Mind and Body - Physiotherapy and Complementary Therapy

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Complementary therapy forms a unique link in rebuilding the lives of survivors of torture.

Healing can begin by working through the body, trust can be fostered through physical contact and physical damage and chronic pain can be relieved. Stress is treated through relaxation, breathing exercise and other physical therapies. The holistic approach of complementary therapy is well suited to the damaged bodies and minds of survivors of torture.

Mr B took six painkillers a day for his constant pounding headaches, back pain and dizzy spells. After four sessions of reflexology, his headache had disappeared and back pain diminished. He became more relaxed, disposed of his painkillers and ended treatment because he felt able to cope.

Working physically with survivors has similarities to working with intensive care patients. There is the need for acute sensitivity to the patients’ reactions, an extra awareness of the importance of autonomy and an understanding of issues of power and helplessness.

A physical therapist who trained as a psychotherapist lamented at "how laborious a task it can be to cultivate a relationship with a patient when it was so much more accessible in my experience as a physical therapist" (Cimini, 1990).

Mr M's notes explain that after 18 months of psychotherapy, he has never been able to put his experiences into words. No more is expected of the first session than to establish communication, perhaps lay a foundation for him to return for further treatment.

Then Mr M begins to demonstrate various contorted positions on the floor. The interpreter translates his descriptions of what they did to him. The horror of what he reveals contrasts with the coolness of his delivery. The reason that he feels safe to speak is because he knows that we will work on the physical level without expectations of emotional revelations. He is not yet ready for that. But he is passing a milestone today in that he is speaking about the unspeakable. He needs acknowledgement of this, he needs to know that someone will walk the path with him, he needs to be listened to and believed, and he needs help for his pain.

Complementary Therapies

It is pleasing to watch survivors of torture as they gradually relax into the hands of a skilled practitioner. The team of complementary practitioners provides the following services:

**Alexander Technique** works through self-education of posture to harmonise mind and body.

**Aromatherapy** is a form of herbal medicine using massage with essential oils.

**Art Therapy** allows clients to express feelings non-verbally in a non-judgmental atmosphere.
Homeopathy uses small doses of an individually prescribed remedy to relieve symptoms, which would have been caused by a larger dose.

Naturopathy mobilises the body's natural healing forces through and other means.

Occupational Therapy provides rehabilitation through functional activities and stress management techniques.

Osteopathy works particularly through the spine and other joints but uses a holistic approach, including postural and dietary advice.

Physiotherapy works with physical techniques such as manipulation and mobilisation, exercise, massage, breathing re-education, and electrical treatment.

Reflexology works on the principle that the whole body is represented on the feet, and uses deep massage on specific areas of the foot in order to treat the affected part of the body.

Reflexology has proved particularly successful, perhaps because it acts as a reverse form of *falaka* (beatings on the soles of the feet), enabling the body to be healed through the feet. Sceptical patients are soon won over, but not all professionals at the Foundation understand this form of treatment, and the reflexologist was somewhat perplexed to receive a referral for a bilateral amputee.

The advantages of having a team of complementary practitioners within the Foundation is that liaison and assistance from other disciplines is available, clients are treated by body practitioners who have developed a sensitivity for handling survivors of torture and a body of knowledge is built up to deal with specific injuries resulting from torture.

Referrals for complementary therapy come from caseworkers, psychotherapists, doctors and clients themselves. Liaison with the caseworker is on-going and if a client needs psychotherapeutic intervention, appropriate assistance is sought. Meetings for practitioners are held fortnightly to discuss practical issues, share ideas and provide mutual support.

We liaise also through co-working, when two practitioners work together with a client to untangle knotty problems and use a wider variety of skills than when working alone.

Mr G is an artist who escaped persecution in Turkey and now presents with neck and shoulder pain, difficulty in breathing and a severe stammer. Physiotherapy and speech therapy in isolation have had limited success, so after some discussion we begin working together. Physiotherapy takes the form of general and local relaxation, awareness of breathing, control of breathing, and release of breath-holding. Speech therapy is then able to relieve his stammer. Now Mr G does not cease to delight verbally at his new freedom of expression.

Assessment

This intimacy of the relationship with the client is matched by the perverted intimacy of their previous relationship with their torturers, and assessment of clients has to be slow and gentle so as not to trigger memories of interrogation. It may be spread over several sessions. The case notes are scrutinised beforehand so that details of the torture are understood and certain interventions avoided.

The first session may involve no physical contact so that trust can be built up. Much discussion is needed to explain what the therapy is, to clarify expectations and identify methods of communication and practice that are culturally appropriate. People who have
been subjected to organised violence show similar symptoms to those who have been tortured, but survivors of torture handle differently.

Postural abnormalities are often seen, reflecting physical or emotional trauma or both. This is compounded by guarded language and a stiff gait if *falaka* has been used. For clients who have blocked out fearful memories, their muscles still remember the trauma, and many present with an armour of muscles in chronic spasm.

Pain of any sort is always avoided during assessment and treatment and this is explained to clients so that they will report back if any procedure is at all uncomfortable. They are exhorted to try not to be brave and are observed closely for any sign of distress or discomfort. Osteopaths elicit feedback from clients through muscle tension, the Alexander teacher through posture, and physiotherapists through breathing patterns. Precautions when examining survivors are to avoid coming up from behind them, to avoid bright lights and to allow them to stay fully clothed if necessary (Bloch and Moller, 1990).

**Treatment**

Clients are helped to gain control over their symptoms, an important step because they have experienced helplessness at a profound level.

Precautions when treating survivors are to avoid electrical treatment if patients have suffered electric shocks, ice if they had cold torture and any use of water if they have been subjected to near-drowning. Acupuncture is not used because it cannot be guaranteed to be pain free. Manipulation is used only for selected people because the noise can sound like joints dislocating. There is no traction couch because many victims have been tied down. Indeed, some clients find it difficult simply to lie down.

If there is any doubt about a treatment technique, it is discussed in detail with the client and sometimes demonstrated on a volunteer, such as the ever-willing interpreter.

We do not stand over patients and must be ever vigilant to avoid any sense of authority over them. We discuss all findings and treatment plans with them, ask their advice and involve them in working out their preferred method of treatment.

We resist the need to "do something" at all cost, when it might be more beneficial to listen, discuss, or simply allow the creative use of silence. "Being" is often more important than "doing".

Close liaison with the psychotherapists is needed when dealing with clients who choose to work non-verbally with us. Mutual support is also essential for managing our own stress and in enabling us to achieve a balance between sensitivity and maintaining a boundary so that we do not take on board our patient's distress.

Ms D is an Iranian poet who has withdrawn from social contact but whose facility with words allows her to express herself with moving clarity. Her articulateness paradoxically protects her from connecting with her emotional pain. She responds to physical treatment for her pain and hyperventilation and is now actively finding new friends.

**How Complementary Therapy Is Used For Specific Problems**

**Falaka**

Survivors of *falaka* suffer long-lasting pain which increases on walking. Objective signs include tight anterior tibial muscles, a stiff foot, pivoting gait and lumbar pain. The pain is responsive to a variety of techniques such as electrical treatment in selected cases, deep massage, strapping, re-education of posture and gait and a programme of home exercises.
Good footwear and shock-absorbing insoles may be supplied.

Suspension
Suspension with the arms twisted up behind the back causes a litany of neuromuscular problems. Nerves are compressed, muscles wasted or in spasm, and joints dislocated. There may be ischaemic contracture or paralysis. Treatment is aimed at reducing abnormal muscle tone, mobilising appropriate joints and providing a programme of exercise.

Hyperventilation Syndrome
Breathing disorders are common and exacerbated if survivors have suffered suffocation or have struggled at length to avoid screaming or speaking their friend's names. A common outcome is the hyperventilation syndrome (HVS). Over-breathing heightens most forms of perception, but paradoxically enables a degree of dissociation from pain. Once the survivor is released from prison, however, this breathing pattern, instead of serving its original purpose, alters blood chemistry and gives rise to alarming signs that can mimic heart attacks, strokes or epilepsy.

Symptoms are irregular or rapid breathing and a kaleidoscope of signs and symptoms throughout the body (Hough, 1991).

Seemingly insignificant events such as being in an enclosed space can set off a vicious cycle of anxiety and hyperventilation.

Ms T presented with fatigue, insomnia, air hunger, feeling of a weight on her chest, uncoordinated gait and upper limb weakness that left her totally dependent on her husband to look after their children. She said, “My breathing feels separate from me, as if it's someone else's breath.” She connected the onset of her symptoms to watching a friend being hanged. The first physiotherapy session was spent in listening and explaining. The second session included relaxation, breathing awareness, visualisation, abdominal breathing and yoga breathing techniques. She responded well to encouragement and praise. She took home some relaxation tapes in her own language.

Later she gradually learnt to slow her breathing, very gently so as to avoid tension and exacerbation of disturbed breathing. Techniques that used breathing into bags were avoided in order to emphasise independence. She was particularly proud when she learnt to control the balance of achieving air hunger but without allowing the panic.

Ms T learnt to recognise stressful situations and initiate measures to control her hyperventilation. Her symptoms became negligible and she was discharged.

Pain
Pain may be localised to parts of the body that have been injured, or may be a response to stress and reflected in headaches or back pain, or a chronic and seemingly intractable pain may be apparent. In some situations, it is thought that clients hold onto their pain as a means of avoiding emotional pain. Relaxation, breathing control and massage may assist the client to express emotional pain, leading to relief of physical pain. At the same time a comprehensive stress management plan is initiated.

Stress
All survivors are stressed and present with symptoms which may not overlap with manifestation of physical injury. It is necessary to identify organic disorders, but the concept of a divide between mind and body is inappropriate in these clients.

One of the best ways to still the mind is to move the body, so exercise is combined with relaxation. Advice is given on diet, posture, gait and fitness training. Survivors have often denied a part of their body, and breathing is a useful medium to re-connect with themselves.

Once clients have learnt simple self-management techniques, discussion helps them to
integrate these into their lifestyle so that they can be used to control panic attacks.

Mr R rarely emerged from his hostel. He was eventually persuaded to seek help at the Foundation for his severe pains, palpitations, difficulty with breathing and bouts of disabling headaches. He presented as a quiet, anxious-looking man with excessive hand movements and an inability to make eye contact.

At times during sessions of relaxation with breathing control, Mr R’s body jerked violently for several minutes, followed by uncontrollable crying. He expressed embarrassment at this and needed reassurance that it is not only acceptable, but therapeutic. He felt relief after these sessions, but it was several months before he was able to explain that he was re-living his electric torture.

He had not been able to express his distress in words, but this physical expression released the pain that had been locked in his body. It took nearly a year for the symptoms to dissolve, but Mr R is now well enough to seek employment in his profession as a journalist.

Conclusion

The starting point of recovery is often by physical means, which when used appropriately can facilitate remarkable powers of self-healing. Complementary practitioners are indeed privileged in being able to play a part in easing emotional and physical pain, enabling clients to rehabilitate themselves. The holistic approach helps to bridge the gap between the conscious and unconscious and between the emotional and physical.

Mr E was a British prisoner of war in Malaya 50 years ago, where he was tortured after being discovered running a clandestine radio station for other prisoners. Broken arms were left without splints. After the war he was told nothing could be done about the resulting deformities. After physiotherapy at the Medical Foundation he now boasts that he can put his arms behind his back and over his head for the first time in decades.

References

