Trauma Support in Practice

Links Between Psychology and Rolfing® SI

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ABSTRACT *The author describes the connection between the mind and body in terms of her perspective as both a clinical psychologist and a Rolfer. Nervous-system states can reveal the client's trauma history, even if not disclosed by the client. Corwin suggests practitioner intention, practitioner self-regulation, and developing professional community referrals as strategies to support clients to have a strong relationship between mind and body.*

Introduction

The body and mind are inseparable. By 'mind', I mean the brain and cognitive function; when I use the term 'body', I refer to the involuntary responses the body has in reaction to history, experiences, and present moments. With body and mind, one can and does often lead the other in different circumstances. The power of the mind is seen in the placebo effect: when a person believes in the outcomes of a suggested medicine or treatment, they can experience those outcomes even if administered a sugar pill or other innocuous treatment instead of the actual treatment. In such cases, the results are due to the *belief* that they are receiving the correct medicine or treatment. Another example of the power of the mind is how the thought that something bad is about to happen can triggers the fight, flight, or freeze threat response, which is also linked to anxiety. We also see the mind leading the body when we smell an aroma that brings a memory back with intensity. The memory can hold trauma or joy, or anything in between. Other times, the body will offer signals in different forms to alert the mind that a problem exists. For instance, pain in the elbow after a fall signals a compromise in the body, like soft-tissue injury or a bone fracture. The pain is the signal to the mind that

something needs to be done to support the area of injury. Traumatic events impact both body and mind. Sometimes they complicate the body and mind relationship, and the stress of managing these events can cause bodily discomfort and pain.

As humans, we have a unique capacity to impact our bodies with our thoughts, and our bodies can impact states in the mind. This can be put to positive use in the service of Rolfing Structural Integration (SI). We all work with both the body and the mind. How might we harness this unique mind and body connection? Through my training as a clinical psychologist, I learned to recognize some states that I did not discriminate before, such as big emotions or a void of affect that signaled deeper turmoil. Because of this, I sometimes refer bodywork clients to mental health practitioners specifically, but I don't offer a diagnosis – that would be outside my scope of practice because the client came to me for Rolfing work, not psychological assessment. What is important is to recognize when other professionals could be of service to your client.

In this article, I will explore how I have integrated my professions of clinical psychology and Rolfing SI by investigating practitioner intention, practitioner self-regulation, and recognizing arousal states in clients.

The study of trauma began in the nineteenth century with 'hysterical' patients who suffered emotional distress. This understanding evolved to include how people experienced fervent emotions that would not allow them to integrate traumatic events, keeping the trauma separate or disassociated with no adaptive value. Bessel van der Kolk, MD, writes of the observations of psychological pioneers Freud and Janet: "Traumatic memories persist primarily as implicit, behavioral and somatic memories, and only secondarily as vague, overgeneral, fragmented, incomplete and disorganized narratives . . . To make meaning of the traumatic experience is usually not enough" (2004,176).

Current understanding is that trauma has links in body and mind – the central nervous system (CNS) and areas of the brain. The *stress response* is an adaptive and healthy reaction to a stressful event, characterized by the ability to integrate events; events that cannot be integrated constitute *trauma*. To support our clients, it is helpful to be aware of these concepts: we will see both adaptive stress responses and trauma among our clients, along with common comorbid diagnoses that accompany trauma.

As bodyworkers, we touch the body to facilitate change in both the body and the mind, yet Rolfers are not trained in the myriad of ways trauma and bodily/emotional injury show up in the body. It was through my clinical psychology training that I became acutely aware of the impacts of a variety of mental health maladies, psychological conditions, and associated physical challenges that connect with these diagnoses. I make these distinctions from my experience, and note a distinct difference in understanding before and after earning my PhD in clinical psychology.

The power we wield as bodyworkers is deep and rich, living in the nonverbal. This is a potent realm of healing: erring on the side of silence and support to give the client room to process and integrate has consistently proven an effective strategy. While we aim to be of service, sometimes our Rolfing clients will have CNS states that relate more to their mental health status and trauma history. We need to be trained to deal with this case presentation, and work as a team for this client with their psychologist, or even refer the client exclusively for mental-health support, depending on the severity of presentation. These considerations taken all together inform my approach to our work and the outcomes. Now, let us look at an application related to a situation that shows up commonly in my bodywork practice.

Interfacing with Clients' Trauma

One common challenge that occurs in my Rolfing practice is when the client's mind is engaged with trauma, commonly exacerbated by anxiety. When such a client is in my care, their body's alert system or arousal could be easily engaged, inspiring panic or fear in conjunction with all the physiological responses that tell the body that a threat is present. Sometimes this means the client will disassociate, other times the client might sweat, shake, or get nauseous, to name a few possible reactions to hands-on work. Trauma can also manifest in the body through somaticizing, which can include any variety of discomfort or pain including digestive trouble, sleep interruptions or inability to sleep, headaches, tension, and more (Walton 2014).

What is important for us to recognize, as people who work directly with the body, is that we do not know what the triggers, physical sensations, or perceptions are that ignite the client's nervous-system arousal. Many times, clients will not know an area of the body is a trigger until they are in the middle of the physical reaction. As support for the client and the Rolfer are both recommended, the following sections will address support, specifically:

- Some ways to recognize a client who might need a slower pace of work for the SI to be successful, ideally avoiding a flight, flight, or freeze response.
- Ways to speak to clients who may be going through a heightened physical response.
- When to find a 'talk therapist' or two in your community to refer clients to during their weeks of working with you, and what that simultaneous relationship might look like, (i.e., they see the talk therapist before or after the Rolfing session).
- How working with therapists who are somatically informed can help your client base.

Recognizing Trauma/Anxiety

Awareness and intention are usually the beginning of the process to understand how we are consciously interacting with our clients.

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> Intentions create an integrated state of priming, a gearing up of our neural system to be in the mode of that specific intention: we can be readying to receive, to sense, to focus, to behave in a certain manner . . . This is the intention to be open, not the receptivity alone but the intention to be receptive, is itself something which can be perceived by the mind. This is the perception of intention (Siegel 2007, 177).

Many of us have an awareness of our own nervous system and can self-regulate. This self-awareness and self-tracking is the ground for a process called *scaffolding.* Scaffolding is when one person's nervous system (the client) relies on another person's nervous system (the practitioner) for their baseline function, which I'll discuss more below. The essence is one person attuning to the other, with the most settled being the 'leader'. We learn how to regulate our CNS through scaffolding as infants with our primary caregiver: optimally, the adult caregiver has a settled CNS that the baby is able scaffold to for regulation. It is through this process that our ability to track our emotional responses begins.

Awareness of our nervous-system state can alert us to trauma or anxiety in another. I notice how my body responds with a client and I become linked to the client through my nervous system. A necessary preparation for this is a personal body scan to discover how I'm feeling prior to beginning a session. Knowing, on any given day, if you have more to give or are more fragile is important. With that information, you can pace yourself and understand at what level you are able to support the client.

Besides my private inner check-in prior to working with each client, I always begin both Rolfing and therapy sessions with a short client check-in that allows me to assess if the person is coming in with a charged state (angry, anxious, sad, cheerful, energetic, etc.), to best determine how we engage. You may already do this as part of your traditional session format, recognizing that for most people it feels good to orient in the place and relationship prior to receiving hands-on work. Physical signs you can look for in your clients include how their eyes interact with the space. For example, do the eyes dart around, or are they able to move about in a way that implies they are focused, present, and taking in the room? Are they sweating or breathing quickly? Do they prefer to remain standing or do they sit? All behaviors and physical attributes give you clues as to what is going on with the client. Simultaneously, tracking your inner state to see how your own nervous system is being impacted will give you some clear information. You can ask your client if your observation seems accurate with their experience. As Rolfers, we do not diagnose, but we do observe and use the information we have to facilitate change in the clients with whom we work.

In the process of scaffolding, which I am continually practicing whether I am working in as a mental-health therapist or practicing Rolfing SI, I am on the lookout for any nervous-system arousal – not only in the client but in myself. Specifically, I remain curious and attuned to any physical activations of my CNS to clue me in to the client's CNS. This is both during the check-in and when the hands-on work has begun. Signs of arousal include increased heart rate, sweating, shaking, twitching, or absence of presence (also known as disassociation). These states offer a suggestion to pause and check in, to see if my experience matches the client's. Either way, the pace needs to be adjusted when I have a warning in my nervous system. My body's message is to be on alert, to slow down and pause to make room for the experience to catch up to the warning, which may be the breath-rate increase of the client signaling their CNS arousal. Ideally, this slower pace will soothe the activated nervous system. Since CNS arousal can also be a result of an anxiety or trauma response, slowing the interactions and input as a practitioner will always serve the client. Ways to further support the client beyond taking breaths and maintaining your own CNS regulation include inviting the client to remain aware of what is happening physically in the present moment; for example, inviting the client to hear the water fountain in the room or feel the heat of the table.

Relating to Clients with Trauma/ Anxiety

The people who come to us for Rolfing SI might not have active or debilitating trauma, but those who do have trauma require some extra attention when it comes to how we work together. All clients should be primed in the interaction and empowerment to say *no* or *stop* (Picton 2004). This is the beginning of understanding boundaries to develop tolerance the client has for the work, and the ability to ask for what is needed, which expands the clients' ability to self-advocate. It is important to recognize when input is too much, and either the Rolfer or the client may be the one to identify this need to pause.

There are many reasons that could make it difficult or impossible for a client to self-advocate for their own personal boundaries. As the practitioner, we may notice signals that something might be too much, like the client shrinking away from the touch or tensing up to brace for the sensation. Part of our role is to help educate our clients to their own signals. If the sympathetic nervous system – the area of the brain that oversees fight, flight, or freeze – is engaged, the client may not fully comprehend that they have nervous-system arousal because they are distracted by the touch sensations. If a Rolfer applies strokes in succession with little pause between them, it is harder for both practitioner and client to notice activation of the nervous system. As we want the parasympathetic nervous system – the part of the brain that takes care of things when the body is at rest and safe – to be our constant companion, building pauses into our manual interventions will give both client and practitioner the opportunity to notice whether the sympathetic or parasympathetic nervous system is engaged.

Being able to self-regulate as a practitioner means we can recognize when our own bodies are feeling safe or when they are not feeling safe, and we can manage this stress by decreasing arousal actively when we notice an engagement of fight, flight, or freeze. If we are working with a client who has a history of anxiety or trauma, this ability will be useful to monitor continually as you work with your clients. This is where scaffolding, which I mentioned earlier, comes in. Practitioner self-regulation is important because the client's nervous system naturally tunes into the arousal or rest state of the practitioner; the work being done at the table is within this scaffold of resonance between the two people. Through your self-regulation as a Rolfer, you can help the client feel safe.

The same soothing skills are used with children when they are upset. Calming an upset child is not as simple as saying soothing words. Parts of the brain in the child and adult attune to each other to let the child know that they are safe, regardless of words, which again is scaffolding. Through these nonverbal cues, infants learn from their primary caregivers how to self-regulate.

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This brings attachment theory into our discussion. A client who was neglected as a child may have little ability to self-regulate or to identify when there is danger, which is its own type of trauma. When children are not exposed to authentic communication with early caregivers, they are not given avenues to explore, express, and experience their lives. Educator Mary Gordon notes, "When we share our feelings, opinions, value, and deeply held beliefs with one another, we are able to relate as human beings" (2009, 133). This is true with both adults and children.

Doing Our Own Work

As Rolfers we do not have to know all the types of trauma that we may encounter. In fact, knowing that we will never fully grasp the vast array of challenges our clients may present with gives us the patience needed to work with the client when we feel agitated. We do not always need the answers, but having the tolerance for how wounds show up in our clients is foundational to their healing. I am often reminded of an interaction with my daughter, that occurred when she was three years old and having a reaction to something that did not go as she wanted it to, probably playing with a toy. I was enjoying tea and conversation with a friend, whom I had not seen in a while because life with an infant was all-consuming, when I saw that my daughter was getting upset. When I recognized that, I asked my friend to give me a minute. I crouched down and named for my daughter that she was having more than one emotion, and that this was very human. We briefly talked about her feelings, named them, and then she was on her way to the next toy. I probably would have forgotten about this, except that when I sat back down to visit with my friend again, she was agog. She told me that she wished that she had had someone in her life to help her articulate her feelings when she was a kid. I thought it was nothing, yet she thought the interaction was amazing.

This reminded me that we all have different skills and abilities we are not aware of because of how we have been taught to interact in the world. Not everyone is fortunate enough to have self-regulation as a part of their being. What is important here is that we all can learn to become more accurate in our engagement with others to refine attunement and build attunement skills. This can happen through working with Rolfers as well as working with counselors or therapists. The skills are both verbal and nonverbal. If we are able to investigate our own lives to foster healthy ways of being, we consciously and unconsciously bring those into our work. In other words, the effectiveness of our work with our clients can be partly a measure of the personal work we have done ourselves.

Some family cultures and areas of society still have stigmas around seeking psychological support (Walton 2014). However, change can happen if a person can understand cultural restrictions, the ways of thinking and being that are holding them in unhealthy patterns. This journey usually requires a guide to illuminate the patterns. This is where a licensed professional like a psychologist or counselor is helpful to our clients dealing with unresolved trauma, in conjunction with our bodywork. Seeking mental clarity and support is not only for those people who have diagnosable problems. We all have biases and ways of thinking that hamper us. We all have values that are helpful and others that are limiting. We all have family dynamics that have inspired wounds, even in the best of families. Finding ways to think about how we engage in life, the stories we tell ourselves, and how to move forward is better when we have support.

Since Rolfers are that support for many, it follows that we may want to be conscious of the beliefs we have that we bring into the room. If we are unaware of those thought structures, we can do serious harm by playing out those relationship dynamics on the innocent bystanders who have come to us for help. An outside counseling relationship can be a valuable way for bodyworkers to work out any issues experienced as a practitioner with clients. For example, therapy might be useful to you if you have a client who triggers a feeling of dislike or anger that you do not understand, or a client communication that leaves you distressed. In the absence of supervision (a process counselors and therapists regularly engage in), Rolfers may think they are left with working these things out on their own. As the matters often involve our own psychological makeup, it can be valuable to have a psychological counselor to explore and clarify these issues.

How Our Clients May Benefit from Talk Therapy

While I have so far addressed the therapeutic relationship and how Rolfers can be a support to client's body-mind, it's important to reaffirm that clients may also have a relationship within their physical experience that requires psychological examination and other professional support beyond our scope of practice. Trauma can certainly be helped by both physical and emotional support. Pairing Rolfing sessions with a counselor or therapist can give the client two avenues for processing and transformation, both mind and body, each addressed by an expert. Grief is another situation that I have seen successfully addressed through tandem work of body and mind. The bottom line here is knowing that we are complex creatures with a variety of avenues to pursue wellness. We may never achieve an absence of pain, but the support we receive will have a direct impact on quality of life.

Understanding how a belief came to be can help us choose how that belief informs life, rather than continuing to let the belief operate under the radar, below conscious thought, where we do not have choices. As an example, I'll give a case study of 'Clara' – who is an amalgam of many clients I have worked

with who share these issues. Clara came to me for bodywork suffering anterior pelvic pain after the birth of her second child. There was scar tissue present in the pelvic area with painful sensations. I felt there was more to this pain than the physical – hints of this included that she had already sought help through a variety of different physical therapies with no improvement. Though I am trained in clinical psychology, she did not come to me for this, and it was therefore outside of our implied agreement for working together. I suggested that if anything came up during our work, she could voice it if she chose to. Sometimes revelations that come forward in this manner will clearly guide a referral to other types of therapy. In Clara's case, I knew already that she was working with a talk therapist as that is a question in my intake process. While working on Clara's pelvis, she had a revelation of what happened during the birth and could finally put words to the sensations she associated with the birth of her child, which was also when she started having persistent pelvic pain. The articulated revelation gave meaning to the pain: she identified knowing in that moment of birth that her life situation was untenable. It was this truth about her life that was not allowing her body to feel relief. Just acknowledging the thought gave her body softness, which allowed the work we were doing to release the held tissues around her pelvis. Because she was already dealing with grief and other areas of challenge in her marriage, she had the resources to be able to process her understanding. Grief, sadness, and anger were a few of the emotions that came up in this session.

This type of revelation is actually something I have seen again and again: a person knows life must change (which does not always mean a need to radically change their life). With such moments, I *recommend* that a client attend to a deeper investigation of the event we uncover, but I am never forcefully directive. People are ready in their own time. We exist and are defined by past events, relationships, and how our body holds the reactions to these experiences – informed by our environment and perception of safety. It is thus useful to suggest to our clients that having a team of professionals may give them a better understanding of events in their lives and support for healthy choices of how to move forward.

Appropriate Referral

When I was in training to become a Rolfer, many of the instructors used psychological terminology and theories to help the students understand the work we were undertaking. What struck me then, as it still does, is how some students may have taken that very cursory education as an invitation to play with a person's psychology in the hopes of helping them. Many of us are nurturers, which is why we enjoy this work supporting the evolution of others, but Rolfers are not experts in mental health. Sometimes we do not recognize a problem until we have already created it, such as the client becoming flooded or overwhelmed during a session. The best intentions are there, but with clients who may have severe diagnoses, this could be dangerous for both the Rolfer and the recipient. It is important to be clear: psychological therapy is not in a Rolfer's scope of practice.

Many of us are intrigued and learn a lot about psychology out of natural curiosity. My own curiosity let me to my clinical psychology studies, as it has led some of you to similar learning or training. My specialty in clinical psychology is somatic psychology, which is named in my conferred PhD. This means that I was taught about how to engage with my psychotherapy clients in ways in which the body leads the discussion or the experience. In my training through psychology, words are not necessary but are helpful. How this translates to work with talk therapy clients is we allow physical stimulus – which is not always direct touch – to lead. Playing catch or rolling a ball to explore what a balanced interaction feels like is one example of what might happen. Using a weighted blanket to help the client feel their edges of being when overwhelmed (aka 'flooded') with emotion is another example. Naming sensations when the client's face gets flushed can also help a client begin to link sensations to emotions (as one possible example as to why this flush might happen).

You'll note that even though I have dual training, I do not attempt to do both bodywork and psychological work with the same client. That too would be outside the scope of practice for each of my professions. Thus, whether you have psychological training or not, it is advisable to have relationships with mental-health providers to whom you can refer clients. This is not a requirement of you as a Rolfer, so if you are not comfortable recommending others or other therapies, do *not* do it. That is your prerogative. What I am suggesting is that you may be in the unique position to recognize there is a layering of challenges that go beyond the structural that could be helped by additional supports, including psychological. Because your client trusts you, your suggestion may help them get needed assistance. In my almost thirty years of practicing as a Rolfer, it is rare for a client who trusts me to dismiss my recommendation of another avenue of support. I am lucky to have relationships within my community to be able to recommend specific people who have proven and refined skills in their fields. If you do not have people to refer to directly, you can suggest the client talk to someone, and ask their friends, to let them discover the expert individual who feels good to them.

A vibrant element of my practice includes a constant investigation of my community and a short list of practitioners. The types of the support I have found crucial in my life includes medical doctors, psychologists, physical therapists, acupuncturists, health clubs, massage therapists, and chiropractors. All health practitioners need a circle of support both for their own wellness but also as a resource to refer clients to when they need a team of support as well. I mostly have found practitioners by asking clients and friends about their successful experiences and beginning my connections to others through recommendations. The people who prefer my work often have other professional connections in the community that are of great interest to me.

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Then, I will try to find a way to have coffee with other practitioners to learn more about them and their practices, and I usually find a reciprocal interest in my practice. Thus, referrals are born from relationships.

If I do not have personal connections with experts, I go to review sites to discover who has the best reviews and what people say about them. The reviews help direct me to people in my community who I would like to know better and meet. Part of why I feel I have always enjoyed a thriving practice wherever I go is due to this practice of building a referral network. The other part of my success, I believe, is I find working with people and helping them find relief to be thoroughly satisfying. When that shifts in me, I will then shift my career.

Conclusion

The body and the mind are in a constant dance. As Rolfers, we partner with the body as the leader. By investigating practitioner intention, honing practitioner self-regulation, and recognizing arousal states in clients, we become better support for our clients and better working professionals. Knowing our limits as practitioners helps us discover resources in our communities to share with those who might benefit from those other modalities. Fixing is not what we do, though getting people out of pain is rewarding. As Rolfers, we might shed light onto the connections and lack of them in our clients, so that changes can be made to enhance or create alignment, ease, function, and adaptability through our intention to do so. These are core values of Rolfing SI. Our work gives us the opportunity to identify areas of support from which our clients might benefit; thus, we can refer our clients to mental health experts when appropriate. Humans are social animals and need communities of support and care to function best. I am one ship in a fleet of health and wellness professionals for my clients in managing their lives. Knowing that also helps me let go when I am not helping them anymore.

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