They had no control over what someone else was doing to their body. As a result, survivors learned that their wants and needs do not matter. The abuse occurred regardless, causing feelings of helplessness and futility. The only control a survivor may have had was disconnecting from their body during the abuse, enduring it, or forgetting that it happened. Frequently the abuser was someone in a position of trust, such as a parent, babysitter, or friend of

¹ Russell, D.E.H. (1988). "The Incidence and Prevalence of Intrafamilial and Extrafamilial Sexual Abuse of Female Children." In L.E. Walker (ed.) (pp. 19-36). New York: Springer.

² Hunter, Mr. (1990) *Abused Boys: The Neglected Victims of Child Sexual Abuse*. New York: Ballantine.

the family.³ The survivor's feelings are complicated by a mix of trust, betrayal, anger, love, and fear of the same person. One side of their feelings may be completely repressed, only to emerge in full force later.

A common reaction for the survivor is to take the blame for the abuse, deciding with a child's natural logic that, "if something bad is happening to me, I must be bad," especially if the perpetrator is an otherwise respected adult. Self-blame is enhanced by the atmosphere of secrecy that usually shrouds abuse. The abuser often directly blames the survivor, telling them "I have to do this to you because you're so bad/sexy" etc., which the survivor internalizes. Usually it is safer for the survivor to blame herself than to question the behavior of an adult upon whom they depend for survival. Thus the adult survivor carries a sense of having something intrinsically wrong with them. Often feelings which are natural reactions to being abused, such as anger, fear, and confusion, are seen by the survivor as more evidence of their intrinsic worthlessness. Another important result of abuse is that the survivor was usually not allowed to react to the abuse. Crying, resisting, or attempting to tell about the abuse usually resulted in punishment and abandonment, so that the adult survivor fears overwhelming others, and fears punishment and abandonment if she discloses the abuse and reacts to it. These consequences of abuse are very important for the massage therapist to understand and accommodate.

The Intake

Intake is very important when working with survivors of abuse. It is an opportunity to gather information about the client, which can help guide the practitioner in how to work best with the client and decide whether their work is appropriate for the client. The intake process can also be used to familiarize the client with the practitioner's policies and expectations, as well as to begin developing trust. Since new clients often call me already knowing that I work with abuse survivors, my intake procedure may vary somewhat from practitioners who have a more general practice. The following example details the intake process with a client who already knows he has been abused.

A caller tells me he got my name from a friend at his 12-step meeting. He would like to make an appointment with me. After describing my work to him, I ask him a few questions over the phone. I ask what he hopes to receive from bodywork. He tells me that he was physically abused by his father, and has the feeling he was sexually abused by his mother, but he has no specific memories. He would like to recover more memory through the bodywork. He also says he has a difficulty relaxing, and is not even sure he knows what relaxation is. From his answer to this question I have learned that he thinks he was sexually abused and whether his expectations for what he might receive from bodywork are realistic or not.

I need more information before deciding whether to see him. I ask if he is in recovery from an addiction. He says that he has had a drinking problem but has been sober for seven years. He tells me that although he had had an addiction, he has years of experience in recovery, is committed to staying sober, and is familiar with his own addiction patterns. Bodywork will probably not put him at risk for a relapse. Then I inquire if he has worked with his family issues in psychotherapy. This will give me a sense of the extent of his familiarity with these issues, and his experience with emotional processing. He says that he worked with a therapist on issues about his father for a couple of years, but is not in therapy now. I ask if he has other supports besides his AA group. He has several close friends and a good communicative relationship with his wife. He clearly has a support system. Whether this will be enough support for him to delve into the incest issue with his mother, I don't know. I tell him that bodywork can bring up lots of feelings and verbal therapy is sometimes helpful along with bodywork, so that the feelings and memories can be talked through and integrated. He says he knows bodywork can bring up feelings, but he had a difficult time accessing his feelings in psychotherapy and that is why he wants to try bodywork. Since he has good support, he would like to try just getting the bodywork for awhile. I tell him I am willing to do this, but that if the work begins to be overwhelming, I may ask him to start psychotherapy. He agrees to this.

When I ask if he has ever had a massage before he says he had several massages a couple of years ago. I ask how he liked them. He enjoyed the touch, but noticed after the last one that he felt very spaced out and wondered if he had been in his body. This tells me that he has had some previous experience with massage,

³ See reference 1.

it won't be a completely new situation, and that he has some tolerance for touch. I tell him that "spacing out" may be a survival mechanism from being abused, and that when we are in painful or uncomfortable situations that we are unable to leave physically, sometimes we cope by leaving mentally. He says that makes sense, and I tell him that in my work we check in, try to become aware of spacing out, and to identify what threat or memory is causing it. Since one of his goals is to recover memories of sexual abuse, I tell him that memories often do come up in bodywork, but that we don't really have control of when and how they do. It can't be forced. Often memories only come when we are able to handle them, and our unconscious protects us by "forgetting" what is too frightening. When it is safe, the memories come. Now he knows that bodywork may help him remember, but has a context for understanding why he may not. This helps keep him from feeling too pressured about it. Since I now feel assured that bodywork would be appropriate for him and we have begun to develop a trusting relationship, we set up an appointment.

When he arrives for the appointment, I ask him if he has any further questions before we start. Then I tell him only be undertaken with permission of the client's psychotherapist. A good support system, such as a psychotherapist, support group, caring partner, or network of trusted friends is essential for the survivor to be able to cope with feelings and memories of abuse. The raw emotions and sensations associated with being touched need to be talked through and integrated outside the bodywork session. Survivors need people they feel safe to receive nurturing from. Since there was little or not support for the victim at the time of the abuse, support for the adult during healing is essential.

I ask during intake about previous massage experience since a survivor must have some tolerance for touch for massage to be of benefit. If a survivor is in a state of feeling so sensitized to abuse memories that any touch is uncomfortable and evokes memories, massage may not be helpful. There may not be enough leeway for the survivor to feel any safety with touch or to that he can take off or leave on whatever clothes he is comfortable with, and that this may change as we continue to work together. I ask if there are any areas that he would not like touched today. He asks me not to work on his stomach at first. After assuring him that I won't work there, I ask what happens when someone touches his stomach. He says it makes him afraid, then his face contorts and he begins to cry. After acknowledging his feelings, I says, "It is very frightening to be touched there." He nods. Then I ask if it is frightening to be coming to the appointment. He says it is, but that he is looking forward to it too. I thank him for telling me about his fear, and I say that it is scary to be coming for a first appointment.

I say, "In this work, you don't have to put your fear away, but can let yourself experience it. You have a choice about how far you want to go into your feelings. If I touch somewhere, and it feels uncomfortable for any reason, let me know and I will move my hands. There are some uncomfortable feelings that you may want to stay with to find out more about them, and others that you may not want to stay with. You can be in control of this. If you start feeling overwhelmed, we can slow the session down."

He says he has a hard time saying no, and I tell him that this is something we can work on. After explaining that I will go out of the room while he changes, and will knock before I come back in, I leave him to change and the session begins. Actually it began when we first talked on the phone.

Several of the questions I ask during intake help me determine whether bodywork is appropriate for a potential client or not. In certain circumstances my work may not be helpful, or should have any positive feelings about the massage. The survivor could probably benefit from massage when they are in a less sensitive and more exploratory phase of healing.

Chemical addictions and self-abuse behavior are generally defenses against intolerable feelings. Since massage can evoke intense feelings for abuse survivors, it is possible that the client's addiction or self-abuse behavior could escalate. If a survivor has such patterns, massage should be undertaken only with the recommendation of the survivor's psychotherapist. When I first began my practice, I treated a woman who had many scars as a result of self-mutilation. As her first session progressed, instead of experiencing feelings, the client began to have more and more violent fantasies of hurting herself, and became more and more disconnected from her body. The experience of being touched was just too much. I asked her to sit up, look around the room, and anchor herself in the present. After discussing what had happened she agreed that massage did not fit her needs at the time and we ended the session.

Survivors who have suicidal impulses or who have made suicide attempts are fragile and may not be able to handle feelings and memories of abuse without putting their lives at risk. Since massage practitioners are not psychotherapists trained and experienced with dealing with suicide issues, the responsibility and risk are too great. An experienced massage practitioner should consider working with a suicidal client only if the client is in psychotherapy. In this case the massage practitioner should consult directly with the psychotherapist and begin massage only upon the therapist's recommendation. Since massage frequently brings up memories and feelings associated with abuse, a client who is already overwhelmed and having difficulty coping with daily life may find that the experience of massage is too much. The client needs structure and containment at this time rather than further opening up and should be referred for psychotherapy.

A woman who had received several sessions from me began to report that she was having crying jags and was unable to stop. She also became confused between her internal thoughts and external reality and could no longer communicate with her husband. She reported anxiety about what would come up during her sessions, worried that he would go to hell for anger, and seemed to be coming undone. Discussing these feelings with me did not help. Each session brought up more overwhelming material until she really felt out of control. I told her that sometimes bodywork can bring up so many feelings that people need another place to work on them, and to help reduce the vulnerability when it becomes too much. I referred her to psychotherapy, which served her needs better at that time. Massage practitioners should have on hand the names of several psychotherapists, including some who specialize in work with abuse issues. It is best if the practitioner has had personal contact with therapists they recommend, to vouch for their integrity and competence. Interviewing and meeting therapists is also an excellent networking tool. Phone numbers and addresses of emergency psychiatric services and crisis intervention centers should also be kept available.

Certain information needs to be conveyed to abuse survivors at intake or before the first session begins, so they know that the massage practitioner is educated about the effects of abuse and has modified her work to fit survivors' needs. The massage therapist should explicitly let the survivor know at intake that they have permission to say "no" during the session if they feel uncomfortable being touched in a certain area, if the practitioner does something they are uncomfortable with, or if they need to move or change positions. Some massage therapists ask survivors at the beginning of each session where they do not want to be touched today. Giving the survivor permission to say no is crucial, because survivors did not have this option in the abusive situation, especially in relation to their bodies. Without this permission, the survivor will resort to the old coping tactics of disconnecting from the experience, or just enduring it.

Flexibility about remaining fully or partially clothed during massage will help survivors to feel safe. Some survivors feel more comfortable getting a massage for the first time with part or all of their clothes left on. Later, when they have an understanding of what massage is like, and have developed a trusting relationship with the practitioner, they may want to remove clothes. Survivors should be informed at the beginning that they have these options, and can do what they feel is right for them. Many survivors find that lying on their back feels too vulnerable at times, and may need permission to turn back over, or be covered. Discussing these possibilities at intake will open communication between the practitioner and the client, reduce the risk of erroneous assumptions, and create a setting conducive to healing.

Guidelines for the Session

Generally, the process of healing from abuse involves allowing the feelings and memories of abuse to arise at a rate the survivor can handle while still feeling somewhat in control of her life and able to care for herself, with lots of support available from other people. When working with an abuse survivor, or someone who may be, massage therapists need to take the initiative to let the survivor know that feelings or memories related to abuse might come up during the massage, and that it is okay for these to be expressed to the practitioner. If the practitioner is not comfortable with this expression and views massage as purely physical, they should let the survivor know this, carefully framing it in terms of the practitioner's own limitations and not as something wrong with the client. The practitioner should have referrals ready if the survivor prefers working with someone who can accommodate their emotional process. When feelings come up in a session, it is most effective simply to allow them to be expressed. The practitioner's role is not to make the survivor feel better or "fix" them, but to compassionately accept whatever feelings emerge, and perhaps reassure the

survivor that their feelings are natural and they are not to blame for what happened. Allowing the feelings to just be and accepting them is the greatest gift a bodyworker can give, since these feelings were not allowed in the first place. Allowing another to have the full extent of their feelings is easier said than done. What usually gets in the way is our limitations in allowing ourselves our own feelings. When we are afraid of pain or anger we try to “fix it” by making the person feel better, which actually does them the disservice of robbing them of their feeling experience. The pain of abuse is truly hard to bear, so regular consultation and developing outlets for our own reactions and feelings will help us remain balanced and available for our clients.

A regular visitor to massage sessions with abuse survivors is the fear that they are making it all up and/or that no one will believe them. I have yet to work with a survivor who did not express this fear at some point. The fear is not an indication that they are making it up, but is a result of the massive social and familial denial surrounding abuse, and the survivor’s unconscious attempt to protect themselves. Thus it needs to be handled delicately. The issue of “making it up” often arises right on the heels of a new memory or intense feelings about the abuse. The realization of abuse provides a stark contrast to the denial system, resulting in confusion and self-mistrust. Also the impact of the reality of abuse is so devastating, with such painful implications about previously trusted caretakers, that there is an automatic tendency to doubt the self rather than feel the impact.

When this comes up, simply reflecting the survivor’s process back to them is most helpful. “You just had a memory of your father touching you in the bathtub, and now you wonder whether you are making it up.” This brings both sides of the contradiction out in the open and begins the opportunity for resolution. It can also be helpful to inform the survivor that the sense of making it up is common and can be a protective response to overwhelming feelings. Giving clients the mechanism of observing their own extremes of reality perception by reflecting them back is beneficial, since these swings are part of the healing process and often continue intermittently for quite some time. Because this fear is so prevalent, telling or indicating in any way that you do not believe a survivor’s experience can be *very* damaging and should never be done. A survivor may ask you point blank if you believe them, and answering that, yes, you trust their experience, can have a very profound positive effect.

Unconscious memories of abuse may be connected to different parts of the body, such as the neck with choking, the back or buttocks with being hit, the breast or hips with being touched in a sexually inappropriate manner. When these areas are touched in massage, the memory can suddenly become conscious, often re-experienced in a very immediate manner during the session. One client who often had trouble breathing reacted when I put my hands on her upper chest. She stopped breathing and began choking. I moved my hands, waited for her to catch her breath, and asked her what had happened. “My brother is sitting on my chest.”

“Do you feel little?” I asked. She said she felt about three years old, and remembered her 11-year-old brother sitting on her chest. She couldn’t breathe and was afraid she would die. It is most important for the massage therapist not to make assumptions about what feels comfortable or uncomfortable for a client, but to set up lines of communication to find out, and keep communication open. At times a survivor may feel uncomfortable with being touched in an area, yet want to stay with it and find out more about it. At other times, they may want to focus elsewhere.

Since memories are so connected to body experience, a client may come to the realization that they have been abused during the course of their work with you. This can happen in two ways, very suddenly in a single session, or more gradually over time. The realization is often very traumatic, accompanied by much shame, and results in major changes in how the client perceives themselves and others. It can also be a relief, an opportunity for the survivor to finally understand what has felt wrong all this time. How this first realization is received has a significant effect on the entire healing process. If the realization is received with compassion, calmness, and the ability to stay right with the client’s experience, the client feels understood, accepted, and believed. Disbelieving, blaming, or distancing from the client will repeat the original abusive experience. All massage practitioners should develop the skills to handle this situation since it is a potential with any client. Then, if the massage practitioner has chosen not to work with survivors, the clients can be

referred after the session. In my opinion, it is generally not helpful, and can be hurtful, to try to tell someone that you think they have been abused if they have not acknowledged it themselves. Acknowledgement of abuse is very traumatic; the client will become conscious of it at a time when they are ready and able to handle the information. Attempting to hasten this process can create resistance, and also damage or end your relationship with your client.

As I did with my new client, the practitioner should assure the survivor that if memories and emotions become overwhelming, they have a choice to continue or stop. Methods of easing upset include: working on a less charged body area, having the client sit up for a while, or having the client open her eyes, look around and ground herself in the present. If the client is extremely upset or dissociated, assisting her to get up and walk around the room is often helpful. The practitioner should be willing to end the session early if it is necessary to prevent the client from feeling overwhelmed or if the client requests it. Discussing these options before working with a survivor give them a sense of safety, an idea of what to expect, and the knowledge that their emotions and reactions are natural and can be expressed. Lack of ability to express reinforces the survivor's feelings of being isolated, bad, and difficult for others to deal with.

Complete relaxation for survivors of abuse is an unrealistic expectation. First they need permission to experience the feelings that get in the way of relaxation. Gradually, as the survivor builds trust with the massage practitioner, grows accustomed to safe touch, and works through the emotions, memories, and coping patterns resulting from abuse, more relaxation can occur.

When I placed my hands on the tops of the shoulders of a woman I was working with, I noticed that she stopped breathing. I pointed this out to her and asked her what she was feeling. She said having my hands there made her anxious since they were so near her breasts. I asked what was frightening about having my hands near her breasts. She replied, "I might feel sexual."

"What if you did feel sexual?" I asked.

She burst into tears, crying "Why am I so bad?" She continued crying, in great distress, and covered up her face with the sheet. After giving some time for her tears, I asked her what she had experienced. She had had a sudden memory of her stepfather touching her breasts when she was 12 years old, and of having sexual feelings as a result. "I was bad, I thought my feelings made him do it. If I had sexual feelings here, I don't know what would happen," she cried. I assured her that her sexual feelings were her private business and her right, and that no matter what she felt, nothing sexual would happen in her session. She continued to cry, saying, "I always thought it was my fault." I kept my hands gently on her shoulders, following the movement of her sobs. Gradually they subsided. Later she reported a feeling of relief about remembering the incident, and was finally able to access her anger toward her stepfather and realize that the abuse was not her fault. She was also able to relax when her shoulders and chest were massaged.

There are physical cues the massage therapist can be aware of and use to check in with what the client is experiencing. Clues to dissociation include shallow breathing and a feeling that the client is not there under your hands. Some practitioners feel spacey themselves when a client is disconnecting, and use their own feeling as a signal to check in with the client. If a client usually closes her eyes during the massage, and suddenly opens them, this may be a signal of frightening or disturbing material coming up. If you notice that the body part you are touching is not relaxing, or even getting more tense, if the client seems to freeze, or stop breathing, or becomes very restless, they may be uncomfortable with what you are doing, and need to be asked. Sometimes survivors do not know themselves that they are disconnecting since it is such a common process for them. They will greatly appreciate being asked how they are feeling and if there is anything going on that they need to distance from. This will help give the survivor the skills to distinguish feeling disconnected from being "in their body" and to find out what they are reacting to. These skills are essential for the healing process.

I noticed that every time I touched a particular client's feet, I would get a very disconnected feeling, and I noticed that the client's breathing would become shallow. I asked him how he felt. He said, "I feel strange. I'm wondering what I'm doing here." Since this seemed to be a dissociative response, I asked him to check

and see if there was any feeling underneath the strangeness. “I’m not sure,” he said. “I have an impression of my father touching my foot.” I kept hold of his foot and asked him how he felt. “Scared.”

“What happened when your father touched your foot?” I asked.

“I don’t know.” After several sessions, he remembered that his left foot was nearest the door in his bedroom, and his father would come in and grasp his foot, signaling the beginning of an abusive episode.

Boundaries

Maintaining professional boundaries is crucial for successful work with abuse survivors. Abuse is in essence a boundary violation. It is often helpful to clearly explain to the survivor what your boundaries are, and what procedures you follow in giving a massage. For instance, do you leave the room while the client changes, do you knock before entering the treatment room, is the client draped during the massage, do you see clients socially, is the content of the massage confidential? Some survivors need to be explicitly assured that the massage is non-sexual, and that even if they have sexual feelings during the massage, nothing will be acted on in any way. Letting the client know your limits and procedures will give them a sense of what to expect, and will generate trust if you stick to the boundaries. This provides a safe structure for the vulnerability of a massage. Some practitioners give new clients a printed sheet explaining their policies and procedures.

Sometimes survivors will test or push boundaries. Abuse systems have inappropriate or nonexistent boundaries, so survivors may never have learned about safe boundaries. Testing is a way to find out where the lines really are, and survivors depend on you and other professionals to educate them by setting an example of maintaining appropriate limits. Some abuse survivors may be sexually seductive in an unconscious attempt to control a threatening situation. Since massage could be viewed as a potentially sexual situation, clients may attempt to resolve their anxiety about this through seductive behavior. While this may be hard to understand, if the survivor sees sexuality as a possibility, they may prefer to keep the control by initiating it. Also, when people have been repeatedly violated, and expect to be violated again, they may attempt to reduce their fear by “getting it over with.” This is an unconscious process.

These dynamics, along with the fear of saying no, are what make survivors so vulnerable to re-abuse, which certainly has occurred historically, often on the part of psychotherapists and massage practitioners. Part of the professional responsibility of working with abuse survivors is to recognize these dynamics, help make them conscious for the client, and educate the client in more appropriate self-protection. If you give in to testing or seduction, you demonstrate that you cannot be trusted. Although clients have expressed resentment to me at the time for sticking to my limits, they have usually come back to thank me later. Setting limits is helpful for the massage therapist as well, since when we know our limits and trust that we can stick to them, we can be more available within those limits and better able to take care of ourselves.

“Tracy” had come for about five sessions when, with great embarrassment and some resentment, she told me she had sexual feelings for me. As with any client in this situation, I thanked her for her honesty and told her I could see that it had been difficult to tell me. In each session that followed, Tracy obviously struggled with her attraction and the embarrassment and anger created by her vulnerability. She began calling me to chat from her office during the day. When I told her I didn’t have social contact with clients, she hung up on me. She arrived at her next session determined to have it out. Either I would go out with her or she would stop seeing me. When I told her I didn’t date clients she proposed stopping her treatment so that we could develop a relationship. When I refused, she was very angry and almost quit. She did arrive for another session, however, and in that session remembered being sexually touched by her mother. When this issue emerged, her feeling of attraction for me disappeared, and her work focused on abuse issues. While certainly not every client who becomes attracted to their massage therapist is an abuse survivor, attraction often is a manifestation of issues to be worked with. Maintaining boundaries with empathy and compassion for the client’s situation can open avenues for growth that otherwise would never appear.

Massage is an important healing tool for abuse survivors because it helps them to reclaim their bodies. They can experience the feelings associated with abuse and clear the way for feelings of relaxation and enjoyment of their bodies. They can explore old coping mechanisms and exchange them for assertiveness in meeting their needs and feelings of connectedness to their own body. Bodywork is an opportunity to mourn the self

that was hurt, experience anger toward the abuser, and replace self-blame with self-love and compassion. Survivors can experience the nurturing quality of non-sexual touch in a safe environment, a gift of incomparable value.

Massage therapists can assist survivors in the healing process by educating themselves about the needs and experiences of survivors, being flexible in their expectations of clients, clear and explicit about boundaries and limits, and keeping communication open with their clients while being aware of common distress signals. Perhaps most important is the ability to convey compassion and empathy while remaining fully present with the survivor's anger, fear, and grief. Providing massage for abuse survivors is a challenge, demanding the utmost of our resources and abilities, yet it also is very rewarding. Working with people who are in the cauldron of healing and growth gives us the opportunity to experience miracles of strength and love, the privilege of assisting in the recovery of lives.

References

1. Russell, D. E. H. (1988). "The Incidence and Prevalence of Intrafamilial and Extrafamilial Sexual Abuse of Female Children." In L. E. Walker (ed.) *Handbook on Sexual Abuse of Children: Assessment and Treatment Issues* (pp. 19-36). New York: Springer.
2. Hunter, Mic (1990). *Abused Boys: The Neglected Victims of Child Sexual Abuse*. New York: Ballantine.
3. See reference 1.

Resources

Bass, Ellen, and Laura Davis (1988). *The Courage to Heal*. New York: Harper and Row.

Calvert, Robert, and Judy Calvert (1991). "Exclusive Interview: Marion Rosen." *Massage*, July/August 32, pp. 48-55.

Courtois, Christine A. (1988). *Healing the Incest Wound: Adult Survivors in Therapy*. New York: W. W. Norton.

Gannon, J. Patrick (1989). *Soul Survivors: A New Beginning for Adults Abused as Children*. New York: Prentice Hall.

Hunter, Mic (1990). *Abused Boys: The Neglected Victims of Child Sexual Abuse*. New York: Ballantine.

Mayland, Elaine. *The Rosen Method*. Available through Rosen Method: The Berkeley Center, 825 Bancroft Way, Berkeley, CA 94710.

[Sidebar to the article above]

The Breath of Life

by Kathie Bailey

My client's breath was shallow. He never exhaled completely. He had come for bodywork in hopes of relieving his asthma. With one hand resting on his lower front rib area, feeling his limited breathing, I commented, "It feels puffed out here. What keeps you from collapsing, from giving in?"

"I could never give in to fear," he answered. "I've always had to be brave, in my family, in the army, at school. Throw out my chest and go on no matter what." After a few quiet moments he sighed deeply and said, "I guess I don't have to do that anymore. It's a relief." With wonder, we both noticed that his chest had gone flat. It no longer felt hollow under my hand, but solid, filled with life and gently moving with his easy breath.

What is breath? As massage therapists we often instruct our clients to breathe deeply, to relax; or to breathe into their bellies. What does this mean, what are we asking of them? I use the breath as a clue, an indication of what the client is experiencing and how they are responding to my touch. When we get caught up in expectations of the right way to breathe and tell our clients how to do it, we can miss out on the rich source of feedback in the natural breath.

Most massage therapists notice a connection between tense muscles and emotional stress; between relaxed muscles and emotional well-being. A missing link in this connection is the diaphragm, the primary breathing muscle. The diaphragm is unique because it is supplied with nerves from both the voluntary and involuntary

nervous systems. This means that we can consciously control our breathing, and that our breath is controlled by our unconscious and is affected by our emotional responses.

In the Rosen Method, the breath is used as a guide to the client's inner experience. When a person expresses a deep personal truth, their breath responds, usually with a deeper breath or sigh, a physical letting go that can be seen and felt by the practitioner. The breath response is a trail, a clear track to the heart of the matter, that can be picked up and followed by the practitioner. The Rosen Method explores the connection between tense muscles and emotional patterns, using touch, talking, and the breath as tools. Unresolved past experiences or emotions once unacceptable to those around us are held in the body as tight or blocked areas. As these areas are touched and drawn to the client's attention, they may re-experience the content of what is held in the body. Often, as happened with my client who had asthma, once a pattern is recognized and acknowledged, the body spontaneously releases the tension and regains its natural ease and relaxation. The breath can be used as a guide in this process because it is an accurate reflection of a person's feeling state. We can watch the breath change from the short, quick inhalation of excitement or fear, to the shuddering waves of sobs, to the quiet, deep breath of satisfaction or sleep.

Have you ever observed an infant breathing? Its entire body, from head to toe, moves noticeably with its breath. The chest and abdomen swell and fill, then collapse, transmitting movement to the shoulders, neck, hips, and legs. The freedom and flexibility of the baby's relaxed muscles allow this movement, which is, in effect, an internal full-body massage. It is easy to tell how the baby is feeling by watching it breathe; its body is a perfect expression of its self.

As adults, our bodies also express our internal selves. Our breath is as unique as our signature, telling the story of our lives. This story usually differs considerably from the full, eloquent breath of the infant. As we grow up, we learn. Unfortunately, we often learn that our spontaneous self is not good enough. Parents or peers may react negatively to our tears, anger, creativity, or joy. We may be expected to maintain a stance of bravery, caretaking, niceness, or rebellion. In response, we forget ourselves and become what we must to get the love and approval we need. Usually, our bodies do the forgetting for us, by holding back what is unacceptable. Unconsciously, chests tighten to stop tears, shoulders rise to protect, backs arch to take the load, hips stiffen to keep from running away, and diaphragms tense up to restrain feelings. Thus, the client's body, its shape, tension, and breath reveal their life experience.

Here are a few examples of breathing patterns and what they might indicate. Please keep in mind that these are not blueprints, and that each client must be approached individually and with respect for the uniqueness of how they have creatively survived life's pressures. The breath may be very small, bound by a compressed rib cage, showing that the client had to hold themselves in, could not express what was inside. Such a person is kept narrow, unable to avail themselves of the choices and possibilities living within. If the breath is even and unchanging, the client may present a smooth "everything is fine" surface to the world, and be unable to reveal the more personal self. In some the breath moves only the abdomen, having to be forced up into the chest, pushed past a weight on the heart. Heavy, labored breath, forced exhales, indicate someone who is "working" hard at relaxing, or someone who doesn't know how to stop trying, for whom everything is an effort. The client whose breath is never completely exhaled, often accompanied by a barrel chest, is someone who has had to be brave, always maintaining a stance of being bigger and stronger than they really feel.

All of these breathing patterns involve diaphragm tension. The relaxed diaphragm has a domelike shape, curving up toward the chest. When it contracts, the dome center pulls down, enlarging the chest cavity, and air rushes into the vacuum, which is inhalation. When the diaphragm relaxes, the dome moves back up and air is pushed out for the exhalation. Tense diaphragms create recognizable body patterns. Often, a restricted diaphragm causes a high bulging upper abdomen, as if the body weight were disproportionately settled there. This is because the diaphragm is never fully relaxed and the abdominal organs are pushed out of place. Diaphragm tension can also show up in the rib configuration. Sometimes the lower ribs flare out while the middle ribs are pressed in, and sometimes the entire rib cage is flattened down. In the posterior, diaphragm tension causes tight muscles in the lower mid-back, and lack of movement in this area with the breath. This and other body areas that do not visibly move with the breathing indicate areas of deep muscle tension. They

remain still and unmoving, and are often the places where the client experiences pain or discomfort. As these areas are worked with in massage, the first clue to relaxation is that the breath moves into the area.

When the diaphragm is tense, it doesn't move throughout its range. Less oxygen is taken in. The surrounding organs, heart, lungs, stomach, and liver, get compressed and digestion doesn't flow properly. The esophagus and major blood vessels, which pass through the diaphragm's center, may get restricted, causing hiatal hernia and poor circulation. Undue pressure is put on the spine and ribcage at the diaphragm attachment points, causing muscle tension and postural imbalance.

The relaxed diaphragm swings freely, gives an internal massage to the organs surrounding it, and transmits wavelike movements to the spine, ribs, chest, and abdomen. This slight motion helps keep our bodies relaxed and promotes physical health. When working with a client who has diaphragm tension, a hand placed just below the front of the ribs will enable the practitioner to feel the tension. Often a gentle hand resting on this area will encourage diaphragm relaxation. The release is often signaled by a digestive gurgle, a spontaneous deep breath, and more movement in the area; the client may also have an insight about their life at this point. As the client is able to express what the muscles have been working so hard to hold back, the tension releases and the truth of their experience is available to them. Both the diaphragm and the other muscles relax and naturally return to a state of optimum ease. When the diaphragm is relaxed and moving freely, the client often feels deeply peaceful and full of well-being, experiencing trust in themselves and in life. This is the state of physical and emotional healing. The breath is the key, both in providing information for the practitioner, and in paving the way for the client to discover relaxation.

Kathie Bailey's contact information, as of 2004, is as follows:

(612) 870-6127 office Therapymn@aol.com