



**Berührung ist Begegnung
Shiatsu-Ausbildungen Austria
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Exploring Trauma (Pamela Ellen Ferguson)

My recent workshops on TRAUMA in a number of cities across Europe ranging from Belfast to Berlin, prompted some unexpected and dramatic results. Our discussions and practical techniques gave experienced Shiatsu Therapists (many of whom are also Physical Therapists, RNs and Psychologists) new insights and treatment procedures for their patients. But the workshops did much more. Because the atmosphere was safe, Qi-inspired and supportive, therapists suddenly started to share their own personal childhood and adult experiences of trauma. No one expected group therapy. The sharing was quite spontaneous. We heard personal stories about attempted murder by a husband, rape by colleagues, emotional and physical abuse in marriage, car and bicycle accidents, violent robbery and personal injury. We also heard many cases of childhood accidents or surgeries worsened by indifferent or cruel parents or callous medical doctors.

One participant (Carla – not her real name) told us how she used a Tai Chi movement to block her husband's attempt to snap her neck and how she ran into the night and took a cab 100 kilometers to the nearest friend. The story evolved gradually out of an earlier story she shared of an experience with an indifferent Tai Chi instructor who stood by and did nothing when she injured herself during a class. I could tell from her expression that this recent story was layered over something much more traumatic and that the layers would unfold during the workshop in their own time – which they did.

Coloring Trauma

I encourage all workshop participants to hunker down on the floor and express any traumatic experience on paper, using multicolored crayons, props, playful stickers of animals, cars, people, butterflies, hearts, stars and flowers, to give light, space, and expressive color to the past incident. In spite of the range of horrifying stories, we were all able to share that essential safety valve – humor and laughter! I encourage everyone to pair up to discuss the artwork in terms of the Five Elements, then select appropriate meridians and stretches for a treatment exchange to help heal any lingering memories of that early trauma or accident.

As a result the workshops have given therapists – and me – a wide range of common themes of trauma that transcend cultural and ethnic differences and offer rare insights into treatment and diagnostic procedures. We all agreed that trauma is often revealed or discovered during a Shiatsu session although the patient has sought help for headaches, menstrual problems, back pain or tinnitus.



In my clinical experience, I've discovered that trauma has a way of adding a whole new perspective to certain Meridians. As a loose generalization beyond individual diagnoses, I have discovered the Stomach meridian is a powerful way of helping structure and focus someone who has lost a sense of centre, or lost his/her home in war or catastrophe. Triple Heater helps someone adjust to a new situation or environment. Pericardium helps to warm someone experiencing physical or emotional chills as a result of trauma or shock. Kidney meridian resonates with memories of past - and recent traumas. Those memories may surface spontaneously during a session where the Kidney meridian is selected for, say, a chronic lower back pain problem. Similarly the Kidney Back Shu/Yu point (UB 23) holds layers of memories of trauma, especially from childhood.. One patient of mine suddenly starting talking about a recurring dream she had as a child, of her brother stabbing her repeatedly in her kidneys. As she talked I just supported her lower back and advised her to consult a therapist if she felt she needed further exploration of the source of the recurring dream.

At no time should Shiatsu Therapists attempt to provoke those memories, but need to know what to do when memories surface spontaneously. Just be supportive, listen if the patient needs



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to talk or share, but don't go beyond scope of practice. Don't attempt psychotherapy unless you have that additional training. Know when to refer and to whom. Shiatsu is so non invasive it can help many subterranean layers of healing, and provide a safe structure for those memories that surface indirectly during a treatment.

It's helpful to keep some practical guidelines in mind:

Clinical Tips

- Remember to honor the patient's surrounding circle of Qi. Don't crowd, or sit too close, even though you may have been taught that procedure in your basic training
- Don't sit too close to the patient's head while doing neck Shiatsu. Respect the circle of Qi space around the patient's neck, to avoid claustrophobia.
- Be very structured and clear in your treatment protocol. Don't overdo techniques, but let the Qi unfold and expand.
- Avoid rubbing or rocking or stroking the patient...this can provoke more trauma and make some patients feel very uneasy and nauseous.
- Avoid gimmicky techniques. If the patient starts to cry it's helpful to encourage him/her into the sitting position. The horizontal position can be very threatening for some patients.
- Avoid standing over a patient's head while stretching his/her arms.
- Be calm if a patient suddenly rolls away from you or refuses to be touched on the Hara or thighs or any area of injury – or surgery. Do minimal off-the-body qigong work tracing a meridian line or focusing on a point, where necessary..
- Be mindful of a patient's body language and facial expressions.
- Don't be offended/or thrown if a patient suddenly pulls away from you and complains that your touch is a) too gentle, or b)too heavy. Extreme variations of touch can sometimes prompt appalling memories. Ask the patient if there is anything he/she would like to share and /or if he/she would prefer to sit up and talk and sip hot tea and discuss referral options, if necessary.

Similarly my workshops have pinpointed specific Trauma categories and some practical advice:

Supressed Trauma

If an initial experience with trauma isn't fully healed (medical attention, acupuncture, shiatsu, and or other appropriate forms of bodywork therapy) or if trauma creates emotional shock waves that are never really addressed, it will repeat itself time and again in subsequent

traumas. For example, “Hugo” attempted suicide several times in his 50s after the break up of a love affair that opened up all the pain he shut down decades before in a double family trauma, the suicide of his mother, and the death of his teenage sister. He needed intensive psychotherapy and medication over several years.

Whiplash Trauma

Whiplash has a variety of spin-offs that are seldom connected to the initial accident. These include chronic headaches, neck pain, eyesight problems, balance problems, tinnitus, problems with swallowing, lower back pain, vertigo, unexplained fears, nightmares The traumatized or “fragmented qi” around the head and neck of the patient needs to be treated/repared primarily with slow and subtle off-the-body circular movements before any specific meridians or acupoints can be treated successfully. Its helpful if the patient can reconstruct the accident, using a large sheet of paper, coloured pens and toy cars, so patient and therapist can examine the exact physics of the accident and pattern of injuries. If the initial accident is not examined and treated in a holistic way, patients often experience subsequent accidents, sometimes compounding the initial whiplash injury.



Internalized Trauma

occurs when family members, or the police say “nothing happened” and are dismissive when someone experiences an attempted rape, verbal or racist abuse, emotional abuse, or road



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accidents causing extreme shock (but no outward physical injury). The severe emotional trauma simmers beneath the surface and can cause a sudden outpouring or reaction prompted maybe years later by a casual remark, a scent, a sudden movement, or something as simple as neck Shiatsu. If patients become emotional it's helpful to move them into a sitting position and "cocoon" them in a blanket. Sometimes they don't want to be touched in that moment and just need to talk. Let them share. Sometimes the Therapist can be the first person to hear the full story.

Double Trauma

occurs when someone experiences an accident or attack, or a case of "bullying" or "mobbing", when witnesses (especially family members, school or college buddies or colleagues) stand around but do nothing to help. The sense of betrayal and isolation lingers in the consciousness and, if not treated, can erupt doublefold in a later, similar experience, or be prompted by a comment, or a treatment procedure on a related meridian. Depending on the situation, it can be helpful to support the injured area, or, support the Masunaga Back Diagnostic area for Lung (Thoracic vertebra 1-3) to repair fragmented Qi .

Intergenerational Trauma

occurs when one member of a family experiences trauma (war, civil war, personal tragedy etc), and the emotional trauma is experienced by the next generations in terms of depression, unexplained fear, emotional instability, and addiction problems. If you are having a problem diagnosing a patient, try interacting with them using a 5 Element chart to discuss family history or their parents' past experiences .

Sexual Trauma in Childhood

can result in years of emotional instability, relationship problems, and eating disorders. Past horrors have been re-awakened in adulthood in a variety of ways. These include: giving birth, or walking into scenery or a room or setting similar to the setting of a past abuse, or experiencing some form of physical therapy and a specific touch or stretch movement, or meeting someone with the same voice or characteristics of the attacker. Direct, and clear Shiatsu can help restore a sense of safety physically and emotionally, but in some cases this may take several months if not years.



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PTSD

after war, civil war, or a violent attack or tragedy can result in depression, chronic insomnia, angry outbursts, personality changes, fear prompted by something as simple as a door banging or a car backfiring, or severe anxiety when the atmosphere is too quiet. Group therapy or discussion groups, and calm, reassuring Shiatsu on a regular basis has helped ease some of these spin-offs, especially physical blocks.

Finally , in my workshops I love to share the stories and art of famous painters who have experienced trauma or depression, (Rene Magritte was a teenage soldier in Belgium during World War 1: Edvard Munch experienced severe depression and family trauma: Vincent van Gogh had to be hospitalized for psychotic breakdowns, prompted, it's thought, by epilepsy and absinthe.) I was inspired by New York psychologist Maria Sestin who works with Latin and Central American women experiencing depression after various forms of trauma including civil war and domestic abuse. Often they only started to share tears and narratives after she showed them Frida Kahlo's artwork. They could relate to the famous Mexican artist's portrayals of her own suffering. (New York Times: "When Art Imitates Pain" July 14, 2005).

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