Somatic Empathy: Restoring Community Health with Massage

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Abstract
From the jungle of west Mexico to the tangled streets of Boston healing touch has a powerful effect on the physical and mental well being of those who receive touch therapies. While conventional health institutions weigh the potential benefits of touch therapies such as massage and polarity therapy, research and the experiences of practitioners demonstrate the clear and concrete benefits of the therapeutically applied human touch. This is a much needed addition to the health system that can prevent as well as cure.

I began touching people therapeutically beginning in 1973, when I lived in the jungle in western Mexico. I first worked with the Mexican-Indian women, whose childbirths I had attended and who, because of the burden of multiple births and relentless work under the sun, often looked more like the mothers of their husbands than their wives. They brought their widely flattened sore feet and muscular shoulders, indented by ironlike bras that cut deep grooves across the top of the trapezius muscle. We shared village gossip and they were both honored and amused at my interest in traditional ways of healing. They told me that dried cow dung rubbed on the head cured baldness and then offered to demonstrate on me. They told me stories they had themselves been told about snakes that lived near the *cascadas* and were known to be so dexterous that they could unzip your dress, get inside your pants, and get you pregnant. As we got to know each other better, they shared the trauma of their lives and loss of family members to the hardships of the jungle and sea: drowning, tetanus, amoebas exploding the liver, rape, and incest.

The women brought their little ones in when they fell off horses and hit their heads or fell out of hammocks or over the bow of the 40-horsepower *pangas* as they hit the beach on an off wave, bruising the ever so tender sacral bone at the base of the spine. The men came in for treatment accompanied by their wives for the first session, just to make sure nothing untoward would take place. They sought relief for a variety of problems that usually had to do with occupational accidents: diving and the residual effects of too much nitrogen in the blood. Some of the men did not survive. Those who did rarely went diving again, nor did they ever walk the same way again.

One night Ezekiel, an ever-grinning, gold-toothed carpenter whose wife Ophelia made the best coconut pies in the village, was brought ashore. I was asked to his house where he lay in bed, inert and unable to urinate. I arrived amid the crowd of neighbors ritually dropping emergency money onto his bed, body, and clothes. No one needed to mention that the delay in reaching the charter medical flight to Acapulco, still an hour's boat ride away over rough, full-moon seas, was due to lack of money. And while Zeke's pockets were

stuffed with pesos, his pants half on, belly exposed and scarred from previous battles unknown to me, I placed my hands gently on his abdomen to help him relax while he waited.

I arrived in Mexico, having left college in Boston, a young feminist carrying the newsprint version of Our bodies ourselves into the jungle, in search of myself and personal meaning. My experiences with my own healing during my first years in the tropics and as a welcomed participant in the indigenous traditions of my neighbors opened up a path that became my lifelong journey and career. I studied Polarity therapy and massage therapy formally during a brief sojourn to the US and quickly returned to Mexico where I spent the next 10 years honing my craft.

My apprenticeship with the women in the village began very naturally. I learned from trial and error and I served as my own laboratory. It was only later as I sat with my grandmother as she entered her ninth decade that I learned that I came from a long line of women who used their hands for healing. These women healed with herbs, foods, and glass cups or wine glasses, to which a little alcohol was added and ignited and then placed flush against their patient's skin. The combustion of the alcohol and evacuation of the oxygen produced a vacuum that would pull up on the skin, creating a suction, which in turn brought blood and oxygen to the surface, dispersing the pain and stagnation in the tissue. This was believed to rid the body of poisons. The Yiddish saying: It will help like applying cups to a dead person …points to the centrality and importance of cupping in the healing repertoire of 19th century eastern European women. "Cupping" was also widely practiced by indigenous peoples of the Americas who used a variety of animal horns like buffalo in the old days as well as illustrious Boston physicians through the mid-19th century and it remains an integral method practiced by acupuncturists and massage therapists today. My great-grandmother brought these traditions with her when she left the old world, but as she and her neighbors settled into their new lives in Boston, cupping and herbs went into the cupboards and they now took their troubles to the *mein tsores* (the my troubles) hospital (the Massachusetts General Hospital), where the new medicine was now concerned more with the inside of the body and how chemistry could cure.

Like my grandmothers during the early 20th century, my neighbors in the Indian village practiced massage and healing however they were were quickly becoming overwhelmed by development and its form of medicine which whether it meant to or not, diminished the role of traditional healing. I witnessed what I call the "paradox of progress"-- as development decreased acute diseases, it also contributed to the chronic ones. The rapid changes were too fast for people to absorb and the dimunition of traditional forms of healing like massage and herbal medicine and food foraging, which had long governed the rhytms of community life now gave way to community trauma.

I treated a varied group of people, both indigenous villagers, expatriates and tourists; their bodies were movable installations of pain and stress, where many had stored their memories of trauma for safekeeping. Very early in my work, I discovered that people talked about important, painful, long-forgotten events in response to my touching the areas that hurt. The discovered that their bodies longed to tell the stories that their minds preferred to keep quiet.

As they relaxed on the table, they talked to me of their lives, and it became apparent that there was a relationship between the source of their bodily pain and the content of their words. As I grew in my capacity to listen, people began to trust me and opened more deeply to their own memories, images, and stored pain. Commonly, areas of acute pain were overlays of chronic, ancient pain buried in layers; the first layer was childhood abuse or beatings, followed by accidents associated with high-risk lifestyles, war, or adult rape or violence.

A 60-year old Brazilian woman, I will call her Elana, complained of a recurring painful spasm in her shoulder. As her muscles relaxed under the pressure of my fingers, she recalled for the first time that the Catholic nuns who taught in her convent school had berated her for curling her shoulders and they placed a broomstick behind her back, passing it between her elbows to force her improved posture. She sat like that for three hours. Over 50 years had passed since this event and what for her was a traumatic experience. Touching her now gave her pain associated with the touched in her past. But, as I easily massaged touch began helping her to remember and to tell her story until her spasm subsided.

My experiences in Mexico led me to the study of Psychlogy and public health and wanting to know more I returned tto Boston in 1983. I was lucky to intern at the newly opened stress and pain clinic in the psychogeriatirc ward at the ***Lemuel Shattuck Hospital***-- a public health chronic care hopsital. Here women laid in bed, medicated with *benzodiapines* to reduce the agitaton associated with the diagonsis of paranoid schizophrenia. The pain-and-stress staff were interested in whether we could eliminate some of these daily doses of the drug. I suggested that I could massage the womens' necks and shoulders and rock them when they were agitated—I spent my hours rocking women to sleep. And also trained the staff, most of whom were nurses. They were pleased to do the hands-on work that had originally brought them to nursing in the first place. Rocking is a universal behavior. We rock babies to sleep and we pat the sacrum at the bottom of the spine in a soothing rhythm with one hand as we hold and cradle the brachial plexus or cranium with the other. Rocking synchronizes the hemispheres of the brain; it accelerates sleep onset and improves the quality of sleep by increasing sleep spindles, which are rapid rhtymic brain activity that occurs during stage-two sleep. Rocking engages the template of touch and the relaxed the "inner infant" of all ages. I have rocked veterans who cannot calm down in the evening; rape survivors who cannot rest; and I have employed *rocking* to reduce anxiety, panic, and pain; and to induce sleep for children and adults of all ages. Despite its efficacy, rocking an individual is more labor-intensive than a pill, and it may be that the sleep and *anxioltyic* medications that we have come to accept as routine and effective, are really just more efficient, but not better.

However, we do have over 100,000 well-trained massage therapists in the United States as well as nurses and caregivers and other professionals who can *rock.* And there are the family members for whom the delivery of rocking would be as relaxing to give as well as to receive. We don't grow out of the need for this kind of soothing. We just don't generally receive this type of touch or give this kind of touch as adults; that is unless we receive it during a massage. Rocking and other forms of soothing massage restores neurobehavioral bonding and attachment behaviors .

From the ***Lemmuel Shattuck Hospital***, I next moved on to the Department of Community Psychiatry at Cambridge Hospital.

Research suggests that mental health professionals are among the most phobic about the body. I guess that is why much of mental health treatment occurs from the neck up! I was not deterred by this. In spite of the phobias and taboos, I was approved, by the nurses once again, to introduce gentle massage and polarity (clothes on) to work with very distressed indiviauls who had diagnoses of borderline personality, *shcozaffective* disorder, sucidality and self harming. I also worked with recent immigrants and refugees who were under great stress but for whom psychotherapy had little to offer.

As a bodywork practitioner, I experience the deep relaxation and meditative states that my patients did. It was during my work in this hospital that I began to explore more deeply how the nature of our interaction and what felt like a profound field of rhthymic synchrony between us, contributed their imrprovement. this led me to consider a concept I call somatic empathy.

Empathy is the ability to detect accurately the emotional information being transmitted by another person" and it is linked to syncrhony, which refers to the physiological matching of rhthyms. Researchers report indicate that the synchrony of rhythms such as brain EEG, cardiac, and ultradian rhythms, occur between partners, friends, and between bodywork practitioners and their clients. Two primary biological rhythms that guide us are the *circadian rhythm* (the 24 hr sleep wakefulness) and the *ultradian rhythm,* which is the 90-120 minute brain cycle of hemispheric dominance. When we help our clients relax, we are restoring the balance of these rhythms. When we treat our clients for stress, pain depression, *fibromyaglia*, PMS eating disorder, whiplash, and other traumas, we are balancing these underlying *disorhtyhms* that govern our psychobiological cycles. The conscious entrainment of these *psychophysioenergetic* rhythms, results in a shared state between practitioner and client called somatic empathy.

The geneticist Mae-Wan Ho states in what article that body consciousness is a complex web of communication and memory mediated via the connective tissues; the skin, bones, tendons, ligaments, and membranes made mostly of collagen that forms a liquid crystalline continuum with electromagnetic properties far beyond what we normally consider as just "skin and bones" Tiffany Field defines attachment as a form of psychobiological attunement that regulates synchrony with and between people and whole socieites.

This form of consciously shared *psychophysioenergetic* interpersonal attunement is cultivated and directed for the purpose of helping the client to heal. By functioning as the baseline of empathic consciousness, somatic empathy improves the capacity for bonding and attachment, balances autonomic and affective self–regulation, and restores dynamic oscillation and rhythm to psychobiological processes.

Entraining rhythms however is not just dependent upon human touch practitioners. Many of you know that I work with a therapy dog to promote massage and healing forms of touch. Canines, like felines and horses and other animals also entrain rhythms of relaxation. I often work with individuals who have

been so hurt by inappropriate touch that they cannot tolerate touch by human, not to begin with; these are often the individuals who attempt suicide or experience chronic depression anxiety.

My dog is a *paw-di-worker*--whenever a client lies down on the treatment table, he moves to lie underneath it. I soon noticed that the rhythm of my clients' breathing often became entrained to his (or is it his to the client's), leading to a relaxation in both their rates and depth of respiration. This was first apparent to me when during the course of the hour, several sighs would occur in both dog and client simultaneously.

Sometimes a client would notice the respiratory entrainment and remark on it. Intimate interaction, such as talking and touching with companion animals, reduces levels of arousal, such as blood pressure; There is also a reciprocal effect of facial expression on emotional experience; for example, various qualities of contraction and relaxation of the facial muscles are directly associated with certain emotions. Take a moment to hold a smile and observe how fast positive feelings increase. For survivors who are in great pain and find no reason to smile, the smile or laugh elicited by an animal can begin to reactivate a neuromuscular pattern of pleasure.

As with my experiences in Mexico, the people I treated in the psychiatric clinic had chrnic pain, depression anxiety panic attacks, they addicted to subatnces –the common denominator underlying their experiences was that their expousre to traumatic events was the agent of their distress.

This is one of our greatest public health challenges for which our work is ideally suited.

What then is the role of somatic empathy in matters of public health ? What are the most pressing concerns today and in the years ahead? Here are two braod categories Trauma and attachment disorders and chrnic disease. The first is Trauma and its effects on the capacity for healthy attachment, bonding and physical and emotional self regulation and the sequela that dervie from these problems.

In addition to accidental injuries, which by the way occur often and in very high rates among people who have already been traumatized about 70% of people with chronic pain and disability, people who are alcohol or chemical- dependent have histories of complex trauma; Whether they pruchase medications in a pharmacy or on the street, these medications are used for self medication of emotional and physical pain due to trauma. We have a public health disaster in the US among veterans that has been continuous since the Viet Nam war.

The 2nd major category of public health problems are the chronic diseases. These are the "lifestyle" diseases of modern life that reflect the "paradox of progress" I menitoned earlier; the cancers, diabetes Type 2, the dementias, cardiovascular diseases. These chronic diseaes are associated with stress, sendentism, poor quality food and environmental toxins and quite often poverty. The contribuition of massage to these diseases has a great as still untapped potential; post surgical lymphatic massage, sweedish massage for the edema and neuropathic pain of diabetes, for the treatment of cancer related pain and nausea, to reduce agitation in elders or during the

end of life and for the caregivers of those who are ill, for their health is at great risk.

Somatic empathy extends beyond the dyadic relationship and into the community; traditional socieities everywhere engage n community rituals that regulate attachment behaviors; indeed these rites of passage, and initaiton ceremonies reinforce binding to the community. The body is the terrain of these ceremonies that often occur at puberty. It may be that the alientaion felt by young people today in industriliazed socieites; expressed in self harm, agressions, stress and substance abuse is a reflection of lack of meaninglful community intiation rites; where theydissociated from a larger embracing whole in which initiation is a stepping stone to belonging. In her research with the Yequena Indian tribe of Venezuela, jean Liedloff observed that infants are held nearly continuously from birth for the first 2 years of life. She asserts that they do not experience the psychological alienation, that is endemic in low-level-tactile societies.

When I returned to live and work fulltime in Mexico in 1997 I reopened and expanded the public health clinic and received funding to conduct a five-year community determined research study on the role of traditional healing for the treatment of community trauma.

By now all the young women I had grown up with in the village when I arrived 25 years earlier were now mothers and grandmothers and village leaders; we gathered at the clinic one afternoon and held a massage circle, with each woman turning to the next one and massaging her shoulders; Then the women made a plan about the activities they thought should be included in this action research project. Among them was learning massage techniques and trvaeling to neighboring villages to teach their *comadres..;*. The health promoter program enlisted new recruits who wanted to learned new massage and poalrity therapy protocols, emergency medicine . and importantly each woman also taught the healing knoweldge she carried, to the others. In 2010 we received a vitally important Massage research foundation community service grant to extend our service areas delivery deeper into even more isolated indigenous villages and help to train the next generation in bodywork and massage. There we found and treated women and men who were parlyzed from polio, stroke, individuals housebound with rheumatodi arthirsits elderly men crippled from years of back breaking work.

One of the overhwleming effects of "paradox of progress" and development in indigenous peoples communtiies is not only the loss of local knoweldge and loss of resources; but the loss of faith in the value of these resources. The role of an empathic witnesses is one of validation of knoweldge in the face of the onslaught of the often unsought foreces of development. We have seen consistently that elivering massage therapies has had effects beyond the treatment itself but has invirogatored restoration of traditonal healing including massage practice in these rural communities by this validation process.

I found this to be similar when working together with tribal communities in he Pacific nrothwest when we designed an National Institutes of Health funded our research project on polarity therapy for the treatment of stress pain and depression among american indian dementia caregibers. We asked the reservation based and urban indian communities what they felt was important to study; what ques-

tions they wanted to answer and what they believed were the best ways to answer them. This is somatic empathy in action research. Together we formed a community of diverse researchers --academic and tribal and communtiy-based and also leveraged clinical research to support changes in tribal and public health policies. Our T randomized placebo controlled trial; found baseline levels of very high rates of pain depression and stress among this healthy caregiver sample (we had excluded for diabetic neurotpathy and heart disease) 95% of the 50 participants had experienced at least 1 serious traumatic event; and we found that 8 weekly sessions of a standarized protocol resulted in a statsitcally significant reduction of pain, stress depresson and anxiety. Now in some ays desgining a standradized massage protocol is an oxymoroin. However we asked ourselves: what types of touch and locations of touch are most likely to reate a positive response in most everyone and what would be acceptbale to this traditional, and modest population? We collected a psychological biological and phsyiological data. When we reviewed our qualitative data we also discovered something that we had not thought to ask about; we found that self care behaviors rose significantly; receving treatment appeared to enhance the capacity of the participants in the tx arm to sponatenously go out and engage in activities in which they took better care of themelves.

We also used our research to develop policy reccomendations that recognized the special needs of tribal caregivers and the ways in which federal policy could better respond to the culure speciifc needs of tribal peoples. The local areas agencies on ageing, supported the research and funded the delivery of polarity and bodywork to non native members of the communities. The study also lent support to tribal health centers who wanted to incorporate massage therapies into tribal health systems. Today many tribal health clinics in the Pacific Northwest now offer massage and bodywork therapies.

Somatic empathy holds particular import for our work in global public health; for as we conduct research and validate our work, obtain funding and engage the various scientific communities to validate our therapies we also have an obligation to advocate effectively for the undersevred and to support indigenous communities who are working to maintain their customary practices which include massage and healing. Even if we do not work globally we can support the undersevred in our rural communities, in communities of recent immigrants many of whose members arrive in the US and often feel as though they need to "hide" their healing traditions.

What are some clinical action research projects we should undertake that address our most urgent public health needs throughout the life cycle?

We have a large underserved community and a large cadre of under employed massage therapists. It's a perfect match.

And what have we found from our research that can inform these studies?

We have an epidemic of children and adults on anti depressants. Research tells us that aerobic exercise 3 times a week has a similar effect on depression as do anti-depressants Can exercise combined with massage therapies and counseling offer an alternative to the medications

There is a growing movement to deliver

bring yoga and mindfulness education into the schools; lets us find creative ways to integrate self massage, the types of methods like self bodywork conscious touch and massage therapy so children can self soothe.

There are parents of all ages who will benefit from receiving support for touch their children lessons in infant massage, rocking. Can we collaborate with WIC, Head Start programs and parenting support groups to reach parents and for the children?

Our center has developed a diabetes protocol; but there is surprisingly very little systematic work being done on the application of massage to diabetes; massage lowers blood sugar levels lowers cortisol levels, it reduces edema and contributes to increased self care; all essential to people at all stages of diabetes. Might massage be used with people with pre diabetes to support self care activities such as exercise and improved dietary habits as an aide to prevention of the disease. Can we educate and engage diabetes educators in this effort?

Massage can be applied in hospital settings for a treatment, but what about before and during stressful diagnostic procedures?

Up to 65% of people undergoing MRI and other diagnostic procedures experience moderate anxiety and dysphoria with some of these experiencing severe distress. Lets us offer massage, along with breathing relaxation in the clinical diagnostic setting

There are over 200,000 women imprisoned in the US most of whom are in for non-violent crimes related to the sales of drugs or because of addiction to drugs. The majority of these individuals have histories of high levels of trauma exposure; let us deliver massage therapies to these individuals during incarceration and upon release to support self-regulation and relaxation.

Mental health agencies routinely treat people who are depressed anxious dissociated with counseling and lots of medications; some of which work some of the time and often don't. Let us work with these agencies to provide

Undertake collaborative research with other disciplines. As massage therapists we commonly treat symptoms of both acute and chronic inflammation. Lets us do collaborative research with other disciplines like nutrition, which use natural NSAIDS like proteolytic enzymes, or the natural *cox 2 inhibitors*. These may also be a source of funding for your project as many companies have funds to support this research.

Incorporate culture specific approaches to research and massage delivery, ask what is culturally isomorphic to the particular communities or group; engage the community's ideas and participation; use the research to change policies, improve accessibility and provide training. Let us avoid helicopter research; research in which the researchers "drop in" and then fly off leaving little for the community changes for example when we conducted research with elder; there were two major areas of adjustment; one, we needed to design a protocol that did not require disrobing, and we needed a protocol that would not intersect or appear to interfere with the diverse religious and spiritual practices of the community since touch and healing is often associated either poverty or negatively with religious practice

And while we are let us begin to value qualitative research, phenomenological research as much as the quantitative studies. What each person says about the value of their experience is as important as the numbers we collect.

The Indian Health service has approved naturopaths, acupuncturists and chiropractors. Next in line is making available the full delivery of massage therapies available consistently to everyone into health delivery system; Massage therapy can have significant effect on the health of the communities, which are high in chronic pain disability, diabetes. There are more than 500 tribal communities in the US and over 800 First Nations in Canada. There is great diversity among these communities.

Finally at end of life let us make policy that delivers massage therapies to people in hospice. Our own study with caregivers we found almost half the caregivers spontaneously took what they learned while receiving treatment and began giving treatment to their family members? There is a growing category of home heath aides and caregivers delivering care for those with dementia and chronic illness. Lets us influence state policies, which set the training and certification program for these caregivers educate these caregivers about appropriate touch, compassionate touch.

At a hospital I was asked to make a house call to Señora Martinez after extensive physical workups had found "nothing wrong," with her in spite of her insistence that she had terrible pain. Lupita's pain brought her repeatedly to the emergency ward, where she said she was having a stroke. She was referred to psychiatry, which she experienced as an affront: *No hay ningún problema con mi mente. El problema está en mi cuerpo! No me entienden!* (There is no problem with my mind! It's my body! They don't understand me!). I went to see Lupita at her home and entered a tiny apartment steamy with beef caldo and brightened by dozens of neon Virgenes and a baby Christos. She was seated at a small window overlooking a train track, and I asked her to tell me about her symptoms, explaining that I was from the clinic and did *masajes* (massages) and used *hierbas* (herbs). She sat with her back to me and I touched the areas she identified as painful in her shoulders and chest. Within a few moments, out came a flood of tears: she spoke of the pain of relocation from rural Santo Domingo, the loss of her husband, the new life her children had made, and the life that was going on without her. The loss and grief she felt poured out over the several weeks during which we worked together. We had established somatic empathy. We were speaking the same language.

About the Author
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