



MASSAGE STRATEGIES FOR DEPRESSED CLIENTS



Elizabeth Young/Getty

THIS ARTICLE EXPLORES HOW MASSAGE THERAPY CAN EASE THIS DEBILITATING CONDITION.

Until recently, depression carried an unfortunate social stigma: Admitting any sort of psychological condition could open a person to negative perceptions and discrimination. Much has changed in the last decade, however. Depression has “come out of the closet,” and the stigma that this disorder once carried no longer stings.

People often are astonished when a health professional suggests that their constellation of strange and seemingly unrelated symptoms might be occurring as a result of depression, but depression can complicate and color the simplest of conditions. If clients are unable to resolve their illnesses or mend their injuries, there is a good chance that depression may be contributing to the problem.

BY PAMELA FITCH



Department of Health and Human Services: “In the United States about 19 million people, or one in 10 adults, experience depression each year, and nearly two-thirds do not get the help they need. Treatment can alleviate the symptoms in over 80 percent of the cases. Yet, because it often goes unrecognized,

depression continues to cause unnecessary suffering.

“Depression is a pervasive and impairing illness that affects both women and men, but women experience depression at roughly twice the rate of men. Researchers continue to explore how special issues unique to women—biological, life cycle and psychosocial factors—may be associated with women’s higher rate of depression” (NIH Publication No. 00-4779, August 2000).

The reasons for women’s depression are complex and interwoven among social, psychological, economic and biological strata. Cycles of poverty, powerlessness and victimization put women at greater risk for depression (Edwards, p. 114). Pregnancy and postpartum depression are very common. Dr. Edwards suggests that nearly 50 percent of women experience some degree of depression during pregnancy, although only half of them receive treatment. Hormonal fluctuations during adolescence and menopause also may contribute to women’s depression.

Depression in women is diagnosed and reported more frequently than in men, but Terrence Real, author of *I Don’t Want To Talk About It*, suggests that men and women respond differently to depression. He believes that depression is far more common in men than is currently thought. According to

Real, men are conditioned to be self-reliant, and to not share their feelings. To acknowledge emotions in men is considered risky at best, or unmanly at worst. Men who bury themselves in their work, simmer chronically in anger, or numb their unhappiness or discontent with alcohol may not even be aware that they are depressed. Real describes this kind of depression as “covert” (Real, p. 31).

Depression is also common among children. The symptoms may be similar to an adult’s depression; however, they will more likely be evident in the degree of a child’s development and learning.

Among the elderly, depression is as common as at any other age, although it is frequently misdiagnosed or ignored. Symptoms of depression in the elderly may be somewhat different from younger populations. The nature of aging includes inevitable losses of kin, physical strength and intimacy. Consequently, depression in the elderly may include numerous physical discomforts and complaints, insomnia, confusion, forgetfulness or indirect suicidal thoughts, such as “Why am I still here?” or “I’d be better off dead” (Edwards, p. 128).

What Is Depression?

Overwhelming sadness, guilt or sense of worthlessness are common reactions of a person who is depressed. It is sometimes difficult for depressed people to identify feeling states for themselves, and they may more frequently describe physical conditions, since these are often easier to describe.

Physical manifestations of depression may include migrating chronic pain, fibromyalgia, headaches, migraines, clenching or grinding of teeth, muscle tension, stiffness, inflexibility, no desire to move or exercise, brain “fog,” and the inability to concentrate or carry out tasks to completion.

Feeling down and sad as a result of a difficult or painful event in life is normal. But if the feelings persist over a period of time, especially if the event has long since resolved, then a person may be diagnosed with depression. Dr. Edwards suggests that depressed people cannot allow themselves to express sadness because it’s too painful. They are afraid of being destroyed by the intensity of their feelings (Edwards, p. 31).

Diagnoses such as those included in DSM-IV are helpful for health professionals who need to quickly classify certain types of symptoms. But Andrew Solomon suggests that the classifications are arbitrary. From his perspective, there is no particular reason that five symptoms are required for a diagnosis of major depressive disorder. Even if there are one, two or three symptoms, they are unpleasant and disturbing (Solomon, p. 20). Also, once a client is diagnosed with depression, it immediately begs the next question.

What Causes Depression?

There are numerous factors in the development of depression, and they range from the neurochemical to environmental, nutritional, hereditary, social and/or financial. When a person experiences a severe degree of stress—be it physical, emotional, social or nutritional—he or she may react by feeling overwhelmed to a point of complete incapacity, despair, anger, sadness or disconnection.

There are a number of conditions that either cause or are closely related to depression: chronic pain, irritable bowel syndrome, insomnia, migraines, fibromyalgia and hypo- or hyperthyroid conditions, Addison’s disease, Cushing’s disease, rheumatoid arthritis, lupus erythematosus, substance

CATEGORIES OF DEPRESSION

The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) is the primary diagnostic reference of mental health professionals in the United States, used to determine the nature of various psychological conditions. Depression is considered a “mood disorder.” According to DSM-IV, there are several categories of depression that occur on a continuum from mild to severe.

MAJOR DEPRESSIVE DISORDER

Represented by five or more of the following symptoms:

- Depressed mood;
- Diminished interest or pleasure in daily activities;
- Weight gain or loss;
- Insomnia or hypersomnia nearly every day;
- Fatigue or loss of energy;
- Feelings of restlessness or low energy every day;
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day;
- Diminished ability to think, concentrate or make decisions;
- Recurrent thoughts of death or suicide.

These symptoms last for more than two weeks.

SPECIFIERS USED TO DESCRIBE MOOD DISORDERS

- Melancholic features—deep unspecified anguish;
- Psychotic features—out of touch with reality;
- Seasonal affective disorder—depression during the winter months;
- Atypical features—overeating, oversleeping, profound fatigue and heightened sensitivity to rejection;
- Catatonic features—unusual behaviors or movements.

BIPOLAR DISORDER

An individual with this disorder cycles back and forth between depressive and manic states over a period of hours, days, weeks or months. When a person is experiencing the depressive aspect, then symptoms resemble a major depressive episode. When the individual is manic, he or she feels euphoric, expansive or irritable.

abuse, infertility, functional disabilities, AIDS, Parkinson's disease, heart disease, hormonal fluctuations, pregnancy/postpartum, and side effects of medications.

In addition, one's temperament may predispose a person to depression. If a person has low self-esteem, and little or no secure bonds or sense of community, then depression may occur. Those who have witnessed or experienced any types of abuse, or who have been traumatized psychologically, will be predisposed to depression. When a poor social support network exists, then the person is at risk.

As Dr. Edwards writes: "Single mothers living on social assistance with young children have an alarming rate of clinical depression. This group tends to be unsupported, isolated and disadvantaged. Another study in Britain showed that married women whose marriages lacked intimacy, and who had no confiding relationship outside the home, were more likely to develop depression" (p. 31).

Nutritionally, people who are depressed are found to have low levels of zinc, folic acid, vitamin B₆, vitamin B₁₂ and magnesium. One Web site [www.truehope.com] details a variety of clinical trials using megadoses of

vitamins and minerals in the treatment of various psychological disorders, including depression.

How Massage Therapy Can Help Depression

Massage offers a unique way of accomplishing deep relaxation. How extraordinary to be able to sit quietly with another person, to ease his or her tension and to massage away the pain. Massage may not be a long-lasting cure for depression, but there is significant evidence that the "touching cure" has much to offer in the management of chronic depression in a number of age groups (Field, p. 123-70).

According to Dr. Tiffany Field, who has devoted almost 20 years to touch research, massage therapy is an effective way to reduce the stress hormones in the body. By soothing and calming a client, he or she may "turn down the volume" of the stressors, and more easily access a relaxed state of being. There is significant research from the Miami-based Touch Research Institutes—the facility at which Field is the director—which suggests that massage reduces cortisol levels and promotes a parasympathetic response. A study on depressed adolescents showed a significant and long-lasting reduction in urine cortisol

and norepinephrine levels. The subjects in this study who were depressed reported feeling less anxiety and depression for up to five days following the massage session. They also were less wakeful and experienced better quality sleep following a massage (Field, p. 142).

Another important healing dimension that massage therapy offers is the opportunity to feel emotions that may be overwhelming, while at the same time being touched. Massage therapists do not try to elicit emotional responses in their clients, but occasionally clients are overcome with sadness, and sometimes cry while lying on the massage table. To be able to cry in the presence of someone who is comfortable with displays of emotion can be exceptionally healing. The client learns that it is all right to feel such pain, and perhaps more importantly, that those overwhelming feelings do indeed pass.

Importance For Massage Therapists

There are three compelling reasons why massage therapists should understand the complexities of depression:

1) Trying to alleviate an injury when, in fact, the pain relates to clinical depression may mean



Mary Ellen Tanner Miller

WEB SITES

National Institute of Mental Health on Depression in Women

> www.nimh.nih.gov/publicat/depwomenknows.cfm#INTRO

All About Depression

> www.allaboutdepression.com/index.html

Safe Harbor Alternative Mental Health Online

> www.alternativementalhealth.com/articles/article-depression.htm

True Hope Institute

> www.truehope.com

ONE'S TEMPERAMENT MAY PREDISPOSE A PERSON TO DEPRESSION. IF A PERSON HAS LOW SELF-ESTEEM, AND LITTLE OR NO SECURE BONDS OR SENSE OF COMMUNITY, THEN DEPRESSION MAY OCCUR.

SOMATIC MANIFESTATIONS OF DEPRESSION

Here are some of the common physical traits shown by clients that may indicate they are suffering from depression:

- Tense, held, strained upper body that is weak or limp with little or no effect;
- Possibly lymphatic congestion due to sedentary tendencies or toxicity;
- Exquisitely tender point on solar plexus or other parts of the body;
- Skin temperature cold or clammy, particularly on extremities;
- Suboccipital muscles guarded and hypertonic;
- Tension focused in one particular region where the client clenches or expresses tension subconsciously (e.g., temporomandibular joint [TMJ], neck or feet);
- Touch may elicit a profound emotional response (e.g., grief or anger);
- Chronic hyperventilation.



Mark Douet/Getty

that appropriate treatment is delayed. Working with a client should extend beyond what massage therapists do with their hands. There are numerous conditions that may either mask or are masked by clinical depression. Knowing the difference can help a therapist address the more significant of the two conditions, or help a massage therapist to realize his or her limitations.

Chronic pain, for example, may be present as a result of an old injury, repetitive strain or as a symptom of clinical depression. Suicidal thoughts may accompany depression, and it is important for massage therapists to be aware of the warning signs for the safety of the client. If the therapist is able to recognize the symptoms as depression or anxiety, he or she may initiate a dis-

ussion with the client as to the next course of action (i.e., referral, medication and/or client education).

2) If a therapist is uncomfortable with an emotionally laden client, then his or her discomfort may cause the client to take responsibility for the therapist's reaction. In these circumstances, clients may stop the massage therapy rather than address this therapeutic imbalance.

Massage therapists often suggest that massage can help the mind, body and spirit. Yet, many therapists shy away from any discussion of psychological conditions, thereby reinforcing the mind/body split. Massage therapists need instruction on basic emotional first aid for such conditions as depression and anxiety. For many clients, it is the unspoken reason why they sought massage therapy in the first place.

3) Applying a modality that is too deep or too specific may cause undue harm, or cause the client to stop receiving massage. Massage therapists often put more priority on technique rather than considering the overall benefits of a relaxation massage. While soothing, the very cornerstone of massage therapy is care, a basic human need evidenced in the ample research at the Touch Research Institutes. Although massage therapy doesn't cure depression, it may significantly moderate symptoms because massage can elicit the parasympathetic response.

Desired Massage Therapy Outcomes For A Depressed Client

Theoretical or documented evidence for how massage therapy may affect a client is difficult to find. Clinical experience

ONE CLIENT'S STORY

June walked down the corridor to the massage therapy clinic. Her doctor had suggested that she have a massage to help her relax. So much had happened over the last few years—her youngest, Chris, was in a wheelchair; her mother died after several months of being in the hospital; and then her husband, George, asked for a divorce. June sighed, thinking it unlikely that an hour of massage would make any difference. Her whole body ached. Life was horrible. Sometimes she wished she could just walk out of it and never come back.

June watched as the therapist, Amy, moved about the treatment room. Amy picked up her clipboard and pen and sat down in front of June. "What brings you in for a massage today?" Amy asked. June groaned inwardly. Where to begin? How could she possibly tell this stranger what had happened over the last three years? Amy shifted in her chair and tried another question. "Any headaches, or pain in your back or neck?" she asked. At least she could answer this question truthfully. "Yes," replied June. "Constantly."

June sighed. Her body seemed to deflate with every question that Amy asked. Everything hurt. Nothing was right. She couldn't sleep at night. But she couldn't concentrate by day. She felt dizzy most of the time. Her jaw hurt from all the clenching. Her neck was stiff. Some days, all she could do was walk from the bed to the couch. Everything seemed so unreal, as if she was watching her own depressing life as a movie. But how could she tell Amy this? June felt like such a loser. June lay face down on the massage table.

Soft music was playing and the lights were dim. Amy placed something warm and heavy on her feet, and to her surprise, June found herself settling onto the table more comfortably. Amy applied long, slow strokes down her back. In spite of herself, June groaned with pleasure. How long had it been since someone had touched her with gentleness? Years, it seemed. June felt hot tears sting her eyes. She had worked so hard to hold things together, and here a complete stranger was releasing it all.

Something broke inside her. She began to sob uncontrollably. June remained on the massage table after Amy had gone. She hadn't cried like that since her mother died. She scanned her body for the usual pains. It seemed as if the pain had gone. She couldn't sense it anywhere in her body. Somehow she felt lighter and blissful, as if she had just slept for a week. Smiling to herself for the first time in months, June wondered how soon she could come back for another massage.

indicates, however, that short-term desired outcomes include a slowing and deepening of the breath, such as is found in sleep. Enhanced body awareness of just how the client holds tension is often instructive. The client may unclench muscles that have been tense for a long time, giving the muscles a rest and reducing the body's overall tension. In addition, there is at least a temporary or momentary letting go of the concerns and issues that trouble the client.

A few minutes or hours after the massage, clients commonly report feeling more alert, less anxious and less inclined to the "brain fog" that causes difficulty in concentrating. Some clients have expressed a sense of wonder over being able to let go and relax, to still feel safe on the massage table, to feel unhurried, accepted, nurtured and grounded.

Gently stroking or kneading tight and sore muscles helps a client to transition from the hyperaware state or sympathetic response, to the relaxation response in which tissues are repaired, the immune system is rejuvenated and the body rests.

Much of what massage therapists offer is unconditional acceptance of what is. Spending time in the present moment and feeling one's body being touched, massaged, stroked and kneaded can ground a person, and help to reestablish a sense of balance and homeostasis.

The long-term outcomes may range from better quality sleep and better immunity and health, to a more positive body image, enhanced concentration, less chronic muscle tension and less chronic pain.

Considerations, Cautions And Contraindications

If a client has no visible means of emotional support and a lot of anxiety at the same time as the depression, it is important for the therapist to understand the origins of the anxiety so as not to inadvertently cause an acute panic reaction. If the therapist senses that in addition to the depression, there are a lot of emotional issues that may be triggered by touch, then the client should be worked gently, and referred to an experienced psychotherapist or physician for assessment and treatment.

Depression is a complex condition that may be a factor in dozens of pathologies. It may be a stand-alone problem, or be accompanied by other puzzling symptoms or conditions. It is



MASSAGE THERAPY GOALS

Therapists working with a depressed client should expect to eventually reach several desired outcomes.

Among these are:

- To promote relaxation;
- To raise healthy body awareness;
- To stay in the present moment;
- To reduce the chronic stress response;
- To help the client reconnect with his or her inner self through touch.

TECHNIQUES THAT WORK FOR DEPRESSION

The methods described below have been proven to be effective when working with clients suffering from depression. They include:

- Manual techniques—Effleurage, rocking, stroking, indirect fascial techniques, and trigger point therapy within the client's pain tolerance, particularly at subocciput and TMJ, help to relieve tension.
- Craniosacral techniques—When a person has a cranial base compression, or C₁ is "caught" at the occiput, an occipital-axial release can provide immediate release from headache, dizziness and a peculiar form of "brain fog" that accompanies this restriction.
- Stretching—Deep, slow stretching, particularly of the upper cervical muscles, helps to alleviate tension throughout the neck and shoulder region. Yoga is particularly helpful in stretching the entire body, while at the same time emphasizing relaxation and a tuning in to the breath.
- Home care—A way for clients to block outside stimulus and turn their attention inward is to use earplugs. The rhythm of the breathing as it slows and deepens helps promote the relaxation response, and can "turn down the volume of outside stressors."

important for any massage therapist working with depressed clients to be aware of his or her limitations and abilities. If a client's problems appear insurmountable, or if a therapist feels sad and overwhelmed after working with a depressed client, then it may be time to either seek supervision from a more seasoned therapist or to refer the client to another therapist who has experience with such conditions.

Depression can be a chronic or long-term problem. The symptoms may only be alleviated temporarily with massage therapy, giving a client much relief. But in order for the depression to be fully eradicated—if that is possible—drug therapy in combination with psychotherapy and/or nutritional education may be necessary.

Consequently, working with a depressed client should be considered similar to working with a client who has chronic pain. It is not impossible that the pain may be cured, but it more than likely will be lessened.

Conclusions

In her book, *Pain: The Fifth Vital Sign*, Marni Jackson exposes the crucible of our society's dual attitudes toward

body and mind: "Why do we still distinguish between mental pain and physical pain when pain is always an emotional experience?"

Depression is pain, and is as deserving of our profession's awareness and respect as any myofascial restrictions, neural tension, migraine or low-back injury.

Jackson writes: "Pain is not always conquerable, but it is adaptable. Fight nature, and you risk ending up like the explorer Sir John Franklin, frozen in the ice of Hudson Bay, with the rictus of victory on his face. People may remember you as very brave, but it will do you no good. Work against pain, and you lose. Work with pain, and the struggle lightens. The body is not the enemy" (Jackson, p. 357).

Depression causes its sufferers to feel overwhelmed by life to a point of serious or complete incapacity. Massage therapy offers grounded nurturing touch and a release from long-standing tension. It provides a kinesthetic means for reconnecting the somatic experiences of the body with the emotional and cognitive processes of mind and spirit. As massage therapists, we shouldn't ignore the signs

and symptoms of depression. Instead, by considering a client's emotional condition when planning a session, we may support the client's healing process through basic relaxation massage—holistically, realistically and appropriately. ❏

...

Pamela Fitch, RMT, is a professor in massage therapy at Algonquin College and maintains a small private practice in Ottawa, Ontario. Her areas of interest and expertise include women's health issues, trauma and body image. She may be contacted via E-mail at: p.fitch@sympatico.ca.

Bibliography

- Bowlby, John. *Attachment*. 2d ed. New York, New York: Basic Books, 1982.
- Edwards, Virginia. *Depression and Bipolar Disorders*. Toronto: Key Porter Books, 2002.
- Field, Tiffany. *Touch Therapy*. London: Churchill Livingstone, 2000.
- Jackson, Marni. *Pain: The Fifth Vital Sign*. Mississauga, Ontario: Random House Canada, 2002.
- Real, Terrence. *I Don't Want To Talk About It*. New York, New York: Simon and Schuster, 1997.
- Solomon, Andrew. *The Noonday Demon*. New York, New York: Touchstone, 2001.