

SHIATSU & MENTAL HEALTH



WHAT IS MENTAL HEALTH?

Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions. The majority of people who experience mental health problems can get over them or learn to live with them, especially if they get help early on.

Mental health problems are usually defined and classified to enable professionals to refer people for appropriate care and treatment. But some diagnoses are controversial and there is much concern in the mental health field that people are too often treated according to or described by their label. This can have a profound effect on their quality of life. Nevertheless, diagnoses remain the most usual way of dividing and classifying symptoms into groups.

Most mental health symptoms have traditionally been divided into groups called either 'neurotic' or 'psychotic' symptoms. 'Neurotic' covers those symptoms which can be regarded as severe forms of 'normal' emotional experiences such as depression, anxiety or panic. Conditions formerly referred to as 'neuroses' are now more frequently called 'common mental health problems.' Less common are 'psychotic' symptoms, which interfere with a person's perception of reality, and may include hallucinations such as seeing, hearing, smelling or feeling things that no one else can. Mental health problems affect the way you think, feel and behave. They are problems that can be diagnosed by a doctor, not personal weaknesses.

Mental health problems are very common. About a quarter of the population experience some kind of mental health problem in any one year. Anxiety and depression are the most common problems, with around 1 in 10 people affected at any one time. Anxiety and depression can be severe and long-lasting and have a big impact on people's ability to get on with life. Between one and two in every 100 people experience a severe mental illness, such as bi-polar disorder or schizophrenia, and have periods when they lose touch with reality. People affected may hear voices, see things no one else sees, hold unusual or irrational beliefs, feel unrealistically powerful, or read particular meanings into everyday events. Although certain symptoms are common in specific mental health problems, no two people behave in exactly the same way when they are unwell. Many people who live with a mental health problem or are developing one try to keep their feelings hidden because they are afraid of other people's reactions. And many people feel troubled without having a diagnosed, or diagnosable, mental health problem - although that doesn't mean they aren't struggling to cope with daily life.

Source: Mental Health Foundation, February 2014

PRESENTATIONS

Char Scrivener, MRSS

Char Scrivener is widely experienced in the field of Shiatsu and Mental Health. What follows is a summary of the interesting paper she presented at the European Shiatsu Congress October 2004.

Around 12 years ago, as a second year student, I started providing Shiatsu at a project, set up by a large Mental health Trust, for people with 'long-term mental health problems'. The people coming

for Shiatsu were outpatients though some had histories of hospitalisation (and re-hospitalisation); many were on more than one drug and sometimes up to 7 different drugs.

When I started working at the project initially I worked with 4 people a week for a maximum of 12 sessions each over a 12 week period; each individual session lasted for 1 hour and at the end of the 12 weeks the Receiver went back onto the waiting list. Due to demand I now work with 5 people a week and each individual session lasts for 40 minutes. They are allowed 5 weekly sessions, after which people are moved back on the waiting list to make room for new referrals. Each person can have up to 6 of these 5 weekly sessions, totalling a maximum of 30 treatments before they are discharged from the individual sessions. This means that it may take at least two years for the patient to receive all 30 individual treatments.

The people I have worked with have a range of clinical diagnoses including schizophrenia, bi-polar, personality disorder etc. More recently I have also been working with people referred by the Refugee Support Service (another section of the Mental Health Trust). As well as geographic displacement, many of these people suffer from mental health problems, as well as post-traumatic stress/post-traumatic stress disorder, disorder, which may have been prior to their experiences or a result of the trauma they have experienced; they have been tortured, raped, witnessed close members of their families killed in front of them etc. This has added other dimensions to the work, previously for instance, most of the people I saw spoke English, so language has become an issue with many, particular the women who do not have easy access to English.

Attitudes and responses to mental health reflect the dominant attitudes and mores of any given society. For example, in relation to women in the 19th century the diagnosis 'Hysteria' was an important tool in the moral guardianship role that psychiatry began to take on. It allowed 'protests' or manifestations of frustrations with the female role to be read as 'symptoms' of disease and treated as such. Today the majority of people diagnosed with 'Mental Disorder' in Britain still mainly consists of women with an increasing number of young Afro Caribbean males.

Dorothy Rowe in her introduction to Peter Breggins book "Toxic Psychiatry" has written in reference to people suffering from "Mental Disorders":

"These unhappy, despairing, non-conforming people threaten the American dream. They threaten the people who benefit from the dream. People cherish the dream because it saves them from thinking about the complexities of life, it absolves them of their responsibilities to the poor and disadvantaged, it gives them the hope that by being good they can keep themselves and their loved ones safe. Consequently, those who benefit from the dream have to find an explanation for such suffering which preserves the dream. In such an explanation, the suffering has to be seen not as a part of the human condition that everybody shares, but as something alien and intrusive upon an unfortunate few, and which can be construed as a problem that can be solved. So human suffering becomes a mental illness, and illness is supposed to be a problem, one which doctors can solve"

What happens to us when we sit in our therapy rooms and in walks someone who, it rapidly transpires is suffering from quite serious mental health issues? What is the first thing we feel? Do we want to make them go away so that we don't have to feel our own fear? How do these feelings of powerlessness, fear, loathing, and guilt affect the way we treat our 'patient'?

I took the following as my starting point....."What is going on in the practitioner's mind is therapeutically significant. In other words, the practitioner's intention has great influence upon the quality and polarity of the treatment he will, in fact, administer."

"Most important are the instructions regarding the physician's attitude. This passage stresses the importance of remaining calm and not emotional, both for the patient and the practitioner. Emotional, mental, or attitudinal states were seen as both cause and effects, and the barriers between one individual's mental and spiritual condition and that of another individual were experienced as more permeable than they are in the West. Not only were touch and technique

required to protect the patients' vital energy, but as importantly the spirit of the physician was a necessary and important consideration."

The whole subject of mental health, whether from a Western or Oriental Medicine perspective is huge and the majority of available reference material from an Oriental Medicine perspective is based around the work of acupuncturists/herbalists. This can obviously inform the work of Shiatsu practitioners and prove effective but I also feel that Shiatsu as a specific practice has much to offer to me most importantly in supporting the health rather than treating the 'disease'. Dr Becker says, 'The first objective is to find health, anyone can find disease... The living body of the patient has the inherent tools with which to promote and induce the self-healing principles available from within the patient.'

Often our response appears to be to look for 'non-health', or pathology, rather than where there is health. I am not only talking about allopathic medicine here but also many complementary medicine approaches. 'How can we make someone we are working with better?'

From a TCM perspective the main effects of mental-emotional factors are on the following Fundamental Substances:-

- ❖ Ki – mainly stagnation of Liver Heart and Lung Ki.
- ❖ Blood – (a) Deficiency, (b) Stasis, (c) Heat – affecting the Liver and Heart.
- ❖ Yin – affects all 5 major Yin Organs.

These conditions themselves over time can become a cause of further disharmony, for example:-

- ❖ Ki deficiency of the Spleen, Lungs or Kidneys can lead to the formation of Phlegm as Ki fails to transform, move and excrete fluids which therefore accumulate into Phlegm which obstructs the Mind causing dullness of thought, a fuzzy head, a confused mind and dizziness. Phlegm obstructs the Mind and thinking, but does not agitate it so we will be tired, subdued, depressed and quiet.
- ❖ Blood-Heat can lead to the formation of Phlegm-Fire as Heat condenses the body fluids into Phlegm. Phlegm-Fire obstructs and agitates the Mind. We may become agitated, restless and anxious. In some cases we may alternate between periods of depression and confusion (due to Phlegm) and periods of abnormal elation, agitation and manic behaviour (due to Fire). In severe cases this can lead to manic-depression.
- ❖ Heart-Blood deficiency weakens the Mind as it is deprived of its residence and therefore fails to direct all the mental activities. If it's Liver-Blood which is deficient we may be confused as to what aims in life we should follow, or we may be fearful of making decisions in case we make the wrong one, due to the Ethereal Soul not being rooted in the Liver-Blood and therefore failing to provide the Mind with vision, planning and relating to other people. Yin deficiency may lead to Empty-Heat which agitates the Mind and causes severe anxiety, insomnia, agitation, mental restlessness and fidgetiness. It may also lead to internal Wind, which agitates the Mind and causes nervous tics and tremors.

We have 3 broad types of mental effects arising from emotions and other pathogenic factors:-

- ❖ Mind obstructed – characterized by confused thinking, clouding of the Mind and in severe cases complete loss of insight.
- ❖ Mind unsettled – characterized by agitation, restlessness and anxiety.
- ❖ Mind weakened – characterized by depression, mental exhaustion and melancholy.

All of these have different degrees of effect ranging from mild to severe. Chinese Medicine doesn't seek to divide and separate the levels of a human being. Therefore, while we consider physical, emotional and mental aspects as a whole, our Receivers may be manifesting any imbalance to a greater or lesser extent on any one or combination of these levels.

If we use Liver-Yin deficiency as an example; on a physical level there will be some of the following signs and symptoms: - dizziness, poor memory, dry eyes, skin and hair, insomnia, scanty periods, 5-palm heat, night sweats a red tongue without coating. On an emotional-mental level, we may also feel a deep depression, a lack of purpose in life, a confusion about objectives and aims.

Bob Flaws gives the following pattern: -

- ❖ Phlegm Dampness Obstructing Internally
- ❖ Main symptoms: Difficulty thinking, inattentiveness, a dull, flat affect, slow movements, fatigue, lack of strength, cowering, solitariness, possible visual and auditory hallucinations, torpid food intake, heart vexation, insomnia, a fat swollen tongue with teeth marks on its edges and slimy, white tongue fur, and a slippery or deep, relaxed (i.e. slightly slow) pulse.
- ❖ Treatment principles: Warm Yang and fortify the Spleen, transform Phlegm and open the orifices
- ❖ Points:- CV 17, CV12, Per6 Ht 7,
- ❖ St36, St40, Bl 20, Bl21

All the above is very useful to know and I do use these methods of understanding in my practice, but it also runs the risk of re-pathologising the person you are working with; if we do not orientate to the health in the system. It still doesn't say what that particular being's actual experience is other than in the signs and symptoms listed above. They are only part of the picture of what the Ki is doing. Shiatsu and Zen Shiatsu particularly, give us the possibilities of seeing the rest of the picture through a direct experience of both our own Ki and that of our Receivers.

Health is not 'not being ill'. Pathology is part of the picture but not its entirety; there are ways of working with pathology that doesn't see the person as the pathology. When we are diagnosed, according to the psychiatric medical model, it's for life. One of the problems with labelling people is that they can become that label and this can lead to immobilization, we can become stuck in that pattern, 'Oh yes, I am Spleen-Ki deficient'.

I don't believe we set out to make ourselves unhealthy. Even if we are taking actions that may 'apparently' be self-harming, these actions are attempts to deal with situations (physical/emotional/mental) in which we feel overwhelmed; that is – they in themselves are movements towards health. All responses by our system are movements towards health, a person's creative effort to cope with adversity. The system will take whatever measures it can to regain some kind of balance or movement, even if it is not the ideal, in an attempt to maintain homeostasis.

However, our actions can become 'loops' of behaviour which we may be unable to identify and/or unable to break out of. Shiatsu can help bring the persons attention to those 'loop' and assist the person in holding themselves at a place of dynamic stillness where they may be able to identify and break through these patterns for themselves. From this dynamic stillness, movement occurs. When I feel overwhelmed, what often seems to happen for me is either a 'frozen' stillness or chaotic movement.

'Health is a process and not a state. It is a process towards allowing life to express its unhindered motion. It is not for me the 'practitioner' to try and change my 'client' for how do I really know what the priorities of their system are. My role is to support their resources (i.e. their health – Ki being a manifestation of this). In the case of Shiatsu, the stillness from which Ki flows will hopefully help us to identify where and how we feel at ease, a place we can continually refer to, to affect the changes we are continually engaged in. A place which has a sense of fullness, potential, "...at the origin of all motion there is stillness from this stillness decisions are mad, choices..."

Within my Shiatsu training, Five Elements, TCM and Zen, were the theories I was learning so I read up as much as I could and would try to apply these diagnoses, such as, "Aha, SP-Ki deficient, this may mean", or "Ok Water failing to control Fire, this may mean " or "Hhmm Lung Jitsu, this may mean".

I realised I was too much up in my head, somehow I was forgetting my own processes, what resources did I have that helped me to understand and not be overwhelmed by what was happening for me in my life? Following on from this, how might Shiatsu be a resource for another being?

There was a defining moment for me in this; a few months after I had started working at the project, 'L' a young woman was referred for Shiatsu. She had a medical diagnosis of 'Multiple Dis-associative Personality Disorder (MDPD) had been periodically hospitalised and had been on all sorts of medication. One of the ways MDPD manifested for her was in terms of archetypes; amongst others there was the personality which 'managed' – was in control and got things done – this personality experienced strong somatic pain which she described not as 'this bit hurts me' but 'I feel like there are shards of glass or stalactites sticking out of my back' and she knew why they were there. This was the person I interacted with the majority of the time, another person was 'L', who was scared and was holding the others back. The "Doer" was really pissed off with "L" because of this.

When she started having Shiatsu with me she had come off medication for a period of time. She was under the care of a psychiatrist but also seeing a psychotherapist working at the hospital.

One day in the Shiatsu session L went into a personality she referred to as animal, it happened just like that...she started snarling, clawing the ground and moving around like a caged animal. Fear shot straight up my spine, it was like my whole nervous system went into spasm, and it felt like an electric shock. My Ki exploded everywhere, there must have been just enough left hanging on to some part of my body to maintain a connection. Even now I don't really know what happened. I didn't know what to do, the one thing I managed to do was keep my hand on her and say 'it's Ok, I'm here, you can come back if you want' something like that, I just didn't know what else to do.

Gradually my mind came back and I started to rationalise that this was a situation completely out of control and it might leave both of us damaged in some way. I wanted to run away, I was so scared-scared she was going to hurt me, hurt herself, scared that I had completely mishandled the whole thing – I had just been doing Shiatsu – one minute I was rotating her shoulder and the next she was the wild beast. Gradually she came back; I can't remember what happened in the rest of the session, we basically picked ourselves up, brushed ourselves down and started all over again as 'normal' people. Later I phoned my meditation teacher and I breathed out.

My experience was that to an extent I lost my own mind, I lost my Shen, and I was on the edge of being overwhelmed. What I didn't think was 'Oh I must work HP 8'. Ultimately what was important was that I managed to keep contact both physically and verbally, I did hold a space – for both of us. A day or 2 later L's psychotherapist phoned me. Both L and he felt, that this had been a very important and positive thing for L as she usually only went into this personality when she felt extremely threatened, and she didn't feel threatened with me, on the contrary she felt very safe with me. Therefore this was a good sign' there was a change. There was a space where she felt safe to go into that persona which would normally only manifest in a completely opposite situation and I think what happened was it allowed her to respond rather than react.

Over a period of about seven years, L re-integrated, she still had a psychiatric diagnosis but it was no longer D.M.P.D. She has taken various courses, is doing work experience and getting out into the local community more. Seven years may seem a long time but in relation to the process she undertook to disassociate it was relatively short and it was very much a process she engaged with and actually led.

Obviously this experience left me with many things to look at. One thing I did was to return again to the question I had asked myself earlier, 'what resources' did I have that helped me to understand my own processes and health and not be overwhelmed by what was happening for me in my life? One resource we all have is our Ki and I realised I had to return to the body and in particular the felt sensation. It's all very well knowing the theory; that Ki deficiency can lead to a formation of Phlegm or that Blood Heat can lead to Fire, but I needed to directly experience what happened to my Ki. Is it true that when I get angry I get raising Liver Yang? I decided to investigate what happened in my

body when I felt angry, sad, joy etc. For example, when I feel something I call anger what happens to my Ki, is there cold? Heat? Does my Ki rise? Go side-ways? Is there tightness, looseness, what? I also asked myself where in my body did I and equally importantly where did I not, have sensation. If I had a handy Shiatsu practitioner how would I like them to help me come into relationship with these places? How would I like them to be **present** with rather than my signs and symptoms?

Emotions are mental stimuli that influence our affective life. Under 'normal circumstances', they are not a cause of disease. Hardly anyone can avoid being angry, sad, aggrieved, worried or afraid at some time in our lives.

Although in TCM the emotions (in excess) are considered to be internal causes of disease, they also have a healthy counterpart. The same mental energy that produces and 'nurtures' excessive emotions can also be used and directed towards creative action; therefore each emotion (as a cause of disease) is only one side of the coin. The other side is a mental energy related to the relevant Yin organ. This explains why a certain emotion is said to affect a specific organ; that particular organ already produces a mental energy with specific characteristics which, when subject to emotional stimuli, responds to or 'resonates' with a particular emotion. Emotions are not something that come from outside to attack the internal organs, the internal organs already have a positive mental energy which turns into 'negative' emotions if triggered by certain external circumstances.

An example of this is anger – why does it affect the Liver? Well what are the characteristics of the Liver – it's movement is free and easy going; its Qi has a tendency to rise, it corresponds to Spring when the powerful Yang energy bursts upwards and it corresponds to Wood with its expansive movement. What effects does anger have - quick outbursts, rising of blood to the head, the destructive, expansive quality of rage and all these mimic on an affective level the characteristics of Liver and Wood. So the same mental and affective qualities of the Liver, which may give rise to anger and resentment over many years, could be harnessed and used for very creative mental development.

Overwhelm

Let's use Schizophrenia as an example. The definition and diagnosis of Schizophrenia has been very loose since Bleuler introduced the term earlier in the century. Schizophrenia has been variously defined with one or another of the following emphasized:

- ❖ Thought disorders
- ❖ Incongruent emotions
- ❖ Hallucinations
- ❖ Delusions

No one common defining characteristic has been used and currently the Key characteristics are:

- ❖ Poor performance in the areas of work, social relations and self-care, together with delusions or hallucinations or
- ❖ Thought disorders with delusions or hallucinations.

The alternatives in the symptom lists mean that people with very different experiences will fall under the label of schizophrenia. Many people labelled schizophrenic are experiencing a psychological overwhelm and feelings of helplessness. Overwhelmed by their past and present life, their identity or selfhood may scatter and they may fail to distinguish between inner and outer, dream and reality. Anti-psychotic drugs and electro-shock may prevent the person from turning this experience around, as psychological helplessness is compounded by brain dysfunction.

There are several Japanese forms of psycho-therapy, which collectively can be called the 'quiet therapies' due to the fact that their main therapeutic tool is some form of silent meditation, in contrast with the 'talking cures' so prevalent in the West. Among them is the Morita Therapy, which was developed by Japanese psychiatrist Shoma Morita in the early 1990's and is founded on the theoretical concepts and practices of Zen. It requires people to acknowledge their feelings and take

full responsibility for their actions and they gradually learn to develop a degree of fudo-shin (calm mind), realizing that if they do not react to their feelings these have no power over them, demonstrating their impermanent nature.

Instead of attempting to numb or remove symptoms, Morita therapy regards patients as students, and teaches them to live constructively despite any symptoms or feelings that might be present.

Childhood experiences, such as sexual and emotional abuse, are the basis for many peoples' psychological overwhelm. In 1994, 20% of women who had been sexually abused as children were diagnosed as having 'mental health problems', compared to 6.3% of the non-abused population. Almost half of psychiatric in-patients have histories of sexual/physical abuse. So rather than looking only at the 'pathology' (be it schizophrenia, depression, SP-Ki deficiency, Liv-Ki stagnation) as had been their previous experience within the medical model, I have found it much more positive and rewarding to work with the focus on where they feel OK to be touched. I support and encourage the flow of Ki to those OK areas and work from there into the not OK areas.

What's really important is that this renewed flow has come from the people themselves.

I value the silence that is often part of the shiatsu session as I feel that this is part of the giving space. There are also times when it is extremely important to be able to bring verbal skills into the sessions, particularly when trauma arises for our partners. This may well be past trauma but they are experiencing it in the here and now and that's where it has to be dealt with and in a way that doesn't re-overwhelm them. I do ask, 'how are you doing?' and 'how does that feel?'

It is important to assist your Receiver to find a place in their body where they feel 'OK' and to move from the place of 'OK' to 'Not OK'. I often start with this, locating a place they feel 'OK' and then working from there. Sometimes it isn't possible for them to locate the 'OK' in their body so then you have to see if they can find it somewhere else; like a memory or something they ate which tasted good.

To conclude I would like to say that I am more than happy to discuss what I have written here with anyone who is interested.

ARTICLES

Shiatsu in Psychiatric Care by By Katharine Hall MRSS(T)

Published in the Shiatsu Society Newsletter, Issue 114, Summer 2010

Katharine works in Acute Admissions and Recovery Wards for South London and Maudsley and Northamptonshire Health Trusts.

'You want to work in Psychiatric care in the NHS? You must be mad!' was the opening gambit of Chris Nortley, an Acupuncturist whose talk I attended some years ago which inspired me hugely! A former Mental Health Nurse, he was now employed as an Acupuncturist. If it is possible for an Acupuncturist, it must be possible for a Shiatsu Practitioner too, I thought. He did have a formal recognized Western medical training. The nearest I came to that was as a First Aid Trainer and Assessor and having been an in-patient on an acute London psychiatric ward in my mid 20's suffering from serious anxiety and depression.

My own experience has been a major motivator for me to work in psychiatric care. The quest to understand more about health and illness led me to study Shiatsu after my brief hospital stay. The physical touch, the theory and the people I met at Shiatsu College were hugely healing and beneficial to me. Now working in hospital as a Shiatsu Practitioner, I appreciate being able to offer some relief to patients from the shock people frequently have to being in hospital, the fear and shame that often accompany that and to be able to provide some hope, grounding and validation of patients' experience, to put into the system some of what I felt was missing from my own hospital experience in 1988.

I would recommend thinking about what area you feel passionately about in your life and to look at developing your Shiatsu practice there, whether inside or outside the NHS. Obviously it is best to be working when you are relatively at peace and well yourself. Staff/sessional workers are employed by the NHS who are not Western medically trained. Be patient. Be persistent. I knocked on doors for 15 years and did at times feel overwhelmed and dispirited by the amorphous mass that is the NHS with its changes of policy, funding reviews, leaves of absence, reshuffling and relocation of staff and departments!

Here I will touch on the nuts and bolts of approaching the NHS for Shiatsu work, of my challenges and rewards there, and of some of the experiences patients have of being hospitalized and of receiving Shiatsu.

In a separate article I will look more at some of the actual Shiatsu diagnosis, connections and revelations I encounter with clients in hospital sessions and some of the things by which I have been particularly moved.

My route into hospital work has always been via the Occupational Therapy Managers. They sing from a similar song sheet to Shiatsu Practitioners, supporting what is strong as well as looking at what is wrong with a client. They are not administrators of medication. They are in my experience, open to physical, spiritual and psychological work with individuals and the body-mind connection.

Tips

1. Apply for work in an area that you feel passionate about.
2. Be clear and confident about the special qualities that Shiatsu and Shiatsu sessions offer.
3. What are the needs of the hospital/organization? Investigate before and listen well during meetings about gaps that may need to be filled e.g. one-to-one therapeutic time for patients, relaxation opportunity, renewal of hope, physical movement, non-invasive physical contact, health maintenance.
4. Note that April is the end of the tax year. Budget setting usually happens December-January. There may be end-of-year money to be spent then and up until March. However, separate funding streams sometimes become available at other times of year too.
5. Think about what financial savings Shiatsu provision might allow the hospital.
6. Get your paperwork sorted! Have a tidy presentation file for interviews: with your CV, professional qualification, insurance, CPD records, proposal with outline of costs, space you require, proposed length of sessions, proposed evaluation methods, also information about Shiatsu Research and where else Shiatsu is being used in the NHS. It is good to have synopsis in e-mailable form too.
7. Keep clear records when you do start work e.g. clients you have seen, aims, outcomes and feedback. Be professional. You may be using these pieces of information for hospital meetings and future funding applications.
8. Be aware that chunks of work e.g. 12 week sessions may be offered to you rather than a long-term contract. Managers like to have some 'ready-to-go' project proposals on the back burner even if money is not currently available.
9. I recommend participation in supervision and of course CPD.

Benefits Reported by Clients

1. Feel more relaxed.
2. Fresh hope and new perspective.
3. Better confidence.
4. Increased sense of power in their situation e.g. with recommendations.

5. Appreciation of the individual time.
6. Appreciation of the quiet time off the ward.
7. Like the opportunity of treatment continuity and many return to hospital Shiatsu sessions as outpatients.

Hospital Staff notice quieter wards after people have had Shiatsu and a more manageable environment.

Benefits I derive from NHS Mental Health (MH) Work

1. Inspiring, sometimes challenging and often rewarding client group.
2. Personally satisfying to fulfil my dream of bringing Shiatsu to the MH hospital setting. A sense for me of completing a circle.
3. Clinically fascinating. It confirms so much of the theory we are taught as Shiatsu Practitioners.
4. Regular money.
5. Teamwork. Opportunity to learn a lot.
6. Clients are there on site.
7. Contributing to CAM/Natural Health input to the NHS.

What is my set up?

1. Paperwork in place: Shiatsu information fliers and ward folders for staff and clients, protocols, referral forms, risk assessments, appointment sheets, after care handouts.
2. Clients can self-refer. Ward staff but mainly Occupational Therapists (OT's) book appointments. Referral forms given (ideally, but not always). Sometimes I talk to clients on the day and book sessions.
3. 30-minute sessions given. I am currently expanding these to 40-minute sessions. This is dictated by numbers of client to be seen. It is a 'taster session' for many, a longer session is potentially too overwhelming for this client group. I do 8 sessions a day and generally work in hospital 3 days a week.
4. In each session I take a very brief 'case history' mainly age, chief current concern, chief joy, occupation, hospitalization history, what the client would like from session. I give clients an opportunity to talk if they wish, to stop the session if they feel uncomfortable, and there is 2-way feedback at the end of a session.
5. My futon is stored at the hospital.
6. Handover is usually given to me before and after a session, by OT or Nursing staff, sometimes we look at client record too.
7. I submit a brief written client report to my OT link about Shiatsu diagnosis and interpretation, work done, recommendations/other, on each of the clients I see.

There is an inherent conflict between the therapeutic role and custodial role of psychiatric hospitals in this country. The chief remit of psychiatric hospitals here seems to be to provide a place of safety and stabilize people on medication. There is next to no one-to-one talking therapy for patients in the places I work. Working with people who sometimes do not want to be in hospital in the first place, and do not necessarily agree that they are unwell is certainly different. The majority of patients I see are sectioned under the Mental Health Act (as actual or potential risk to themselves or others). The involuntary aspect of people's hospitalization is a huge contrast to working with people in private practice.

Patients' powerlessness is another issue. Hospital does provide a welcome refuge for some, for others it is more a recipe for destabilization as people are out of their familiar environment, have no/diminished power over meals, leaving the site, activities. A Kafkaesque situation emerges in that

people can be unclear about when their discharge will be or what depends upon. They are often held under an assessment Section when first admitted, whilst the hospital staff try to ascertain the problems.

Challenges I Encounter

1. Communication. Information dissemination is especially difficult in a super busy London Hospital. Keeping staff aware of who I am, when I am in, and what I do when there are agency/bank staff, shift changes, under-staffing and the general hurly-burly of busy wards.
2. Dealing with occasional ward staff apathy, exhaustion and/or power issues.
3. The innate fragile, vulnerable states that many patients are in on admittance, can be exacerbated by being locked up with other distressed individuals (however patients do have their own bedrooms nowadays).
4. Hard to get continuity for Shiatsu with patients. In acute wards there is a high turnover of patients, ranging from a few days to a few months stay.
5. Huge range of patients with Western medical diagnosis and presentations across the spectrum e.g. psychotic, schizophrenic, depressive, suicidal, self-harming, anxious, manic, delusional, drug/alcohol dependant. Some are on heavier prescribed medication than others. Medication can have strong side effects.
6. How most usefully to work? Tongue diagnosis and then meridian and point work? Hara and meridian work, grounding, heart, spirit support? Talking about Oriental interpretation of client's energy state and ideas for supporting oneself outside of session? My work usually includes a combination of these.
7. Cure? Maintain? Contain? What as a practitioner, can I hope to offer clients? A few moments of peace and validation I hope, at least. Many of the problems that clients present with spring from ancestral, environmental, economic and social causes aggravated by unhealthy lifestyle and nutrition. I am aware that these are rarely, really being addressed by a brief hospital stay.

Conclusions

The principles of Zen Shiatsu, (working from Hara, penetration not pressure, meridian continuity, two handed connection, relaxed touch) are all extremely beneficial in mental health work.

Shiatsu Practitioners professional training with its range of theory and practical skills taught, and the self-reflection required, are excellent grounding. Shiatsu training offers great benefits to us as individuals and I believe practitioners offer real benefits to the NHS as well.

Recommended reading:

Integrating Complementary Therapies in Primary Care: A Practical Guide for Health Professionals.
ISBN 0 443 06345 1

In the Summer of 2003, Bob Flaws, a prolific author on the subject of Traditional Chinese Medicine, lectured in London about the treatment of mental conditions. Katharine Hall MRSS (T) was in the audience.

The Treatment of Mental-Emotional Conditions with Chinese Medicine By Katharine Hall, MRSS(T) Published in the Shiatsu Society News 89 Spring 2004

This is a subject of great interest to me and might well be to other Shiatsu Practitioners. The lecture was organized, beautifully as usual, by the London College of Traditional Acupuncture. My original introduction to Bob Flaws was through his book on food and TCM 'Prince Wen Hui's Cook'. I have

used this extensively since my student days and I felt honoured to be able to hear the man himself speak!

Bob Flaws is American, tall, slim grey, pony-tailed and a compelling speaker. He is an acupuncturist and herbalist of 25 years of experience, and a fluent Chinese Speaker. Some of his approach I found controversial though engaging. Here I relate some of the information and my reactions to it, and leave you to make up your own minds!

Firstly, a reminder of a premise of TCM and Shiatsu Practitioners: there is no dualism between body and mind in Chinese Medicine. There is no concept of mental illness existing without physical imbalance. In short we access the mental through the Ki of the physical body. Linguistically it is also worth noting I think that the verb 'to have' is not used about a health pattern. Instead, the words 'to manifest,' 'to present', or 'to exhibit' are used. This to me has a hopeful connotation in that a condition is not generally considered permanent or untreatable. The movement of Ki from the TCM perspective is familiar to Shiatsu Practitioners from the 'Creation' and 'Control' cycles of the Five Elements.

There are 'former heaven' causes of psychiatric disease (which tend to be more intractable) e.g. parents' constitutions and mothers' emotions, and 'latter heaven' e.g. malnourishment, damage by the 'seven effects' (emotions) and intriguingly 'neither internal nor external causes' e.g. unregulated activity, traumatic injury. These manifest in malnourishment and depletion of Ki, Blood, Essence; or Heat; or blockage and obstruction e.g. by Blood stasis, or phlegm.

Ideal Shen

Quiet Shen (Spirit) is considered ideal in Chinese Medicine. If there is Blood or Essence vacuity (emptiness) the Shen moves restlessly or frenetically. Ki by definition moves, but not in an improper direction or more than it should. As Confucius says: 'To shoot beyond the target is as wrong as not to reach the target.' The Liver and the Lungs control the flow of Ki throughout the whole body. Heat makes Ki move more rapidly, and Heat will always eventually accumulate in the upper burner (affecting the Heart). If there is a free flow of Ki, appropriate communication with the outside world is possible. Misting and blurring, generally caused by Phlegm, disallow clarity.

Scattered Shen, I observe, is often a response to unhealthy circumstances, e.g. trauma, extreme family dysfunction. In western society, many people also are overly busy, lead disparate, alienated lives and worry excessively. The very nature of city living (e.g. transient population, constant visual and aural stimulation) is un-grounding and dissipating. I think that as a first point of treatment witnessing someone's reality/ experience in a supportive way is in itself quietening and gives a sense of safety. This in my experience does mean attuning on more than a purely physiological level. Iona Teegarten (author of acupressure book "The Joy of Feeling"), says 'Most clients don't want you to be there: fully present to them'. Admittedly my client base does not currently encompass those experiencing severe mental difficulties.

The Majority of patients, Bob continued, present with multi-combination disturbance. The underlying root in most cases is Liver depression (stagnation) causing Ki stagnation. Liver invades the Spleen (prepare for TCM revision moment!). The Heart gets Blood and Ki from the Spleen. If this is damaged Yin Essence depletes, causing Heat. If there is extreme Heat there is fire effluence (e.g. mania).

Ki also moves fluids. Blood and fluids need to move together, they are mutually engendering. Otherwise they collect and congeal into phlegm. The Heart can boil and heat Damp creating Damp Heat. This is said to mist the Heart's orifices, part of manic depression.

Liver emotions

So what are the causes of Liver depression? Predominately 'unfulfilled desires'. Ki naturally flows either towards or away from things. The Liver is healthy when uninhibited. However part of being a mature adult involves curbing certain desires, thus inhibiting the 'coursing and discharging' function of the Liver! So, a bit of a Catch 22 here. (Guilt – bottled up anger – interestingly is considered an unfulfilled desire, explosive anger 'over-coursing' damages the Liver.) Chinese doctors have a phrase about ill health: 'In adults blame the Liver'!

All organs can function only if nourished by Blood. Women are more susceptible than men to Blood vacuity. Liver Blood and Kidney Yin moisten and enrich the Liver and aid Liver function. Drug use, and the aging process automatically reduce both Yin and Yang. At 40 years old, Yin is automatically half of what it was at birth. Liver has an intimate connection to Ming Men, The Life Gate Fire, and must have sufficient Yang to warm and steam, and in turn 'course and discharge'. Antibiotics and vaccinations are cold, and draining by nature, damaging the Spleen and in turn the Liver function.

Treating gestalt

Flaws says 'Liver disease is Spleen disease' if there is one there is also typically the other. Importantly, also if the Spleen is healthy the Ministerial fire of the Heart is kept in place ("Ping is quiet / peaceful, 'dong' means stirs).

In TCM there are no layers. There is no 'onion'. Problems present because of interrelationships which a practitioner cannot treat sequentially, only as a gestalt. One must treat what presents (as in Zen Shiatsu), not what the condition might be like e.g. without medication. Bob had strong recommendations on questioning a client. To diagnose, question with a hypothesis in mind and pick questions for definitive diagnostic answer. For example: Heat: light headedness, dizziness, and heart palpitations.

According to TCM, new diseases are found in the channels, enduring ones in the network vessels (blood vessels.) Acupuncture works on the Jing (Essence) via the meridians, not on the network vessels. Thick needles are still commonly used to puncture and bleed (ouch!) in China. Also thick gauge, 'strong stimulation' needles are used in certain classic points e.g. GB 30 for melancholia and loss of speech.

Acupuncture is commonly used to treat psychiatric disorders in China, usually every other day for 3-6 months. For mania twice daily treatments are used for a shorter period ('Heart Fire Effulgence' episodes generally last 12 hours, rarely longer than a week). Bob Flaws did say that acupuncture gives 'exterior affecting Ki' and that it 'plunders the Yin'. Thus herbs are commonly used in conjunction. Shiatsu has by its nature a nurturing, less 'spike', invasive quality than acupuncture, and in my experience is Yin nourishing, though herbs undoubtedly work at a deep level very effectively.

Shen disturbance

Shen disturbance is an obvious manifestation of psychiatric unrest. Bob emphasized the down-to-earth nature of Shen, i.e. that the Spirit is not spiritual! It refers to the outward manifestations of the body's life activities, and to consciousness and the function of thinking-feeling. Very much in tune with practice of modern TCM he continued. 'Spirit is nothing other than the accumulation of Ki in the Heart which is constructed and nourished by Blood and Essence'. The Spleen and the Kidneys are the most important viscera for the construction and nourishment of Spirit. (How acupoint names such as S116 'Window of Heaven' fit into this 'unspiritual' approach was not made clear).

Spiritual and emotional links

I found this approach hard and controversial though engaging. I have a different experience and vision of Shen. To me it certainly has spiritual and emotional links and words like 'hope', 'vitality' and 'belief' come to my mind when thinking of it. The Heart is linked to joy, and the Fire meridians to intimacy and protection. I also associate the Heart energy with the Heart Chakra and love.

Treating Shen disturbance with Shiatsu I would have these themes in my awareness, both how they were relevant to the client and might have been damaged, and in the quality of energy work I was doing. As a Shiatsu practitioner I would not be working at a purely Spleen/Kidney physiological level.

Historically Confucius taught that it was not appropriate to 'launder the emotional wash' in public, and in my experience of treatments with Chinese Doctors, they are reluctant to discuss emotions. In Maoist China mental or emotional difficulties would often be considered political crimes.

An acupuncturist recently told me of being at an acupuncture conference attended by both Western and Chinese acupuncturists trained in the West and in China respectively. They divided into groups to discuss how to treat psycho-emotional disorders. After a while the Chinese group returned saying they did not understand the question! This sums up to me the very different approaches.

I have been receptive to Western acupuncturists and to Shiatsu because I have found treatments gentle and have appreciated the sense of emotional and spiritual engagement between us. In the UK, we do not experience cases of melangitis, hepatitis or febrile diseases as frequently as in China, but more subtle disorders instead. A vast swathe of the population here are familiar with psychoanalytical concepts and ideas about the subconscious. The approach of practitioners and clients to healthcare more readily encompasses these, or at least a not towards them. Masunaga, founder of Zen Shiatsu, was himself a qualified psychologist.

How is TCM, and a lecture such as Bob Flaws, of use to us as Shiatsu Practitioner? I find that an awareness of TCM often consolidates and gives me confidence in my Hara and meridian diagnosis, and provides me with an established framework to understand the links between the meridians and points I am working.

Additionally, having an appreciation of what benefits the Liver for example helps in making recommendations, e.g. aerobic exercise to help move stagnation, dietary suggestions to nourish the Blood. Also having some insight into TCM gives a certain ability to see how an energy pattern is likely to develop and impinge on other systems if unchecked. The actual words of TCM are often poetic to me and give a vivid sense of a condition.

I found the Bob Flaws lecture stimulation and informative. However, whether or not you are drawn to TCM, I want to say I believe that just being fully present with someone experiencing emotional distress has immense value; the human contact alone, theory aside, is strong medicine. Shiatsu is a great way of providing this.

Further Reading

Mental Health Foundation www.mentalhealth.org.uk

Integrating Complementary Therapies in Primary Care: A Practical Guide for Health Professionals. ISBN 0 443 06345 1. Elsevier. £56.99. 20% discount to Shiatsu Society members when ordered via the Shiatsu Society.