Post Traumatic Stress Disorder (PTSD)

Compiled by Dan Amato

Four practitioners submitted reports detailing their experience with clients having symptoms and/or diagnoses of PTSD. I will comment on their work after describing what I have learned from reading about PTSD, which is meant to give you a little background information on the condition.

The reasons I chose PTSD for the first "condition report" in The Bowenwork® Practitioner Legacy Program are the wars in Iraq and Afghanistan, our returning soldiers and the increasing number of PTSD clients in recent years. These men and women have put their lives on the line and though they have survived physically they must still heal from all they have seen and done. To fully reclaim the lives they left behind they need to be released from sympathetic dominance (fight or flight*), and release the layers of trauma from the body. Keep in mind that that some people who have never been to war also have PTSD. People who are victims of physical, mental, emotional, or sexual abuse are candidates for developing PTSD. In fact, any situation that causes intense fear may cause PTSD. [1]

There is a strong likelihood that some of the returning soldiers who come to you may not have been diagnosed with PTSD. Simply witnessing another person being badly injured, killed or even just being exposed to combat can cause PTSD[2], so you should always keep the possibility of PTSD in the back of your mind when you work on returning soldiers. Even if returning soldiers do not develop PTSD there is a strong likelihood that they have experienced trauma. Remember that only a physician can diagnose, so do not tell a client that you think they might have PTSD.

The symptoms of PTSD are mostly internal so you may not know about them unless the client chooses to discuss them with you, but it is useful to be aware of what the symptoms are.

According to the National Institute of Mental Health[3], symptoms of PTSD are grouped into three categories

1. Re-experiencing symptoms
   - Flashbacks where the person relives the trauma again and again
   - Bad dreams
   - Frightening thoughts *(For soldiers this could include suicidal thoughts*)
2. Avoidance symptoms
   - Avoiding places, events or objects that are reminders of the person's experience
   - Emotional numbness
   - Strongly felt guilt, depression or worry
   - Lost interest in previously enjoyable activities
   - Trouble recalling the dangerous event
3. Hyperarousal symptoms
   - Easily startled
   - Feeling "on edge" or tense
   - Difficulty sleeping
   - Angry outbursts

It might help to think of trauma as being stored in the body in layers. The trauma that leads to PTSD usually occurs over a period of time, so that is why the layer analogy is helpful. Trauma gets repressed, which

* When fight or flight is discussed one element is usually left out – the freeze response. When a person responds to danger, the body makes a split second choice fight, run or freeze. This is decided before there is a chance to think about it consciously. Peter Levine's book, *Waking The Tiger*, is the only book I have ever read that talks about this element where the best response might actually be to freeze. While this may happen on the battlefield, it is far more likely to happen in abuse where the perpetrator is larger or an authority figure so that fighting or fleeing are not viable choices.

can be seen as an adhesive that holds the layers in place instead of allowing them to release. The body is intelligent so it will not try to release the trauma until it feels safe. For most soldiers this feeling of safety begins when they return home to their families. When the body does release the trauma it only releases the trauma a layer or two at a time so as not to overwhelm the person's ability to accept any changes. The body will try to release the trauma on its own, but if the trauma is not released via healing it may be expressed in ways that hurt family and friends. As the body releases the trauma, many PTSD clients will try to repress the uncomfortable memories and feelings that arise: this repression keeps the trauma from releasing. There can be a build-up of pressure as the opposing forces of the body's homeostasis, which tries to release the trauma, meets the barrier created by the act of (conscious or unconscious) repression. As the energy from the stored trauma hits the *repression barrier* an energetic pressure builds up. When this person gets angry, even at some insignificant event, the body will use the opportunity to release the pressure the way a pressure cooker does; the extra pressure is released as the anger is expressed. This causes a stronger expression of anger than the situation warrants. The body is intelligent, so even if the cause of the anger is unrelated to the original trauma, the body will use the opportunity to release the built-up pressure. The original trauma can remain untouched, - held in place by the act of repression.

Both civilian and military PTSD clients experience flashbacks. They may also re-experience some aspects of the initial traumas as the body releases the layers of trauma during a session. PTSD clients may begin to feel like themselves after a few sessions. Realize that while they are feeling better there are probably many more layers for them to release. This is not to talk them into more sessions, but to let them know that other stuff may come to the surface over time. It does not mean the Bowenwork did not work, only that there is more to release. In healing, the body may reach plateaus where it rests before it chooses to do some of the deeper healing. Discuss this with your PTSD clients so they know to come back if more stuff comes to the surface. Also, while it does not happen frequently, be aware that there is a possibility of a strong emotional release. This is true of both soldiers and civilians. You should also be aware that a war not only triggers PTSD symptoms in returning soldiers, but also may reactivates PTSD symptoms in veterans of previous wars. The U.S. Veterans Affairs Administration (VA) reports that the number of Vietnam veterans seeking help for PTSD increased by 36% in the first three years after the start of the Iraq war[4].

While this report gives you a place to start, remember you are not addressing a condition you are working with a client who has a condition. This means that while PTSD clients generally experience similar symptoms, they need to be evaluated as individuals. Taking a complete history will give you a good idea of what Bowenwork procedures to do. Other sources of information, as always, should include the body, its posture, how it moves, and how and where it doesn't move. What is the body trying to tell you? It is also a good idea to develop your intuition if you have not already done so because it can pick up information that the client's history or body does not tell you.

Client with PTSD, whether soldiers or civilians, are often stuck in fight or flight for many years. Dr. Irwin Korr, a well-known osteopathic researcher, stated that when the body is stuck in sympathetic hyper-innervation (fight or flight) it couldn't heal[5]. Bowenwork balances the autonomic nervous system (ANS), which means that it takes the body out of fight or flight. This is why the best starting place for clients in PTSD is the BRMs because you want to take the body out of survival mode. Once the Autonomic Nervous System is in balance the body will know it is safe to start using its resources to heal. Be aware that while the ANS will find balance fairly quickly, the hypervigilance may remain for a few more sessions because the body may need to feel safe for a while before it will release the need to be constantly on guard.

Hypervigilance means the person is on high alert and since soldiers are in a combat environment, even if they are not involved in actual combat, there is always an underlying feeling of danger. Since soldiers are in a dangerous environment for extended periods of time and their survival may depend on it, hypervigilance quickly becomes a habit. Once the body is balanced and it is confident of the safety of its environment for two or three weeks it will realize that it does not have to be on high alert all the time. Realize that there is a difference between hypervigilance and Sympathetic Hyperinnervation (fight or flight). Once you have applied the BRMs, you do not need to keep applying them for hypervigilance, which will fade with time. Remain

observant though because certain places or situations may trigger feelings of danger in the PTSD client, which may cause the person to switch back to Sympathetic hyperinnervation for a short period of time. Only if the body stays in fight or flight would you need to perform the BRMs again to balance the ANS.

It is unlikely that you will be able to resolve PTSD in two or three sessions as you can with some conditions. It may take you six or more sessions just to help clients feel like themselves, though they may notice changes before then. You may be tempted to do more than four procedures as the PTSD client may present with multiple injuries and symptoms. Remember that this is not a race. *Less is more* still applies here. It is even more important for PTSD because you will be helping the client's body to release the trauma a layer or two at a time. Doing too much may result in peeling more layers than the body it ready to release and more than the client has the resources to handle at one time. When you work with a client with PTSD, the procedures you use will be individualized to your client, as they should always be in Bowenwork. After balancing the body in session one, most of the practitioners used either Upper Respiratory/ TMJ or the Respiratory procedures in sessions two and three. The Upper Respiratory/ TMJ Procedure should be obvious even when there is no head trauma because so many nerves go through the TMJ that it affects the entire body. The Respiratory Procedure is important because when people repress emotions they tend to restrict the movement of the diaphragm.

One of the four practitioners who submitted information for this report, waited until the third and fourth session to do the Upper Respiratory/ TMJ and Respiratory procedures. This practitioner chose to do the Thoracic Procedure on the second session. I think this choice was very insightful because the Thoracic is the perfect procedure for PTSD, which has strong elements of emotional trauma, burn out, and grief. PTSD clients will be experiencing grief — from loss of comrades, loss of innocence, loss of themselves, loss of feeling safe, and for the soldier's loss of the life they had before going to war. The Thoracic Procedure is a valuable procedure for dealing with anyone who is emotionally distraught, grieving, under great emotional stress or experiencing burnout. I learned this from my first Bowenwork teacher, Ed Zabilski. Ossie and Elaine also described this in the classes I took from them. Their explanation left a strong impression on me as to the value of this particular procedure. If your manual does not include grief and burnout as indications for the Thoracic Procedure (previously called "Chest Pain Procedure"), I suggest you make a note of it.

If a client with PTSD has a response (emotional or physical) to what you have done, allow the body the time to finish before you continue. PTSD clients need longer waits to process the work they receive. If they go to sleep, give them the space for their body to finish what it is doing. When the body goes into a very deep sleep during a Bowenwork session it may mean that the body needs all its resources to heal or make a change. Deeper stages of sleep are the most restorative. If a client with PTSD has a *strong* response to what you have done you should seriously consider stopping the session there. This will allow the client's body a week to process any changes and time to recover from the overload. Leave them on the table to allow them extra time to process the work they received. It may be wise to schedule a larger segment of time for these clients because many will need more time to process what goes on between sets of moves and again at the end of the session.

Some PTSD clients may feel the need to share with you after a session what they felt or remembered during the session. Give them the time to share what is on their mind. Listen with a compassionate ear, but remember unless you have the training you cannot counsel them. For this reason it is a good idea to have someone you trust to refer them to if they are having trouble dealing with what comes up. Often though, they will only need to be heard. Remember if you have negative judgments about what they saw or did they will not feel safe with you and will probably stop coming back. This will be especially important when dealing with clients who have been in combat. Soldiers are placed in situations where they may have had to do horrible things just to survive, so if you are going to have judgments about what they have done, you need to refer them to another practitioner. Your judgments, even if unspoken, probably coincide with the judgments they have of themselves and they do not need some civilian who has no idea of what it takes to survive a war placing judgments on them. They will feel any judgment you have of them even if your judgment is unspoken. Not only may it keep them from healing, but your judgment may injure them further. This is not the way to treat someone who has put his/her life on the line for all of us.

I am not sure it is possible to be in a war without experiencing some level of PTSD. It seems a sane response to an insane experience. Healing from PTSD takes a different form of courage than soldiers are used to. Instead of soldiers putting their lives on the line, they need to face their pain, go through it and out the other side. When they have been taught to repress things and their habitual way of reacting to emotions and painful memories is to brush them aside, there may be lots of fear involved in facing what they have avoided for so long. As Bowenwork practitioners we can be a resource for helping both soldiers and lay people with PTSD reclaim their lives.

Other Issues

- Soldiers are taught to be strong and tough so they may tend to be silent sufferers. They may hide symptoms or deny they have PTSD because it is considered a mental health issue and they do not want to be labeled as having mental health problems. Most soldiers as well as their superiors see having mental health problems as a weakness, so after surviving a war none of them want to accept that label. As a practitioner you have no need to use the label; your focus is on helping them.
- Some soldiers may experience conflict between their desire to be healed and their desire to receive disability benefits. It may be in their best interest not to heal until other issues are resolved. This is not so much a judgment as something to be aware of if you are not getting results.

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[1] Source: http://www.medicinenet.com/script/main/art.asp?articlekey=12578

[2] Source: http://ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_epidemiological.html

[3] Source: http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/what-are-the-symptoms-of-ptsd.shtml

[4] Source: Ephron, Dan. Battlefield Flashbacks, Newsweek, 10/2/2006, Vol. 148 Issue 14, P39-

[5] Source: Korr, I.M. The spinal cord as organizer of disease processes: Hyperactivity of sympathetic innervation as a common factor in disease. JAOA 79: pp 232-36, Dec. 1979