Depression: How Can Massage Therapy Help
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Introduction

Depression describes the inner state of one’s being fraught with despair and blocked with feeling. There are few major illnesses that do not carry the potential for a reactive depression, if not a full-blown major episode. Andrew Solomon, author of The Noonday Demon, suggests that depression can only be described in allegory and metaphor because it is wholly personal and exquisitely painful to the individual. Its symptoms are vast and varied. Its effects range from annoying to life threatening. “Perhaps depression can best be described as emotional pain that forces itself on us against our will, and then breaks free of its externals…Grief is depression in proportion to circumstance; depression is grief out of proportion to circumstance…Grief is a humble angel who leaves you with strong, clear thoughts and a sense of your own depth. Depression is a demon who leaves you appalled.” (Solomon, p.16)

Depression complicates and colours the simplest conditions. If clients are unable to resolve their illnesses or mend their injuries, there is a good chance that depression may be contributing to their problem. Until recently, depression carried an unfortunate social stigma. To admit to any sort of psychological condition could open a person to prejudice and discrimination. People are still astonished when a health professional suggests that their constellation of strange and seemingly unrelated symptoms might occur as a result of depression. But much has changed in the last decade. Depression has come out of the closet and the stigma that this condition used to carry no longer stings. This paper explores the nature of depression and how it may complicate our clients’ lives and health.

Over the past 10 years, as depression was working its way out of the ‘psychiatric illness closet’, massage therapy has delved more deeply into the physical realm, emphasizing physical assessment and the treatment of specific conditions. The emphasis in training seems to have shifted to what is measurable, physically defined and easily described – physical and structural dysfunction. But there seems to be little or no instruction in the emotional and psychological aspects of humanity included in massage therapy training. Without this perspective, massage therapists are ill equipped to respond in a mature and compassionate way when a client has an emotional response to touch.

Who is depressed?

Canadian psychiatrist, Dr. Virginia Edwards suggests that at least 1 in 5 people will experience a depressive episode once in their life. According to the US National Institute of Health,
“in the United States about 19 million people or one in ten 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 psycho-social factors—may be associated with women's higher rate of depression.”

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The reasons for women’s depression are complex and interwoven amongst social, psychological, economic and biological strata. Cycles of poverty, powerlessness and victimization put women at greater risk for depression. (Edwards p.114) Pregnancy and post-partum depression is very common. Dr. Edwards suggests that nearly 50% of women experience some degree of depression during pregnancy, although only half of them receive treatment. Hormonal fluctuations during adolescence and menopause may also 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. Men are conditioned to be self-reliant, and not to share their feeling. It is considered risky at best or at worst unmanly, to acknowledge emotions. Men that 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”.

Depression is also common among children. The symptoms may be similar to an adult’s depression, but they will more likely be evident in the degree of a child’s development and learning. Depression is as common among the elderly as at other ages, 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)
A woman speaks –

“Depression is messy. It feels like sadness or guilt or anger. It feels illogical and irrational. It doesn’t make sense. It hurts. Depression makes you want to give in, give over, give up. It splits you from yourself and turns on you with anger. Depression makes you angry with your body, your self, your life but it never allows the anger to be released. Depression despairs of hope and cannot see a light at the end of the tunnel. Nothing can make you feel better when you are depressed.

Except maybe…

A soft and gentle hand on your back that asks for nothing and gives only soothing. A quiet voice that gives you direction and helps you to move. A deep release from the tension behind your eyes and the headache and soul ache that wakes you every morning. The salve of kindness that eases low back pain or massages the feet with warm lotion or oil. A respite. A break from the isolation and pain. And after a while, if the dark clouds part and it’s possible to see into the day again, the depression may lift, if only momentarily. In that moment, the isolation fades and it may be possible to connect with another human being – the person behind the hand on the back and the fingers on the brow.”

- Lois

What is depression?

Overwhelming sadness, guilt or sense of worthlessness are common reactions when a person 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, migraine, clenching or grinding of teeth, muscle tension, stiffness, inflexibility, no desire to move or exercise, brain “fog”, 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 sad or dark feelings persist over a period of time, especially if the event has long since resolved, then a person may be considered depressed. 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. (P. 31 Edwards)

The DSM IV is a diagnostic manual used by physicians and psychiatrists to determine the nature of various psychological conditions. Depression is considered a “mood disorder”. According to the DSM IV, there are several categories of depression that occur on a continuum between mild to severe:

Major Depressive Episode -
represented by 5 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; feelings of restlessness or low energy every day; feelings of worthlessness or excessive or inappropriate guilt nearly every day; diminished ability to think or concentrate or make decisions; recurrent thoughts of death or suicide. These symptoms last for more than 2 weeks.

**Major Depressive Disorder –**
Includes *melancholia*, where a person feels deep anguish that is not attached to an outside cause; *psychotic depression* where the individual is out of touch with reality and experiences hallucinations or delusions; *seasonal affective disorder*, where a person may become depressed during the winter months when there are shorter daylight and sunlight hours; *atypical depression* which include symptoms of overeating, oversleeping, profound fatigue and heightened sensitivity to rejection; *masked depression*, where the emotions are less affected but where there is preoccupation with physical distress. There may be a variety of complains such as chest pain, dizziness, palpitations, weakness or memory loss but all serious illness have been ruled out. Masked depression is more common in the elderly and in young children.

**Dysthymic Disorder –**
same symptoms as Major Depressive Episode but which remain the same over a period of at least 2 years.

**Bipolar Disorders** – a mood disorder where an individual cycles back and forth between depressive and manic states. The cycles may take place over a period of hours or days, or they may occur over periods of weeks or months. When a person is experiencing the depressive aspect of the polarity, then symptoms resemble a major depressive episode. When the individual is manic, they feel euphoric, expansive or irritable. They have boundless energy, seem more talkative than usual and tend not to want to sleep at all. In this state they are easily distracted and tend to engage in pleasurable experiences that carry painful consequences such as shopping sprees or unprotected and dangerous sexual encounters.

Such diagnoses are helpful for health professionals who need to quickly classify certain types of symptoms. But Andrew Solomon suggests that the classifications are arbitrary. There is no particular reason that 5 symptoms are required for a diagnosis of Major Depressive Episode. Even if there are 1, 2, or 3, they are unpleasant and disturbing. (p. 20) And once a client has been 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 to hereditary, social to financial. When a person experiences a severe degree of stress, be it physical, emotional, social or nutritional, the person 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, migraine, fibromyalgia and hypo or hyperthyroid conditions, Addison’s Disease, Cushings Disease, rheumatoid arthritis, lupus erythematosis, substance abuse, infertility, functional disabilities, AIDS, Parkinson’s Disease, heart disease, hormonal fluctuations, pregnancy/post-partum, and as a side effect of medications. http://www.allaboutdepression.com/index.html

In addition, one’s temperament may predispose a person to depression. If a person has low self-esteem or has little or no secure bonds or sense of community, then depression may occur. Those that have witnessed or experienced any types of abuse, or who have been traumatized psychologically will be predisposed to depression. When there is a poor social support network, then the person is at risk. 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 and B6 and B12 and magnesium. There is a fascinating website that details a variety of clinical trials currently being carried out using megadoses of vitamins and minerals in the treatment of various psychological disorders including depression. To learn more, visit www.truehope.com

How Massage Therapy Can Help Depression

Common treatments for depression include medications that assist in utilizing the neurotransmitter serotonin or that aid in establishing good quality sleep are often prescribed. Randal Persad’s Book Massage Therapy and Medications includes an excellent comprehensive overview of the purpose and indications for that each type of anti-depressant medication. Complementary and alternative medicine offers a number of treatments as well: psychotherapy, acupuncture, nutritional supplements, massage therapy or other forms of bodywork. Each of these treatments seems focussed on enhancing a person’s relaxation response and diminishing the residual effects of stress in the client.

Massage therapy offers a unique way of accomplishing deep relaxation. How extraordinary to be able to sit quietly with another person, to ease the tension in their body, to massage away the pain. Massage therapy 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.123-170)

According to Dr. Tiffany Field, a psychologist 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, the person may “turn down the volume” of the stressors, and more easily access a relaxed state of being. There is significant research from the Touch Research Institute that suggests massage therapy 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. Depressed subjects of this study reported feeling less anxiety and depression for up to 5 days after the massage treatment. They also were less wakeful and experienced better quality sleep following massage therapy. (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 nurtured through touch. 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 acceptable to

Techniques that work for Depression

*Manual techniques* – Swedish massage with emphasis on relaxation strokes; Trigger point therapy is effective in allaying specific areas of muscular tension and myofascial pain, especially when performed in both the shortened and stretched positions of each muscle. TMJ release is also helpful in reducing bruxism, clenching and headaches as a result of chronic holding of the mouth and jaw muscles.

*Cranio-sacral techniques*: When a person has a cranial base compression or C1 is “caught” under 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 into the breath.

*Homecare* – a way for clients to block outside stimulus and turn their attention inward is to use earplugs. One may still hear sounds from outside the body, but the muffling helps to tune into a quieter rhythm – that of the breath. The rhythm of the breathing as it slows and deepens, helps to promote the relaxation response and “turn down the volume of outside stressors.”
feel such pain, and perhaps more importantly, that those overwhelming feelings do indeed pass.

“How might your life have been different if, once as you sat in the darkness, suffering the most piercing shame for simply being yourself…you had sensed a presence nearby, sitting quietly in the shadows attending you…

If you had felt such a flow of compassion from that ancient presence…that you could begin to accept your flaws, even your gravest faults? And deeply comforted in the flow of that compassion, you were able, at last, to embrace your own woundedness.

How might your life be different?”

Judith Duerk (from I Sit Listening to the Wind, Luramedia, San Diego, 1993, p. 91)

What are the desired outcomes for a client with depression?

As has been noted in other parts of this paper, theoretical or documented evidence for how massage therapy may affect a client is difficult to find. Clinical experience indicates, however, that short term desired outcomes include a slowing and deepening of the breath, such as is found with sleep. The client will may unclench muscles that have been tensed for a long time – giving the muscles a rest and reducing the overall tension response to the brain. In addition, there is at least a temporary or momentary letting go of the concerns and issues that concern the client. Even if this only lasts a few minutes, the client will have given her body a chance to recuperate from the overall and longstanding tension.

Physiologically, this means that the client settles into a parasympathetic response, a reaction that may be almost impossible to achieve on her own. Her body then has a chance to recuperate, repair, regenerate, heal and relax – essential to the health and wellbeing of every person.

Again from clinical experience, 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 such 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, grounded.

Gently stroking or kneading tight and sore muscles helps a client to transition from the hyper-aware state or sympathetic response from which a person faces the outside world, to the relaxation or parasympathetic response in which tissues are repaired, the immune
system rejuvenated and the body rests. A large part of healing through massage is achieved through soothing and gentling a client into a state of safety, trust and relaxation. The need for soothing and comfort is a universal experience. Beginning at birth and continuing at various stages throughout life, the human need for contact and solace asserts itself repeatedly, regardless of who we are. Whether one is sick, unhappy, sore, tired or fearful, the hunger for contact, a comforting hand, a hug or simply the presence of someone who appreciates and understands our condition, wells up begging to be acknowledged. The hunger may be ignored or left unanswered but the desire for comfort will not go away easily.

Apart from the immeasurable personal or spiritual comfort which one takes from such soothing, a client’s relaxation response puts her in a better position to allow her own immunity and tissue repair systems to be mobilized. 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 re-establish 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.

### Treatment Goals for Depression:

- to promote relaxation,
- to raise healthy body awareness
- to stay in the present moment of the treatment
- to reduce the (chronic) stress response
- to help the client to reconnect with her inner self through touch

### Duration of Treatment:

Depression can be a chronic or long-term problem. The symptoms may 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, treating a client with depression should be considered similar to working with chronic pain. It is not impossible that the pain may be cured but it may indeed be relieved.

### What does a depressed person’s body look or feel like?

- tense, held, strained
- or weak, limp, with little or no animation
- may feel lymphatically congested due to sedentary tendencies or toxicity
- solar plexus or other parts of the body may be too sensitive to be touched
- skin temperature may feel cold or clammy
- suboccipital muscles may be guarded and hypertonic
- tension may be focussed in one particular region where the client clenches or expresses her tension subconsciously, eg. TMJ or neck or feet.
- Touch may elicit a profound emotional response (usually grief but may be followed by intense pleasure.)
- Chronic hyperventilation
Outcomes

In the short-term, enhanced body awareness of just how the client holds her tension is often the first, most evident outcome. This may be followed by greater relaxation than the client was able to achieve on her own which may last minutes, hours or days after the massage. Chronic pain may be somewhat alleviated.

Clinically speaking, long-term outcomes include greater client understanding of the origins of the depression and pain which may lead to more client-directed care and treatment. Since passivity is one aspect of depression, when a client begins to ask for specific types of massage or to follow up with self-care, hydrotherapy or exercise, then the therapist may be assured that the depression is lifting to some degree.

A Cautionary Note for Therapists

Depression is a complex condition that may be a factor in dozens of pathologies. It may stand alone as a problem, or be accompanied by several other puzzling symptoms or conditions. It is important for any massage therapist working with depressed clients, be aware of her own limitations and abilities. If the problems of a client appear insurmountable, or if a therapist finds herself feeling sad and overwhelmed after treating a depressed client, then it may be time to either seek supervision from a more seasoned therapist, or to refer the client to another massage therapist who has experience with such conditions.

Conclusions

In her wonderful book, Pain: The Fifth Vital Sign, Marni Jackson exposes the crucible of our society’s dual attitudes towards mind and body. “Why do we still distinguish between mental pain and physical pain when pain is always an emotional experience?”, she asks. Depression is pain and as deserving of our profession’s awareness and respect as any myofascial restrictions or neural tension or migraine or low back injury.

Ms. Jackson concludes, “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”. (p. 357)

Depression causes its victims 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 and provides a kinaesthetic means for reconnecting body and mind. As massage therapists, we shouldn’t ignore the signs and symptoms of depression. Nor should we discount the important benefits of relaxation massage.
References:

(for Tiffany’s references, could you dig up the original paper citations?)


Websites:

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http://www.nimh.nih.gov/publicat/depwomenknows.cfm#INTRO

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True Hope Institute: committed to advancing research into natural treatments for mental illness.
http://www.truehope.com/index.html

Where’s your rockin’ bio, Pam?