

## PHYSIOTHERAPY: BODY-CENTRED APPROACH TO WORKING WITH VICTIMS OF TORTURE AND TRAUMA

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***Physical pain is rarely an isolated sensation, and is almost always accompanied by emotion and meaning. Traumatized clients tend to dissociate traumatic memory from feelings, as well as accompanying physiological sensations. Thus the emotional trauma gets trapped in the body, often somatized in the form of chronic physical pain. Clients are not necessarily able to identify that this is so, as the process is usually unconscious.***

***In our physiotherapy sessions I guide clients to gain some insights as to how the body sensations, the feelings and images from traumatic experiences are inter-related. In doing so, clients gain a clearer awareness of the body-mind connections, and thereby are able to better understand how to prevent and/or release pain.***

STARTTS\*\* is a unique organisation which acknowledges the multiple needs of clients who have undergone severe trauma/torture. By addressing biological, psychological and social aspects of the client's health, it provides a holistic and culture-sensitive approach to healing.

As a physiotherapist who has been at STARTTS for many years, my work in facilitating the healing process of victims of torture and refugee trauma is also ***integrative***. My patients present a wide range of musculo-skeletal symptoms which are not isolated from other aspects of their health (psychological) or daily life. In addition to helping ease their physical symptoms (such as pain) and improving function, I guide clients in ***making connections*** between their physical symptoms and psychological health.

***Suffering is deeply imprinted in the body*** because reactions involving the brain (sympathetic nervous system and hypothalamus-pituitary-adrenal axis) spread throughout the body. The body's stress mechanisms are activated when traumatic experiences threaten one's sense of safety, satisfaction and connection. A loss of balance between the sympathetic and parasympathetic nervous system over time leads to illness. Cumulative negative experiences and resultant negative emotions (fear, anger, sadness, etc.) create this loss of balance. The immune system is weakened and a wide range of health problems ensue.

The physiological effects of stress typically constrict blood vessels and reduce blood flow to the soft tissues (such as muscles, tendons and nerves). This process leads to a decrease in oxygen flow and the build-up of pain-producing chemicals, causing muscle tension and subsequent pain.

Physical pain is rarely an isolated sensation, and is almost always accompanied by emotion and meaning. As a physiotherapist, I use my skills to work on the body as a starting point, using the powerful tools of touch and movement to begin the work of healing. My goal is to help in better aligning the three aspects of one's being: the physical, emotional and mental.

Through the body, one can access the emotional and mental layers that contribute to illness.

In order to illustrate this, I offer the following clinical vignette.

***Basic background information:***

- 26-year-old man from Iran, asylum seeker.
- Arrested and tortured; was in hiding before escaping.
- Was in detention in Darwin, and has been in Australia for 1.5 years.
- Now lives in shared accommodation in a northern suburb of Sydney.
- Older sister in Western Sydney, also an asylum seeker, came to Australia with her brother.
- Parents and another older sister remain in Iran.

***Medical history:***

2.5 years ago, the client was in a motor vehicle accident, which resulted in fractures of a rib and the hip/pelvis (right side). The hip fractures were repaired via internal fixation. He says that the orthopaedic surgeon in Iran had planned to remove the metal when the healing was complete. This did not happen, because he travelled to Australia.

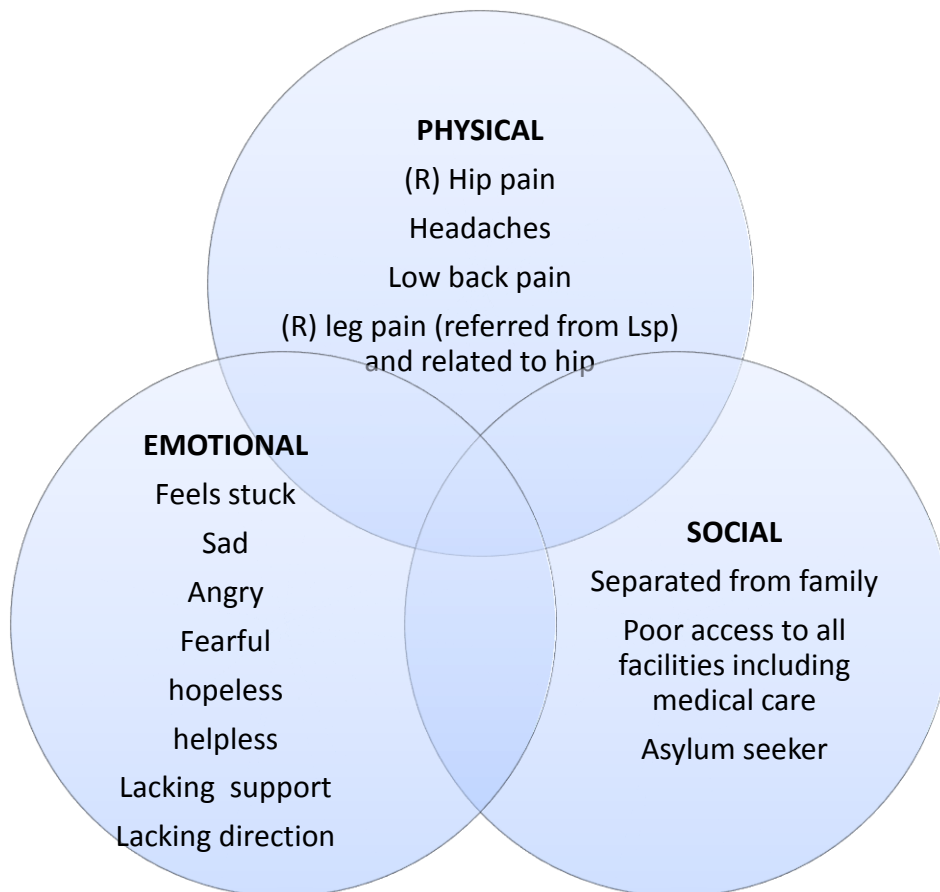
He reports that the rib fracture is well healed. The hip was doing well but has been very painful in recent times. He had investigations regarding the state of the hip (X-ray, CT-scan) done in Darwin, when he was in detention, by a medical practitioner. He was to be referred to a specialist, but that did not occur as he was moved to Sydney. He was unable to tell me the results of the investigations.

He is in good health apart from the pain outlined in the diagram below (Diagram 1). Headaches, back pain, leg pain and (R) hip pain have all been worse since his arrival in Australia in October 2012 (almost 1.5 years ago now). The client's priority was to deal with the pain in his hip and headaches, both of which are constant but varying in intensity.

**PHYSICAL, MENTAL AND SOCIAL RELATIONSHIPS**

The inter-relationship between the three aspects of his health is illustrated in Diagram 1 below:

**Diagram 1: Physical, mental and social inter-relationships**



### ***A SUMMARY OF THE PRACTICAL ASPECTS OF WHAT I DO:***

1. Record a careful history and assess the physical symptoms to establish baseline measures (including their effect on daily function).
2. Make recommendations on other interventions that may be required.
  - a. In this case, he does need a medical review to assess the exact state of the hip to ensure that the plates are not causing pain.
3. Use various techniques to release pain and stiffness in the body as well as to promote relaxation (see Diagram 2). I aim to create an environment where the patient is more comfortable, physically and emotionally. When the body experiences a more pleasurable state, then it is easier to reach the 'mind.' Also, working on the body releases emotions that are blocked. Medical sciences, biomechanics, neuroscience and psychology inform my approach in the selection of the various techniques used.
4. Guide the patient to make the connections between his physical symptoms and psychological status, for example:
  - a. By asking questions: What do you think has made the headaches worse in recent months?
  - b. By getting him to keep a diary and observing the links between physical pain and the situations that contribute to the pain (including thoughts and feelings that arise as a result of the situations).
  - c. By reflecting back and giving feedback on what I perceive (I am wary of imposing any interpretation on the patient).

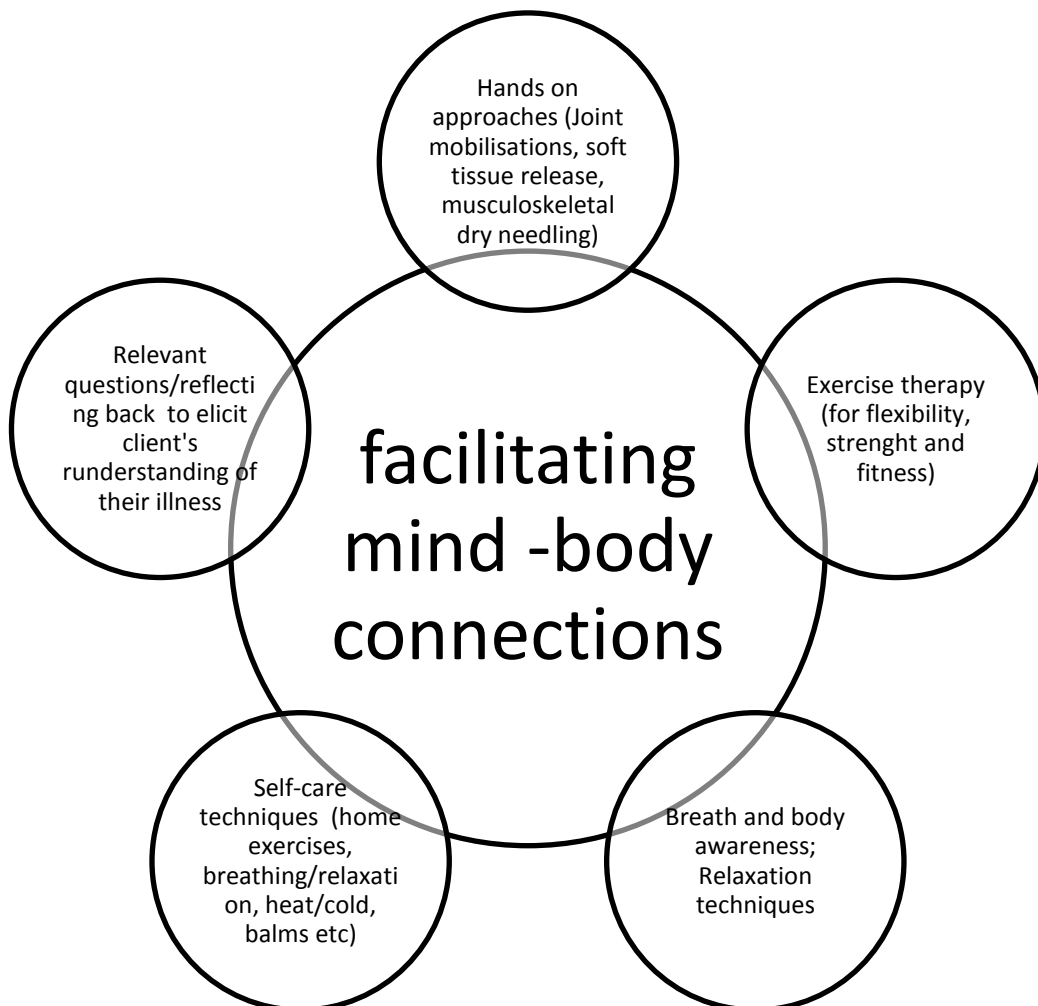
### ***Working with tension headaches***

One of the main problems that this client reports is headaches. In order to ease his physical pain, I have used a list of the techniques specifically for him, and these are given below. (See Diagram 2 for the overall model of care used)

- Gentle mobilizations to the facet joints of the spine (areas that are tender and stiff are targeted, namely the cervical and thoracic vertebrae joints). These mobilizations are used to release pain and improve joint mobility.
- Soft tissue release of specific muscle groups to assist further in pain relief (e.g. trapezius, muscles of scalp)

- Musculo-skeletal dry needling (targets neuromuscular healing and release of energy blocks)
- Breathing exercises: to help anchor awareness in the present moment and as a tool for managing pain.
- Physiotherapy for other areas as appropriate (such as hip, lumbar spine), because the whole body is linked; a weak link affects the whole chain.
- Self-care techniques (use of heat pack, posture correction exercises, exercises to strengthen neck muscles, breathing/relaxation practise for home)

**Diagram 2: Integrative approach used in physiotherapy**



## **THE MIND-BODY CONNECTION**

For many clients, it is difficult to differentiate the physiological, emotional and mental layers of their traumatic experiences. Deep feelings of hurt and of being wounded are usually expressed as aches and pains in the body. ***Because clients tend to dissociate traumatic memory from feelings as well as accompanying physiological sensations, the pain gets trapped in the body, often somatised in the form of chronic pain.*** Clients are not necessarily able to identify that this is so, as the process is usually unconscious.

In our physiotherapy sessions, I guide clients to gain some insights on how the body sensations, feelings and images from traumatic experiences are inter-related. In doing so, clients gain a clearer awareness of the body-mind connections, and thereby are able to better understand how to prevent and/or release pain. This understanding also allows clients to work more effectively within their counselling/psychotherapy process. Clients can take the information gained through their learning via the physiotherapy process to their counsellors, and also the counsellors receive feedback from me to assist their clients.

### **Guiding the client in understanding the mind-body connection**

I will now attempt to explain how I guide the client in making connections between his mind and body. I will also present what has been understood so far by both of us about the basis of his physical symptoms. Again, I will use the example of his headaches to illustrate my discussion.

***Muscle tension is a fundamental way in which the body traps emotional pain.*** My client has headaches that both clinical assessment and discussions reveal to be clearly related to mental tension and conflict.

A few key questions have confirmed this understanding:

1. *What do you think has caused your headaches?*

"I don't know for sure; but when I think too much, especially at night, I can't sleep and my head feels bad."

2. *Can you tell me a little about those thoughts?*

"I am nowhere. You know I can't go back to my country, and I can't do anything here."

3. *How does that make you feel?*

"I don't know. What do you mean?"

4. *Is it sadness, anger, or fear or something else?* (I offer him some options, as he has difficulty identifying and naming his emotions. Many clients have difficulty distinguishing between feelings like anger and fear. They will generally say something like, "I am tense.")

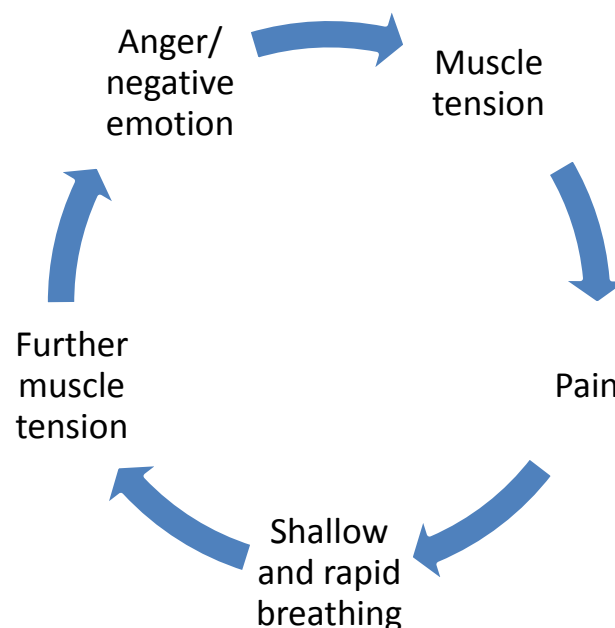
“Of course, I feel very upset. I am angry.”

5. *Where in the body do you feel the anger?* The client notices that his body aches especially between his shoulder blades (mid-thoracic region) and his neck. The pain travels from there to his head, giving him vice-like headaches as the energy of anger rises from the thoracic region up the spine and across to the forehead.

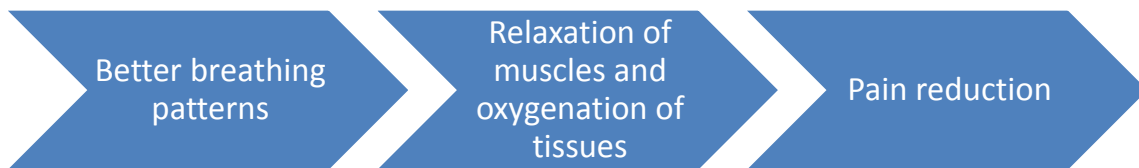
Next, I begin to work on this area of the body and reflect back to him what I observe and feel through my touch. For example: “Your muscles are tight in the areas where you describe the pain, especially on the right side. Can you feel it where my hands are? Do you also notice that your breathing is a little shallow, and that you are quite tense around the shoulders?” I use a mirror as a tool for providing feedback, so that he can see directly how the body is held.

Using these cues, I then work on posture correction, relaxation /breathing (see Diagrams 3 and 4), and the use of touch to release muscle tension. After some time in this session, the muscles began to relax. He became free of the headache, felt more relaxed, but also felt stirred up because he was noticing the effect of the anger on his body. This is the first step in guiding the client to link his emotions with sensations in the body. The client was given homework: to keep a diary so as to notice more carefully the links between his thoughts/memories, emotions and physical sensations. He was asked identify the situations that triggered a rise in the anger, and was invited to recognise the thoughts, beliefs and emotions that accompany the anger. He was asked to record the physical sensations that accompanied these and to locate them in his body. The client’s counsellor was informed of the process, so that she could then work more specifically with him on the psychological issues.

**Diagram 3 Connection between breathing and muscle tension**



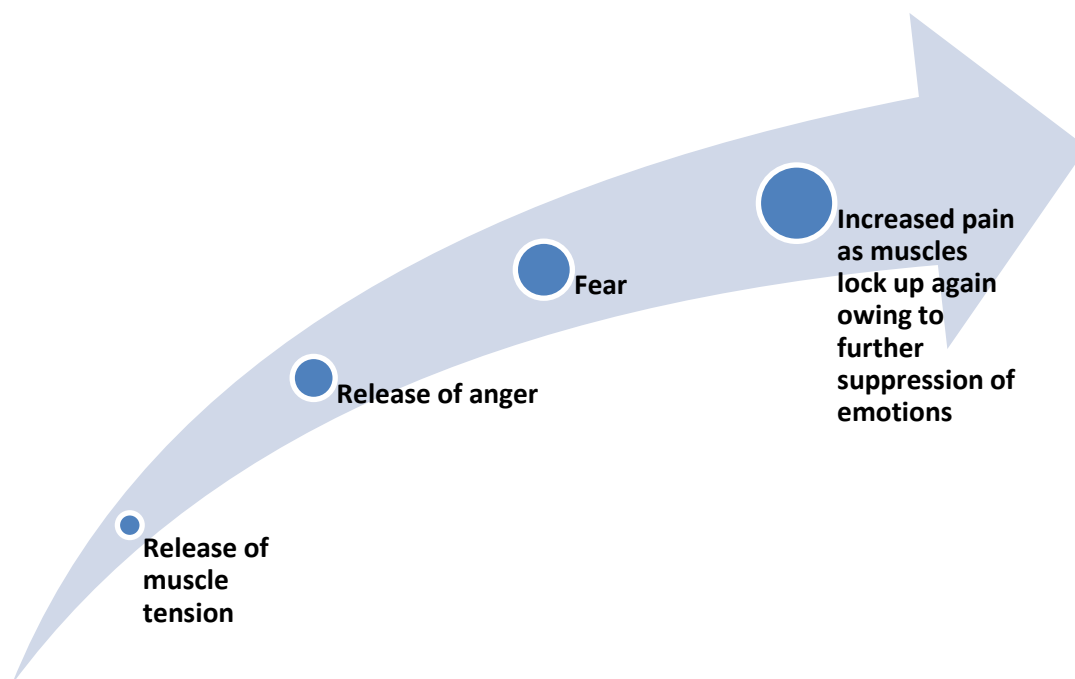
**Diagram 4 Breathing as a tool to manage pain**



A week later, when the client returned for his second session, he said that whilst he experience pain relief initially, his symptoms became worse the next day. Although these symptoms lessened a little during the week, the level of pain remained the same. He had not maintained his diary because he felt angry—angry that the pain had returned. He thought that if he wrote in his diary, he would feel more anger. He said, “My mind is bad.”

The worsening of his symptoms, a common phenomenon, indicates an initial release of the anger. As the muscles relaxed, he felt better and also became more in touch with his emotions. However the client severely judged himself for experiencing anger. Hence, his muscles locked again as it was unpleasant to experience the emotion of anger. So, he began to suppress it, as he believes it is wrong to feel the anger. In suppressing emotions, his muscles became more tense, and so did his experience of pain (see Diagram 5). This tension indicated the intra-psychic conflict between experiencing anger and suppressing it. I used this information to provide feedback to the client.

**Diagram 5 Reason for increase in pain**





This formed the basis of the next stages of the healing process. In the third session, the client had filled his diary and noted some of the correlations between his anger and the physical pain (especially headaches). In order to further raise his awareness between the suppressed emotions and physical pain, I asked him, "What feels worse, the anger or the pain?" This was an important question, also to empower him to release the anger.

He responded, "They are both terrible, and I know that the pain is there because of the anger. I feel helpless. I can't change anything."

The client was reminded of his options:

- You can trap the pain forever, because you can't find a solution to the anger, or
- You can allow the anger to be released in a safe way (with a combination of counselling/psychotherapy and physiotherapy).

I began to work on his neck and upper back, gently releasing stiffness in the joints and muscles. At this point, he started to sob uncontrollably. He was able to release some of his deep seated pain and sorrow, and on this occasion, he spoke of his feelings of guilt (which in due course will need to be addressed). The session ended with some gentle breathing and relaxation techniques, and he reported being free of headaches and back pain. He was keen to return the following week, and said that he would put into practise some of the exercises I had prescribed.

The brief therapeutic process that occurred so far in these sessions with the client reflected the interplay between the mind and the body. A reduction in muscle tension and increased flexibility in the tissues of the cervical and thoracic regions resulted in a subsequent reduction in headaches. This appeared to be accompanied by a reduction in some of his rigid thought patterns that were locking in the emotion of anger in his body. The client was now more accepting of the anger, and felt it was safer to talk about it. He is speaking about deeper aspects of his anger, such as rage, and this information has been discussed with his counsellor so that the client can address these in a safe and appropriate manner.

***Our clients at STARTTS have complex problems based on difficult trauma and/or torture histories. Their difficulties are compounded by the re-settling process. For some, visa restrictions create uncertainty, insecurity and further distress. An integrative approach that helps people build inner strengths and resources for self-care, despite unpredictable external circumstances, is essential in the process of trauma recovery.***

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**\*Veena O’Sullivan has been a registered physiotherapist since 1981. She is a Sydney University graduate, with both undergraduate and post-graduate qualifications in physiotherapy (Bachelor and Master Degrees). She also has a Graduate Diploma in Counselling.**

**She has worked both in Australia and overseas, with wide experience in clinical and academic settings. Currently, I am working both in private physiotherapy practice and at STARTTS.**

**\*\*STARTTS- Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, Sydney Australia.**