



Shiatsu, Traumatic stress and the Body-Mind Connection - a Personal Journey

By Annette Lucas FwSS



I owe my life to Western medicine.
I owe my 'being with aliveness' to Shiatsu -
a place I call home.

Annette is a Shiatsu therapist, teacher, Acupuncturist and facilitator of Tre®. Her experience comes predominantly from working in a women's refuge, also within cancer care - including hospital-based work - and with survivors of trafficking. She is studying for an MSc in Person-Centred & Experiential Psychotherapy, and she co-runs the '4 Good Health' clinic in Sheffield. She loves time in nature and offers a down to earth approach.

I believe Shiatsu should have centre stage presence as one of the therapies that helps individual and collective recovery from the devastating impacts of traumatic stress.

This piece will be a meander through my living with Shiatsu, and an overview of how the body is integral to the mind and the context in which we live. It will draw links between Shiatsu and neurobiological theories, noting divergences between Eastern and Western philosophies, with an invitation to reflect. I bring my 20 or so years of Shiatsu experience, mainly working alongside those who are recovering from/living with abuse, impactful addictions and in cancer care. It involves facing the tangible reality of our mortality, a liminal space where ultimately the physical becomes immaterial. I am living in this melting pot, as are you. Welcome. It's experiential.

Invitation: *Take a moment, pause, how are you responding to the above? What's arising; emotions, thoughts or physical sensations? Make a sketch, words on a page?*

What is the Body Mind Connection?

The Western medical paradigm is pathology-focused, reductive, linear and largely based on White Eurocentric normative values (Beckley, 2021). The body-mind dichotomy, with origins in Greek philosophy and 16th century philosopher René Descartes, views the body as separate, inferior and under the control of the mind. I would suggest this also underpins attitudes that view body-orientated as secondary to cognitive-based therapies.

Neuropsychologist Roger Sperry, developed a theory of attributes relating to left and right brain functioning (Cherry, K, 2023). Crudely expressed, the mechanical reductive view of the world is associated with the left side of the brain, while the right is associated with intuition, touch sensations, creativity, and connection. We need both, but the left dominates.

Within a Western medical paradigm, holistic factors *can* be considered and within TCM there is evidence of early dualism (Raphals,2020;525-551), so in some ways the East West division is arguably one of semantics - it does not have to be an *either/or*. I prefer an integrated *both/and*. For example, within NHS hospital settings (Cavendish Cancer Care) we work as a team, relaying any medical concerns to the nurse/ doctor and they to us. We have time to be with what arises e.g., Acupressure, self-Shiatsu, to help settle, to encourage a sense of agency - it's empowering. As T. Kaptchuk(1997;3) says; "The perceptions of the two traditions reflect two different worlds, but both can heal the same body".

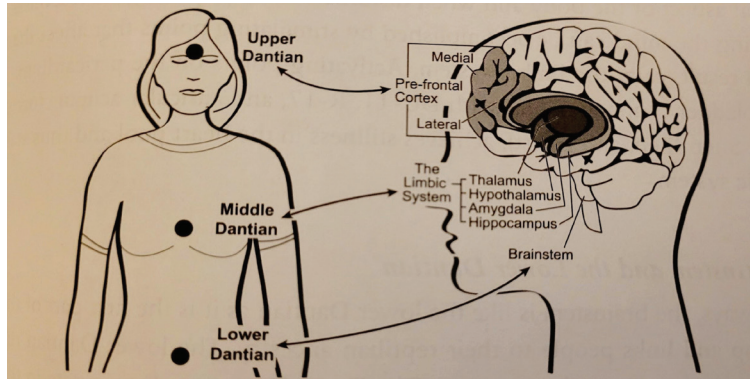
Togetherness.

Recent Neurobiological developments are shifting the focus. 'Descartes Error' challenges the mind-body separation:

'The soul breathes through the body, and suffering, whether it starts in the skin or in a mental image, happens in the flesh'
(Damasio,2006;xxvii).

Bessel van der Kolk's book, 'The Body Keeps the Score' reflects this. Body oriented therapies like Shiatsu offer what's termed a '*bottom-up approach*'. As many as 80% of messages via the nervous system go from body to mind. We know all emotions have physical sensations, with their meanings filtered and relayed by the amygdala. If elevated adrenalin and sugar levels are not expended successfully in a mobilised response, return to equilibrium will not be achieved (Van der Kolk, 2014;54).

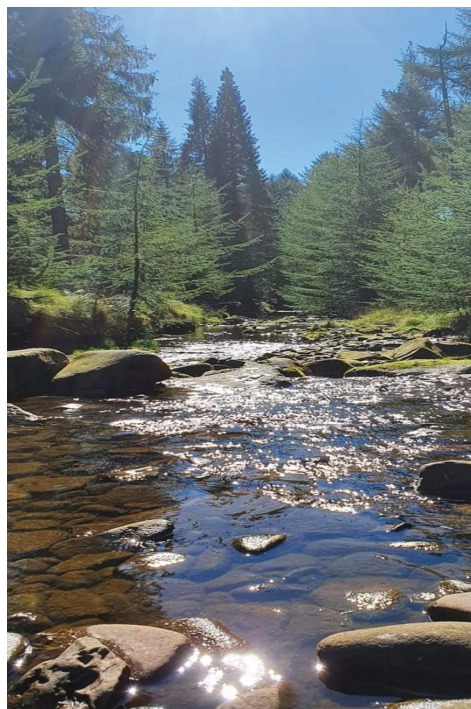
The three Dantien of Chinese medicine can be related to different brain regions:



(Holman, 2018; 327)

Chinese medical philosophies often refer to Shen, spirit and Mind interchangeably (Maciocia,1998;197). The Shen is housed in the Heart, with cultivation of a quiet mind imperative to wellbeing. This does not mean a physical illness necessarily manifests

in psychopathology or vice versa (Kaptchuk, 1990;56). In Western psychotherapeutic models there is a known tendency to attribute physical pain to a psychological origin (Wells, 2019;31,37). Caution is needed e.g. within oncology musculoskeletal pain can indicate metastases.



The link, however, is irrefutable.

'When my head hurts my whole-body hurts'

Anon – survivor of trafficking.

'Where there is pain there is no free flow

Where there is no free flow there is pain'

What is Traumatic Stress?

'Trauma can be a single event or a series of events after which we know we are different. The nature of trauma is that it is overwhelming...more than the organism can cope with'(Haines;2016). Traumatized people become stuck and live as though the trauma is continuing (Van der Kolk, 2014;53). It is **paramount** here to acknowledge that for many, traumatic stress is current. It can be intergenerational, historic, experienced collectively and possibly passed on, via epigenetics, for up to 5 generations. In TCM this is akin to the Chong Mai transferring material in the Jing (Holman, 2018;296).

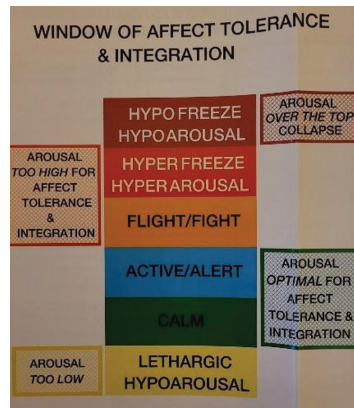
Mammals share a biological drive to favour cooperation for their survival. Trauma is the adaptive function in the Autonomic Nervous System (ANS) interrupting an individual's feeling of safety, trust, and connectedness. This can manifest somatically and psychologically. The key to recovery lies in working with what arises in the present, held by a framework of containment, boundaries and safety.

Shiatsu is perfectly placed.

'...disempowerment and disconnection' are dominant trauma experiences thus connection with another, sometimes referred to as co-regulation, is paramount. The survivor 'must be the author and arbiter' in this process (Herman, 2022;191). Babette Rothschild adapted Dr Siegel's 'Window of Tolerance'. What I particularly like about her approach is the coexistence of states (as with TCM patterns) and tabulation of emotions and viscera, which can be linked to various Shiatsu theories.

Colour Code	Yellow	Green	Blue	Orange	Red	Purple
Emotions	Grief, Shame, Sadness, Disgust	Calm, Pleasure, Love, Sexual Arousal	Anger, Shame, Disgust, Anxiety, Excitement, Sexual Climax	Rage, Fear	Terror, May be Dissociation	May be too Dissociated to feel anything
Muscles	Slack	Relaxed/ Toned	Toned	Tense	Rigid (deer in the headlights)	Flaccid

(Rothschild, 2021; 50-51)



I wonder how it would be for this window to be *circular*? By virtue of someone arriving at a Shiatsu session, at the core they are not broken, testament to their survival. I have drawn a diagram relating to this below. As the sphere of tolerance increases so there is an increase in capacity to be with what arises.

Hyper Arousal

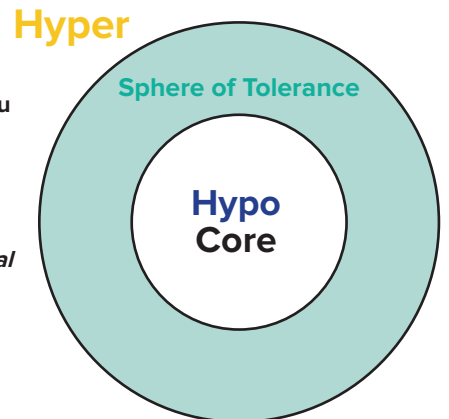
Fight/Flight Anger Feeling too much
Fire Heat Excess Yan/Yin Xu
Fast Pulse

Sphere/Window of Tolerance

Regulated Connected Social Engagement
Balance
Pulse arrives and falls within window

Hypo Arousal

Freeze Dissociation Feeling Too Little Numb
Cold Yang Xu
Slow Pulse
Core
Deepest Essence
Ever Present



Polyvagal Theory

Polyvagal theory, developed by Dr Stephen Porges in the '90s, also provides a theoretical basis for the neuroscience of threat responses and safety. It focuses on affective states that when working well can support growth and restoration. Dysregulation results in lasting effects, and there is plentiful research demonstrating how detrimental this is on health and life expectancy; heightened amongst populations facing increased oppression (<https://www.nhs.uk/resources/useful-links/>).

Langley (1921) first coined the term ANS and identified myelinated and un-myelinated nerve fibres and a paired antagonistic dynamic. Porges further developed understanding of the Parasympathetic Nervous System with the Vagus nerve being divided into two. Originating from the brainstem, the Dorsal 'old' un-myelinated aspect is associated with the parasympathetic response, immobilisation, and withdrawal. The Ventral 'new' vagus is associated with 'rest and digest',

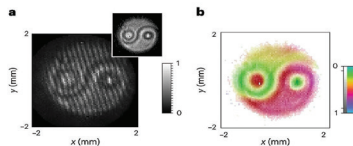
but also to what he calls 'Social Engagement'.

Neuroception is the assessment of risk (Porges, 2017;19). Safety is primal, intuitive yet often neglected. Safety is a visceral rather than a cognitive response, so we need to **feel** what safety is: *Shiatsu!*

The aim is to get the ANS out of states of defence, where appropriate. By respecting the body's wisdom, what it is feeling, we can move from a place of judgement to understanding and healing.

Space Wu Wei

Photon entanglement (<https://phys.org/news/2023-08-visualizing-mysterious-quantumentanglement-photons.html>;15.9.23).



Look familiar?

Dr Keown states (2015; 95)

what most are unaware of - in the Taijitu symbol, between Yin and Yang there is **space**. This allows the processing of experiences, reflection and Qi flow.

I experienced this when approaching the Snowdrop Project all fired up ready to offer Shiatsu. They sought client feedback first - is this what you want? Pause - before proceeding; respect and client-led.

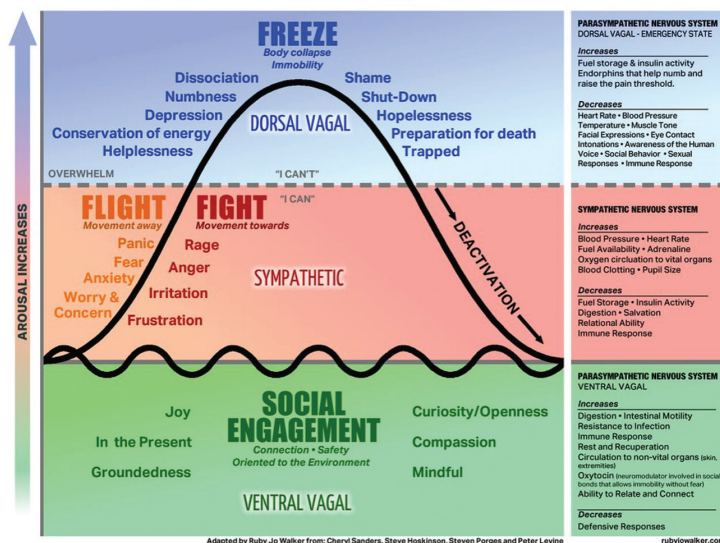


Invitation: *What is coming into your awareness now? Any discomfort? How is it to be with feelings that you may not like or want?*

Increasing the capacity to feel fully, to experience emotion and sensation, builds resource. Be clear, increasing capacity is **not** the same as increasing tolerance (to numerous social and political oppressions).

Careful *attention*, not only *intention*, is crucial. Not least to minimise the impact of 'implicit bias'. Audre Lorde says we have to look for that "piece of the oppressor which is planted deep within each of us" (1984;116). It is essential to become aware of a "visceral moment of bias.. in interrupting its effect (Wong & Vinsky,2021;186). **Intention alone is not enough.**

In this space Wu Wei is important, as this is often when something spontaneous emerges; e.g. the client may choose to listen to music - in hospital music



facilitates accessing memories, with trafficked survivors a distant memory, experience of joy, synchronising, rhythm all important.

(<https://neurosciencenews.com/synchronizationbeat-22728;22.9.23>) Yes, movement is life.

Creativity - in flow the possibility to dance, hum, sing, may grow. Here, I am fully and sensually alive.

Guodian Daodejing 3rd/4th centuries BCE:

"It is generally the case that sounds, when they exit sincerely via the emotions, enter and take a profound hold of one's heart-mind (Deadman, 2016;332).

"Our ancestors believed that music had the power to harmonize one's soul in ways that [traditional] medicine could not. In ancient China, one of the earliest uses of music was healing.



Music **Medicine**

The Chinese character for medicine actually comes from the character for music."

~ Gao Yuan, Shen Yun composer

Zen Shiatsu

I am now going to consider each of the Zen principles and how they may relate to a Western neurological approach (Beresford-Cooke;2004, 23-25).



Element	Hyper Arousal	Hypo Arousal
Water	Panic, agitation, hypervigilance	Collapse, contraction phobias
Wood	Rigid presentation; tight, painful tissues; unreasonable anger	Passive presentation; flaccid tissues; unable to defend self
Fire	Panic attacks, mania, "dark" humour, insomnia, racing thoughts.	Dissociation, flat eyes and emotion, hard to connect, poor cognition.
Earth	Tight, wiry body. Hard to receive food, support or nurturance.	Soft, flabby body. Can't harvest lessons or integrate experiences.
Metal	Anxious, jumpy, rapid breathing.	Shallow breathing, empty, presentation, deep fatigue.

Slides with kind permission from Alaine Duncan (from my Tao of Trauma training with her)

1. Relax

'A settled body helps other bodies it comes into contact with to settle...'

(Menakem,2021;181). This is one of the reasons we pay attention to our own responses, a rich source of information. We may be experiencing our own or vicarious trauma; self-care is imperative. Working with Hara - the sub-diaphragmatic area which Porges equates with the dorsal vagus (2017;28) - we make direct contact with the body area associated with the freeze response.

2. Penetration not pressure

To meet, never to push through. Pushing through can reinforce a cycle of dissociation - sacred at times of threat but costly if it becomes a pattern. Consider position - the receiver's choice, but trying a different position may be appropriate, e.g. if someone completely dissociates trying Shiatsu in supine or side, eyes open, may help.

3. Stationary perpendicular penetration

Stationary presence affords attuned focus.

4. Two-handed Connectedness

Mother hand says 'I'm right here alongside you' whilst the working

hand brings attuned attention to every point. Movement helps to bring us out of freeze.

5. Meridian Continuity

Through flow we connect with the present, integrate experiences from the past as we meet the future.



Shiatsu deepens our awareness through contact to areas of our body that are relatively kyo or jitsu. It's enlivening.

We work with patterns to nourish or disperse Ki but most importantly to create the right conditions for this to take place. Shiatsu is *facilitative*. How often after a session does someone say 'That was sublime. I feel

different, at peace'. It's profound, touches my heart and the work is precious. Its cyclical nature means it not only benefits the receiver, two people affect each other: *reciprocity*.

Take-Aways:

1. Do not ask what happened - re-visiting can re-traumatise. Stay with the here and now e.g. where in your body is the memory ofarising now? What is it like to notice? Too much, slow down
2. Never assume it's ok to touch. Familiarise yourself with self-Shiatsu techniques.
3. Consent is only in the moment.
4. Qi follows mind - identify and build on resources. Find what nourishes.
5. Explain what the session may involve and make clear the client can stop at any time.
6. Give choices - whether Shiatsu, or you, are the right approach/practitioner at this time **and** choice in relation to position / table / futon / chair.
7. Repeat client's actual words - can facilitate cognition to body connection.
8. Be authentic and play; a co-created space with infinitesimal possibilities!
9. Learn how to respond should client become overwhelmed; working with the body is grounding!
10. Boundaries and safeguarding - consider referral, seek supervision/further training if needed. With role power comes responsibility (Grainger, 2020; 29,191-194).
11. Self-awareness is key. Traumatic stress can be vicarious. Take care.
12. Know your privileges and oppressions – see Re-memberings (Menakem, 2021)
13. Pause - space between Yin and Yang, reaction and response,

unsafe from uncomfortable, this is now, that was then. Spontaneity.

14. When working with traumatic stress - knowingly or not - by sticking to the principles of Shiatsu you'll be doing a **great job!**

Trauma, indelibly contextual, is not a thing; tangible ugly vomitball that we can grasp, mould and dispose of.. So the suggestion is: What kind of....is your.....?

We may not remember/ language but the body knows and Yes

'Every moment is Innocent'
Tiokasin Ghosthorse

Each breath an offering; to in-spire, lungs of livingness, for something new, experience, information, hospital oxygen. Ever changing exchanging. In the misted mixmess, sun shines through.

Empowerment and safety is key to recovery and 'safety always begins with the body'
(Herman;2022;375).

Conclusion

"Trauma is not destiny ...when we heal our own trauma....we don't just heal our bodies.... we heal the world"

(Menakem, 2021;85). No better place to start than with **Shiatsu!**

Shiatsu 'shape shifts' whilst holding the liminal. With the purity of full attentional touch, heart extends into and beyond hands and healing takes place in relationship. With Shiatsu the body is the portal that reaches out to individuals and communities.

Surely, Shiatsu speaks to humanity?

I pay homage to every Shiatsu-being I have received from, offered to, been supervised by, taught and trained with; in particular to Carol Dean, alongside the lineage which developed this body form and those who help guide steps into the future.

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