

Hello, my name is Susan and I would like to welcome you back to Rising from the Ashes, Trauma Talks, a podcast series brought to you from the UB School of Social Work Institute on Trauma and Trauma Informed Care. This series provides an opportunity for individuals to share their witness of how strength and resiliency has allowed them to rise from the ashes. Trauma talks follows people who have both worked within the field of trauma, as well as those who have experienced trauma. Here we will reflect on how trauma informed care can assist those who have experienced traumatic events to embrace a new life of wholeness, hope, strength, courage, safety, trust, choice, collaboration, and empowerment. Today I am joined by Erin White, a registered massage therapist in Ottawa, Ontario, who has a primary focus working with trauma survivors while using trauma informed massage therapy approach. Thank you for being here, Erin, I would really like you to begin by giving the audience a sense of how you began to interact with trauma informed care massage therapy. Would you tell us a little bit about why you chose to focus on this area, and what led you down this path?

1:11 **Erin:** Absolutely! Thanks Susan for having me here, this is really an exciting opportunity. I started into the massage therapy program in a college in Ottawa in 2001, and I came into that profession with the sense that I really knew I wanted to help people feel better in their bodies, and connect with their bodies. Make people feel better. What took me down this path with working with trauma was earlier that month I had a really good friend of mine visiting from Australia who had been in a fairly bad relationship, one involving physical and emotional abuse. Unfortunately, after she went home, she was actually killed by her husband. And that was a very huge event in my life. But what happened was as I went into the massage therapy and was learning about touch and how it impacts people, I started to wonder how people who have a negative experience with touch, whether it be physical, sexual, emotional, how does it impact their daily lives? How does it impact their relationships, whether it be intimate ones or whether it be family, children, and particularly too with themselves. So that whole horrible experience certainly brought on questions for me as I started down this journey of just learning about massage therapy. And I had a very very fortunate time at Algonquin College because I met my mentor, Pamela Fitch, who had already started kind of pioneering and sort of paving the way into working with that sort of population. And I wrote a short journal article for her, about the story that I just kind of told you. She said we need to talk, and from that time we've developed a relationship and I've learned so much from her around trauma and working with vulnerable populations in that affect and regulation and that sort of thing. So, it's been a long journey, and sort of a long way to get to your question, but that's led me down this path initially. And then I've just really held this really strong conviction that it's just such an intricate part of our human experience, and our bodies need to thrive. But that changes when we are children or adults. Certainly the development need my change, but also the emotional as well. And from there I guess I feel like massage therapists are really in a unique position to help trauma survivors when they are really ready to introduce safe touch into their lives. The key criteria being that they are

ready, and that it is indicated that massage may be helpful for them. So that they are ready to change that relationship of touch. You know, one from fear or hurt or neglect or pain, into one of trust and acceptance, you know, worthiness and comfort, and love. That's where I am now and I'm, and I will continue to learn a lot in this field, and I'm just starting with a really small population of clients at this moment. I'm really looking to kind of build that and expand it within the profession of massage therapy itself.

4:47 **Susan:** It is incredibly important, as you've stated, for all ages. When it comes to clients that come in, I'd imagine that safety is incredibly important for them in terms of feeling safe. So what are some of the things you do for people in terms of helping them feel emotionally safe and physically safe?

5:06 **Erin:** So, I normally do, and this will probably go into that trust aspect as well, they are all kind of interrelated, but that safety piece comes from being really transparent about what I am doing. In that physical sense, it's often how I position myself, even when they first come in and we start to interact, that they feel comfortable as we speak. The first thing that I'll do is a half hour consultation, and there's no time on the table for that. So that will hopefully elevate that fear, and give them a sense of safety, that in the first time they come in it's not going to be about getting on the table, because there is often a lot of apprehension about that. So, we have that first half hour to really enforce that sense of safety. And, in an emotional sense, it's a lot about consistency, it's about listening to them. I do a lot of things before hand which again I think it's going to touch in on that trust aspect, they always feel heard. And, we modify things as they need to happen. Everyone is on a different spectrum, certainly as I see with different clients. And people really know what they want. They are willing, they are able, and open — so that trust is built a little bit more quickly. Other people they are really coming in, I've had a client on a table who really had a touch aversion. She wanted to be touched, but at the same time it created a lot of anxiety for her. At the same time, the trust that we built took a little bit longer for her to really have that sense of safety. To be honest, I am not really sure we are fully there yet. Many of those things are a work in progress. But, I noticed there is a significant shift in the trust when they start asking for something to be a little bit different. One of the things I will talk about is positioning and draping because a lot of this is about choice and empowering them. They don't have to undress to get on the table. They don't even have to get on the table if they don't want to. We have to treat them seated sometimes, whatever creates that sense of safety while we begin. So from there if we notice one day they come in and say "you know what? I'd like to take my... I'd like to lay on the table and take my shirt off," and we always drape them right? So they are never exposed, they want to take their shirt off. And I say, that's great! Because that to me is saying that their sense of trust and safety is developing and they are willing to kind of explore things and is usually a huge marker.

8:01 **Susan:** And when clients are coming to you, are they coming for medical issues? What has brought them to you in the first place? Is it just a readiness to deal with their own issues of trauma and wanting to have the touch, or is it a physician's recommendation, or?

8:18 **Erin:** It's a great question. And to start by answering that, I am certainly prone to put it out there in the community of Ottawa, and tell psychotherapists that I am sort of a resource that is there for people, as we have said, who are maybe ready to reintroduce touch into their lives. So there is that aspect of that's why people are coming in. They are looking to reconnect with their bodies and wanting to learn to deal with sensation in their bodies. They're wanting to learn how to set boundaries with those sorts of things. And this is one way that they may feel they are actually able to do it. Some people are also, even though they may have a kind of trauma background, also may have a certain set off to that, whether it be depression or anxiety, maybe it's headaches or migraines. So there are certain physical impairments as well that people may be either wanting to deal with that, or also kind of incorporate that into you know, I'm here and I'm not too sure about the touch thing yet, but I want you to work on my shoulder. We kind of have to incorporate a little bit of both. For some it's a touch aspect, for some it's more physical, but the touch aspect is underlying.

9:40 **Susan:** So it really sounds like you empower all five of the principles into your therapy. It really does cover safety, and trust, and collaboration, and empowerment and all of those things in terms of building resiliency.

9:56 **Erin:** Absolutely! It's maybe because I was really only introduced into those specific guidelines from a conference that we went to. And yet, those are the principles that guided me. And I did know it, but without someone telling me that I feel like trauma and trauma informed care approach absolutely needs. Specifically when you are dealing with touch, which is something that may be a trigger for some people. People need to learn how to feel safe within their bodies, but they need to not only learn to trust the therapist that they are with, but they need to learn to trust themselves. Learn to trust what their body is telling them. And that disconnection you see a lot because they're not listening to their body because their body has been through a lot that they don't want to listen to, or feel. Given the choice and that transparency, I feel they have a fair amount, particularly with the choice to say no. They know that they are in control of the session, and they can say "I need you to stop," or "this doesn't feel right, can we try something different?" I 100 percent respect that, and that also helps them set up their boundaries. They learn that their boundaries can be respected. And that in itself is very empowering.

11:20 **Susan:** That's huge, actually. So what are some of the outcomes you are seeing in folks that have started working with you and have been working with you for awhile? What are some of the positive outcomes that you're seeing?

11:33 **Erin:** Good body connection and having that little bit of sensing in their bodies and being able to relate to it. Being able to say, "oh yeah that feels lighter or heavier," where as before they may have been like, "I don't really feel anything." They start to learn what they can do with their body in a way where they can move it in a certain way and go, "you know, that doesn't feel so great so I'm not going to do that." Where as before, they may have just moved right through something that maybe didn't feel good but they didn't quite know that it didn't feel good. They just chose to ignore it and move through it anyways. I see people who, to make it a little bit more realistic. I have a client whose doing aquavit and swimming, whose body image was a huge part of those trauma symptoms. And now she is going and getting in a bathing suit and going to her fitness classes and working out, and those sorts of things. And again, people come in with different but very similar goals, the outcomes all tend to be very different. But, overall, you hear, "oh this happened to me, and I couldn't have done that before." So it's just any one of many things that could happen to people.

12:58 **Susan:** That's great! So they really end up having a stronger sense of self overall in terms of being in touch with their body and being in touch with the emotional side of boundaries.

13:16 **Erin:** It's just one of those thing where you're like "hoorah!!" that things like that have happened. And with other people it may take a long time, or you may not necessarily get that one-hundred percent wow, but you're on your way. Because there are limiting factors in receiving treatment, so sometimes you get, you know a little mini trophy if you will. Like okay, that happened now you came back and laid on the table again? That in itself is an accomplishment. And I think that's one of the things to always acknowledge and recognize, you know, the courage it takes for some people to come in and even sort of explore this type of thing. The fact that they've come into the door and they are there with you is a triumph to begin with. The fact that they turn around and come again, even though they feel uneasy, or they weren't really sure or they were a little bit kind of hesitant, the fact that they even get on the table. They even say that, they say "I wasn't even sure I was coming back," is a mini kind of triumph. And those are the things worth celebrating.

14:23 **Susan:** Absolutely. So it's clear that you celebrate with your clients and I have a couple friends that are massage therapists, and for some of them they come away from some sessions

complete drained. How do you take care of yourself in all of this when you're dealing with other folks' traumas. What have you learned in terms of being a provider with people who have a history of trauma?

14:50 **Erin:** A lot of it in terms of my own self care is, is trying to leave the work at work. So when I'm not in the treatment room, my life doesn't always revolve around things trauma related. I would have to say, as it stands right now, when I am interviewing people, I don't tend to get really into like explicit details or history around that. You know, we certainly just establish that, yes, something happened, yes there was maybe some grabbing or pulling. So I just get a sense that maybe working around the neck or maybe working around the wrists I may have to be a little bit more cautious around that. But I try not to, because I am not in a profession as a massage therapist, deal with emotional processing. You know, I leave that to the psychologist and the psychotherapists. So then I have to also be conscious to not kind of bring anything up in the treatment room that could trigger something. Though I am trying to keep that self-care thing up, I don't really hear anything too devastating or challenging because I try to really work on the outskirts of it. I know just enough so they know I have some sort of idea on what's been going on, but never enough that they need to re-hash anything. And in that way, so far, I haven't found that it is too, too draining in anything that I've done. It's more just the attention and the focus actually in those treatments because you just have to be so on your game, you know, looking for any little thing. Maybe a foot starts to twitch and they may be feeling a little anxious. So always recognizing that affect because sometimes they won't tell me. I need to really watch that body. So that sort of focus and energy that gets put into the treatment is more what's draining then in terms of what the client may or may not tell me.

17:07 **Susan:** For those who may be working in the field and are looking to focus on survivors of trauma, what advice would you have for them? Or what, can you offer a few final words about why you feel being trauma informed is important in the work that you do?

17:26 **Erin:** First and foremost, I would say, anyone who wants to work in this field, I would say DO IT! I say that because I really don't feel like there are a lot of people in Ontario, and across Canada, in the massage therapy profession that are doing this sort of work. I really feel like massage therapists are in a unique position to collaborate with the talk therapy community to make this approach even better. So getting into that collaboration. Anyone wanting to do this, my advice is: get in touch with me and talk! Because I am always wanting to get in touch with people doing this work and see what they've done, what's working for them. And I certainly feel like there is an opportunity within our profession to open up the dialogue and actually have, as a profession, a more trauma informed care approach to therapy. And that doesn't mean you're

necessarily working with trauma survivors, merely that we have a little bit more, open eyes and awareness that some people coming in that may perhaps do have trauma. I have a book by Bessel van der Kolk, who many people will certainly recognize as a leader in trauma. He just beautifully says that trauma symptoms cannot recovery until they become familiar with the sensations in their bodies. And you know, we connect by touch. We are human through touch. And massage therapy has that opportunity to offer something to clients that may be missing from their lives. That they are craving, but at the same time concerned about. And I think that in itself is a reason to have a trauma informed care sense and approach around things so that they are able to deliver what it is that they need and allow them to reconnect with themselves and the world around them.

19:36 **Susan:** Thank you. Well it is good work that you do, it is wonderful work that you do. On behalf of the Institute on Trauma and Trauma Informed Care, I'd like to thank you. It is very much appreciated and it's been a pleasure.

19:49 **Erin:** Thank you so much for having me.