

CONSCIOUSNESS AND COLLISION

RECOVERY FROM THREAT AND NEUROLOGICAL REORGANIZATION: THE FRONTIERS OF HEALING

By Stephanie Mines, Ph.D.

Auto accidents happen for upwards of four million people every year in the United States. These accidents end marriages, abort love affairs, steal body parts, make tragic marks on families or destroy them completely, arouse hatred and terror, and punctuate the life stories of one in every four Americans.

We are more exposed and vulnerable in our cars than in any other mundane activity. Our lives rest in each other's hands. We ride in our vehicles through time and space, largely in denial of the dangers surrounding us, thinking random thoughts, reliving the past, having future conversations, or just daydreaming, disconnected from our bodies. Then, for you, or me, or your daughter, or your best friend, a collision happens and life is dramatically altered.

Survivors of automobile accidents are highly prone to developing PTSD (post-traumatic stress disorder) and phobias, as well as chronic pain. One researcher suggests that 40% of all motor vehicle accident survivors develop PTSD that later evolves into prolonged depression. Blanchard and Hickling, authors of *After the Crash*, go even further, stating that motor vehicle accidents are "the single leading cause of PTSD in the American population." They report that in some studies, both in the US and internationally, 100% of survivors developed PTSD.

These survivors are also at substantial risk for headache syndrome, temporomandibular joint syndrome (TMJ), neck and back pain, thoracic outlet syndrome (TOS), prolonged myofascial pain and fibromyalgia. "The remarkably persistent pain and disability seen in many whiplash patients occurs much more rarely in recreational activities or sports injuries where the individual is subjected to velocity forces of severity comparable to low to medium velocity motor vehicle accidents," says Dr. Robert Scaer. Dr. Scaer's book *The Body Bears the Burden*, reflects his extensive experience with accident recovery as Director of Rehabilitation Services and Pain Management at Boulder Community Hospital in Colorado.

His descriptions of the entrapped pain patterns in the bodies of vehicular accident survivors point to the complexity that is often aroused by the accidents, such as in the stories that are told in this article. In many cases the accidents kindle historical shock that is physiologically and structurally latent, the unresolved residue of past experience.

Minor traumatic brain injury is another common outgrowth of motor vehicle accidents and of whiplash in particular. Any kind of shock at the time of the accident, including mental and emotional shock, may be sufficient to alter brain chemistry and even structure through the conditions of the event or the forces of velocity. "Studies have shown that actual head impact is not necessary to cause axonal shearing," says Dr. Scaer.

For these reasons, auto accidents create a large population of clients with a multitude of intricate needs who seek massage and bodywork. Given the likely combination of physical pain, head injury and depression, healthcare providers need a good, thorough education in the physiology, neurology and treatment of shock and trauma in order to truly be of service. With preparation, bodyworkers can make a major difference in the lives of motor vehicle accident survivors. In fact, they can provide the most crucial interventions that an auto accident survivor needs. These include the opportunity to release adrenaline stored in the muscles, the space to differentiate old shock and trauma from new events, and the contact and connection that awakens the essential re-regulation of neurotransmitters (see "The Role of Neurotransmitters" which follows).

The literature on the treatment of auto accident induced pain and suffering is marked by two surprising characteristics: the relative scarcity of thorough research in the United States (research in Europe and Canada is much more extensive), and the limited information about treatment options. The focus of even the best of the American literature on the subject, such as Dr. Scaer's book, reiterates the mediocrity of recovery and the perseveration of the symptomology. In this "era of the brain" we are certainly learning more about what happens in shock and trauma but few provide an equal evolution in what to do about it, beyond prescription medication.

To counter this, I would like to focus on three stories derived from my experience in which PTSD, although expected, was not the outcome of the accidents, and anti-depressants were not required. In addition, the continued use of anti-inflammatory medication and painkillers were not necessary, despite the severity of the accidents. I would like to emphasize that these stories do not include the real names of any accident survivors and that the information reflects a synthesis of many cases combined for illustrative purposes.

What created this atypical recovery? The answer rests in the following formula:

1. Immediate treatment (within hours after the accident) with subtle energy medicine;
2. Dialogue with the victims, with ample opportunity to release emotions;

3. Ongoing (weekly) bodywork, including massage for a year or longer after the accident;
4. Continued therapeutic dialogue in conjunction with bodywork and/or energy medicine.

THE ROLE OF NEUROTRANSMITTERS

All bodyworkers are likely to provide their services to motor vehicle accident survivors. It just goes with the territory of doing massage and bodywork. Central to the education that bodyworkers need to provide relief for this population is about neurotransmitters and how they can be stimulated.

What are neuro-transmitters? They are the electro-bio-chemical messengers that cross the synapses between the nerves. They carry information between the body and the brain. They identify pain and pleasure and promote appropriate responses, such as moving away from pain and appreciating and moving towards relief. They activate the body's resources to self-heal. Chronic pain depends on neuro-transmitter confusion. In other words, chronic or persistent pain requires that neurotransmitters malfunction and fail to provide the resources that are within the body's own neurochemistry. External stimulus is therefore needed to reactivate, recharge and excite neurotransmitter re-regulation. Touch and language do this readily. This article intends to demonstrate the ease of doing this primarily through illustrative case studies and to encourage somatic therapists and healthcare providers of all kinds to cultivate these readily accessible skills.

Painkillers and anti-depressants are often not succeeding in meeting the needs of motor vehicle accident survivors. 33%, according to neurologist Robert Scaer, still have PTSD two years post-accident and 44% of these patients slip into a major depression. Chronic pain frequently continues into the entire life of survivors, and they "just learn to live with it," at the suggestion of their physicians or, in most cases, of their insurance companies. Obviously the neurotransmitter re-regulation required for healing is not being sufficiently activated by chemical intervention. It is my observation that the most likely environment for allowing the discharge of adrenaline is one in which subtle touch is applied while the client's consciousness is directed to complete unsequenced motoric responses to the accident.

In creating a safe space for release including sounds and movement, like the shaking and trembling that organically distributes stored adrenaline, the bodyworker provides a simple and necessary opportunity. In Jeanette's story below, for instance, a survivor of a life threatening accident that took her eye, felt that moaning and groaning during her bodywork and energy medicine treatments allowed her to fully let go. Jeanette was able, within a year after the accident, to transform her losses into life openings through her own natural process. When this sounding and trembling happen without embarrassment or restriction, neurotransmitters, freed of the repression of control, reorganize, allowing the body's own endorphins to do the healing work.

The slower pace of energy medicine creates the processing space for the survivor to differentiate between the past and the present. This sorting is a function of the nervous system, and the nervous system will do this on its own. The subtle therapies I have used are Jin Shin Tara and CranialSacral treatment. Because these systems follow the natural rhythms of organic, internal recovery they encourage spontaneous neurological reorganization. It is the job of the amygdala, a small almond shaped structure in the middle or mediating brain, to discriminate between the emotional memory of past trauma and current experience. Without the opportunity to sort past from present, the amygdala is conditioned to attach new shock to old, stripping the recovery process of its potential simplicity and instead layering it with additional repression. For this reason, bodyworkers need to have the skill to use simple words and phrases to suggest, and in some cases to initiate this sorting process. Language can readily redirect the client to their present health, attuning them to how well they have survived and what they have NOT lost.

Rushing the healing process, demanding that it conform to pre-determined time frames and stripping it of its individuality creates a pressure and distortion that inhibits the amygdala and, in fact, my increase trauma and add more neurological shock.

The use of language and other interventions to encourage neurotransmitter health is complicated by the fact that auto accident survivors have usually experienced past shock and trauma, demanding increased skill on the part of the therapist. "Prior PTSD sensitizes the patient to develop new PTSD with a new trauma," according to the authors of *After the Crash*. In the story here about Wilhelm, historical shock attached to the accident. In healing from the accident that left him trapped with all his injuries in his car for hours, Wilhelm had to simultaneously resolve what had happened to him much earlier in his life. The energy medicine healer who supported him in this process luckily had prepared herself to do this.

The third story in this article is about a minor collision and includes information about how to provide immediate attention for head and neck injuries to prevent them from becoming more severe as a result of the prolonged compensatory involvement of other muscle systems in the body. In this final study the importance of discriminating between the impact of an earlier accident and a current one is underscored as a way to re-regulate neurotransmitters. Please notice how easy this is to do. The practitioner simply has to be present, attentive and knowledgeable to make an enormous difference in the rate and nature of recovery.

JEANETTE

Jeanette was asleep at the time she was struck, buckled up in the passenger seat beside her boyfriend. They were on a road trip to meet family and friends and announce their engagement. She was on the brink of her new life, about to make the transformative

commitment she had chosen. But, instead of an engagement party, Jeanette got a year of full time physical therapy as she learned to walk with pins in her hips and to see with only one eye. Her career as a graphic designer was over and she wasn't sure her relationship would survive the test of her massive disabilities.

However, despite the prognosis, the magnitude and rate of Jeanette's recovery astounded people. In the end, she appeared to have been enhanced by the accident rather than destroyed by it. She carried no bitterness or resentment, and she did not allow the insurance company's tactics to deprive her of benefits and compensation to get to her. She fought them strongly and clearly whenever she had to, claiming for herself what she needed to survive an accident that changed her life and prevented her from continuing in the career for which she had educated herself. She felt and expressed gratitude for what the insurance companies made possible by paying for services she never would have been able to afford if she had been uninsured.

In addition to her proactive and realistic attitude toward the insurance companies, Jeanette also knew what was helping her and what was not helping her. She made up her own mind about this. She knew massage and energy treatments were making a difference, so she pursued them weekly, despite the hard time the insurance company gave her about this. She also recognized the love and support she received from friends and family and acknowledged how central this was to her healing. She eventually became a significant spiritual resource to her friends because of what her encounter with mortality taught her. Jeanette walked away from the accident with the gift of life.

Jeanette's massage therapist was extremely sensitive to the magnitude of her client's recovery. One session in particular illustrated their co-partnership in the healing process. Jeanette had just discovered that it would be impossible to save her eye, that she would have to have a false eye, and that it would probably be at least a year before the operation necessary for the replacement of her eye could occur. She heard all this in a meeting with her doctor about two months after the accident occurred. She was alone when she got the very disappointing news (Jeanette had hoped against hope that her eye could be saved), but luckily her massage was scheduled shortly thereafter. Jeanette had been seeing her massage therapist almost weekly since the accident and she had begun to really use her time with her to get more in touch with herself.

Jeanette lay back on the massage table and immediately sighed deeply. The therapist's hands felt safe. They moved around Jeanette's eyes, gently circulating and occasionally pressing on the bones around her eyes. As she sank deeper into the soothing rhythms of touch, Jeanette forgot that her left eye didn't really work and that eventually it would be taken from her completely. The therapist's hands were sweeping now, stroking the skin around her eyes. It felt as if a bird was slowly flapping its wings on her face.

Then Jeanette recalled all that she had hoped to see. For weeks before her departure on the fateful trip with her fiancée, she had seen, in her mind's eye, that moment when she would stand with her beloved in front of her parents and announce their engagement. She had seen the look of pleasure on their faces. Jeanette was in her forties. This marriage was coming late, and her parents had not been successful in hiding their concern that their daughter would become a spinster. Not only was Jeanette glad to relieve them of their worry, she was also genuinely in love, and proud of who she had chosen. She had envisioned a moment of delicious victory and communion.

The picture that Jeanette had imagined for so long dissolved, and so did Jeanette. It was as if her massage therapist was actually extracting all the memories that Jeanette had carried in her internal vision and then shoved away in the back of a cave inside of her. And, of course, there was the loss of the eye itself, which she remembered now, almost as if hearing about it for the first time. Jeanette remembered how she loved detail, how she always leaned close to the graphics she was designing to see as much of it as she possibly could. Detail was her forte. Everyone knew that. Being precise was her gift. And that gift had been stolen, sacrificed to the road.

The tears streamed thickly down Jeanette's face and she began to moan. This moaning was strangely satisfying, an audible accompaniment to her feeling, a way of being present to herself, a way to come out of hiding, to stop denying all she had lost. Her massage therapist just said, "Yes, yes," very softly but with undeniable compassion.

When Jeanette lay by herself in the room at the end of the massage she felt relieved and prepared to face what lay before her. When her massage therapist met her outside, Jeanette smiled at her and said, "Thank you." The tears had lightened Jeanette's burden, and it added to her relief that she had been compassionately witnessed. The space to uniquely and creatively express her grief awakened the neurotransmitter dopamine and this stimulated security and comfort. As she moaned on the table she lost track of the time. The moaning itself was the central event. She was completely focused on her own expression and no one stopped her, no one criticized her, no one judged her. The freedom allowed the expression to deepen, and in that permission to be, dopamine was aroused. Jeanette knew she would sleep peacefully that night and that she would wake in the morning prepared to deal creatively and proactively with her transforming, evolving life.

WILHELM

Wilhelm was a successful businessman on his way to a board meeting when his car was hit by a truck and mashed into the side of a mountain on a rural road in Montana. He was trapped inside his car, injured, bleeding and completely conscious for hours before he could be pried free.

A deeply thoughtful man, Wilhelm was used to processing his life independently and internally. Born in Germany just at the end of World War II, he was acclimated to intensity. In fact, his friends described him as intense and unusual because of his long silences, his tendency to withdraw and even to stay away from others for significant periods of time, waiting until he was sure of what he wanted to say and do.

The emergency personnel, who were on the scene when Wilhelm was pried free, were not prepared for his self-containment. When he asked not to be sedated, feeling he was already quite centered, they insisted, and so did he. As a result, the sedation they administered was so vigorous that it took Wilhelm a year to recover his memory.

When he did, Wilhelm reviewed not only the accident, but also his earlier life. The day before the accident had been a busy one. He had been up late the night before, problem solving, trouble shooting and preparing for this big board meeting when crucial decisions about business expansion were to be made. He was so conditioned to working long hours without sleep, it had never occurred to him that it might make him more vulnerable.

Eventually Wilhelm remembered more than he ever thought he would remember. He remembered why he was always striving, pushing himself beyond human limits, and enjoying the praise for his workaholicism and what it accomplished. The pressure of being born in war time combined with his mother's fragility and the way she was distracted by her other children and the demands on her to protect them from the world that was crumbling around him - all this had robbed Wilhelm of a childhood. How hard he had worked, hoping to win a time of play. Even now, he realized, he tried to distract his mother from her pain with his success.

Fortunately for Wilhelm, one of his friends suggested massage and energy medicine treatments, and made some recommendations. The energy medicine healer Wilhelm found practiced an Oriental meridian therapy called Jin Shin Tara. He told her about his memories and she listened, fully comprehending how the accident could have awakened information he had previously suppressed. Seen, heard and believed, Wilhelm began to sort through his treasure chest of memories. He stopped sharing these with the psychologist his insurance company referred him to, and soon she found no reason to continue seeing him. Meanwhile, in his energy medicine sessions, his memories thrived until he recalled everything that had happened in the accident, along with its aftermath. He chose to not use any of the anti-depressants his psychologist had suggested, and completed his recovery without any medication whatsoever.

What was actually unfolding for Wilhelm was neurological reorganization. The validation he received from his healthcare providers relaxed his limbic brain out of its defensive, protective posture. No longer required to be vigilant against the invasive and disabling confrontation by people assuming authority over him, he was free to use his energy to heal. (See illustration about the brain as an energy system.)

The combination of weekly massage and energy medicine treatment allowed Wilhelm to reclaim his body and feel strong and healthy again. In addition, his energy medicine practitioner made suggestions that allowed Wilhelm to become more and more embodied. He had always suspected that he was "too much in his head." He knew he had to come back into his body, and that he had never fully occupied it. Why? Perhaps because he was afraid of how much he really did feel?

As the points along meridian lines were touched on his body, Wilhelm had strong sensations of inhabiting his own skin and of feeling his own internal process, not as thought but as physical sensation. He had never felt this alive, this whole. His employees were amazed to see him express his anger clearly, and move ahead on bigger and bigger contracts, despite his recovery process. Once again, Wilhelm was triumphing over difficult circumstances, but this time with full consciousness.

ROBERTO'S STORY

ON THE SCENE: THE IMPORTANCE OF TREATMENT IMMEDIATELY AFTER INJURY

Roberto felt really lucky that his wife Maria was a massage therapist who was always learning new ways to make the body stronger and healthier. But he didn't realize how very lucky he was until the day he had a car accident and came home late for dinner.

"What happened?" Maria asked.

"I was in a car accident," Roberto answered, deepening the furrow in his forehead.

"Are you OK?" his wife responded, her eyes scanning his body.

"No," he declared his anger evident, "I can't move my neck and I have a terrible headache."

"Lie down," his healer wife said. "I'll treat you."

Of course his wife knew that this was not Roberto's first accident. In fact, she had met him because of the other accident, the big one, when he had lost his spleen and his right kidney. She had been working in the hospital where he was recovering, and they had fallen in love.

She knew too that most people who had experienced a life threatening accident such as Roberto's earlier encounter, would have a life of pain and depression. As a massage therapist she had seen and heard that outcome many times. But not so with Roberto, because she had been treating him with bodywork, energy healing and massage.

But this accident had come as a real surprise. Roberto was furious at the woman who caused it, and he was even more furious that he couldn't move his neck without feeling pain.

He lay down on their big bed, on the familiar comforter, and heard the proliferation of bird songs that always amazed him. Roberto and his wife lived on a lovely country road, and they had more animals around them than neighbors. The bird songs were child-like and innocent. His dog came close, nuzzling his hand that lay over the side of the bed. He knew the animal cared. A portion of his anger seemed to fade away just at his contact with the animal kingdom.

His wife positioned herself first at his side. She held the base of his cranium and the tip of his tailbone. (See illustration.) Her touch was light, but stimulating and soothing at the same time. Roberto involuntarily breathed much more deeply. He could feel his heartbeat slow. His anger shifted, subtly, but definitely, from frustration to disgust, and then to acceptance.

Maria moved to sit at his head and gently palpate his neck, holding, with a butterfly like touch, first the sides of his neck and then the base of his cranium. (See illustration.) "Let your head be very heavy in my hands," she said. "Just give me the weight of your head."

He let go, and then he sighed again. As she held the sides of his occiput, he said, "The fog is lifting."

"You're going to be OK," Maria said. "This is not like the other accident. Your life is not in danger. You are going to be just fine."

Roberto's head got even heavier. He sighed yet again, realizing that he had been worrying that he would lose yet another organ, or that he would be disabled in some way, as he feared he would be before when he lay in the hospital for month after month. Maria moved her husband's head gently from side to side and found no restriction. Whatever was impeded had melted.

"You should probably call your chiropractor," Maria mentioned when Roberto felt ready to stand up and experience the freedom of movement he had just reclaimed.

"The insurance won't cover him, I know that," Roberto said. "But so what? I'm going to call him anyway."

Roberto visited his chiropractor the next day. He was amazed that he could find no whiplash. "No one recovers this fast," he said.

"They do when they have a wife like mine," Robert smiled in response.

REVOLUTION ON THE FRONTIER

"It continues to be absurd that the insurance companies have to authorize treatment. Not only does this delay proper care, often an adjuster with no medical training will decide which types of treatment to pay for, regardless of what was ordered by licensed professionals. Unfortunately we all understand this farce all too well. It is all about money, and has nothing to do with health."
--Licensed psychologist and expert in evaluating accident related injuries

"Insurance companies seem to have no interest in my healing process. They focus most of their efforts on minimizing their expenses. It is clear that we are due for a system that gives the healing process at least as much priority as profit."
--Survivor of a severe auto accident

What is a revolution? It is a shift in power dynamics; it is a radical socio-political change. Why do I say we need a revolution in care for accident survivors? Quite simply, my word choice is motivated by the well-documented failure of survivors to truly recover through the use of insurance dominated medical care.

But this revolution is not only about who pays for the damages. It is also about our driving behavior, our personal responsibility for our actions and the impact of transportation on humanity, especially children, and, most significantly for this article, the education available about treatment options for people who evidence the shock and trauma that is common to automobile accidents. It's a here and now revolution and it involves all of us!

I am talking about a non-violent revolution, as, I posit, all revolutions that protest violence must be. The consumer holds the most powerful position in this movement. It appears that insurance companies and the medical establishment have the power of authority, but in fact they have no power unless the consumer hands it to them.

The 34-year-old man described by Drs. Butler and Moffic of the Medical College of Wisconsin is a typical illustration of what happens to auto accident survivors. "He still experiences insomnia, persistent worry and headaches 12 years after the auto accident. In the accident, the man struck a bridge abutment, suffered a broken leg and jaw and was trapped in his van for more than hour during which he could smell gasoline. The man returned to work and received a settlement six years after the accident, but continued to suffer from psychological effects despite ongoing psychotherapy and medication." Compare this tragedy to the stories in this article and notice what made the revolutionary differences for Jeanette, Wilhelm and Roberto.

Children are the most under-treated population in this community of survivors. According to the British Medical Journal (12 December 1998), "Post traumatic stress disorder was found in 41% of children involved in road traffic accidents" in the prospective study conducted by the Department of Child and Family Psychiatry at the Royal United Hospital. None of these children were offered psychological care after the accidents they experienced. The conclusion: "The psychological needs of children after auto accidents remain largely unrecognized."

What causes us to ignore the impact of auto accidents on children? Is this perhaps part of a larger denial structure that allows us to forget how our behavior damages lives? Is it linked to our denial about the relationship between alcohol consumption and auto accidents? Transportation expert Robert E. Yuhnke states that "55-60% of all auto accident fatalities are caused by alcohol use, and the victim is usually not the drinker."

The revolution on the frontier of our health is a revolution of consciousness, originating in our need to restore to ourselves the right to live and be well. This birthright motivates me to share with you, the readers of this article, the magnitude of services available to prevent prolonged and chronic injury after accidents occur. But I am also motivated to encourage us to open our eyes to our own driving behavior and see how what we do on the road often falls into the category of trauma and shock repetition. Getting into our cars and going places has become a form of unconscious communal living, along with mall shopping. Our highways have become conveyor belts of our collective unconscious. Must we continue to live and die in denial on our roads?

The revolution on the frontier demands that we wake up to what we know about our behavior and our wellbeing. This article is both a plea and a prayer to change this unconscious behavior that causes needless suffering for so many and great profit for so few.

Portions of this article are excerpted from Dr. Mines' forthcoming book, *We Are All in Shock: Healing the Silent Epidemic*.

References:

Blanchard, Edward B., Ph.D., et al., *After the Crash: Assessment and Treatment of Motor Vehicle Accident Survivors*, Washington, DC, American Psychological Association, 1997.

Kuch, Klaus, MD, et al., "Posttraumatic stress disorder and motor vehicle accidents: a multidisciplinary overview," *Canadian Journal of Psychiatry*, 1996.

Scaer, Robert C., MD, *The Body Bears the Burden: Trauma, Dissociation, and Disease*, NY, Haworth Medical Press, 2001.

Notes from lectures and workshops conducted by Dr. Scaer.

Stallard, Paul, Ph.D., et al., "Prospective study of post-traumatic stress disorder in children involved in road traffic accidents," *British Medical Journal*, 12 December 1998.

National Center for Statistics and Analysis, Public information fact sheet on motor vehicle and traffic safety, National Highway Traffic Safety Administration, yearly overview.

Interviews with Robert E. Yuhnke, Esq., Suzanne Kenneally, Ph.D., and survivors of auto accidents.

SIDEBAR: RESOURCES FOR AUTO ACCIDENT SURVIVORS

This compilation certainly does not cover all the available resources for motor vehicle accident survivors. Rather it points towards areas of inquiry. The assumption here is that massage already is a resource, and that clients and practitioners are seeking additional opportunities for support.

I do want to underscore the awareness that mild traumatic head injury and some component of post-traumatic stress frequently accompanies auto accidents. The sooner these conditions are attended to, the faster and more thorough the recovery.

Finally, I also want to emphasize the extraordinary healing influence of deeply listening to the accident survivor and their perceptions. The felt sense of truly being heard results in profound nervous system balance and stability, which is the key to recovery.

Stephanie Mines, Ph.D.

Feldenkrais Method:

What it is: The Feldenkrais Method focuses on movement education through slow, gentle touch and verbal guidance through a series of precise movements designed for the neuromuscular system.

Named for its founder, Moshe Feldenkrais, this system of somatic education improves movement function and enables people to express themselves more fully. It is especially useful for people who want to overcome limitations brought on by accidents, stress and illness and who want to perform better physically.

In the words of an accident survivor: "My Feldenkrais practitioner has been working extensively on the parts of my body that were damaged by the accident, such as my face, neck and torso. Recently a major shift happened when I found that I could enjoy the act of eating for the first time after the accident. I find that I am not protecting my left side as much. This is incredible since it was so severely traumatized. This is all due to Feldenkrais work."

How to find information and/or a Feldenkrais practitioner:

The Feldenkrais Guild of North America
3611 SW Hood Avenue, Suite 100
Portland, OR 97201
1-800-775-2118
www.feldenkraisguild.com

EMDR (Eye Movement Desensitization Repatterning):

What it is: Developed in 1986 by psychologist Francine Shapiro, EMDR uses rapid lateral eye movements to create therapeutic change. EMDR reduces or eliminates emotional distress and negative thinking linked to memories of specific events. It has been suggested that EMDR activates the mechanism operating during REM sleep.

In the words of an EMDR practitioner: "EMDR has a mind-body effect that is particularly evident in clients who have been through auto accidents. I would notice that muscular tension and spasms related to the accident often released during EMDR and often stayed released. Clients said that chronic pain related to muscle tension or injury often improved and sometimes stopped after EMDR treatment. Clients reported that their massage therapists had said that knots and areas of chronic tension had released after EMDR. Chiropractors have told clients that adjustments started holding better after we had completed EMDR."

In the words of an auto accident survivor: "EMDR works extremely well for singular, concrete traumatic events such as auto accidents. It helped me enormously."

How to find information and/or an EMDR practitioner:

EMDR Institute, Inc.
PO Box 51010, Pacific Grove, CA 93950-6010
Tel: 831-372-3900
www.emdr.com
Internationally, contact: EMDRIA - 512-451-5200

The TARA Approach and Jin Shin TARA:

What it is: The TARA Approach combines touch and language for the resolution of shock and trauma. It is specifically designed for the treatment of overwhelming and disorienting experience. Jin Shin Tara is its hands-on component. It employs gentle touch on

points along meridian pathways to reorganize the nervous system, allowing it to find balance and release. The TARA Approach is simultaneously a treatment design and a self-care system.

In the words of an auto accident survivor: "The speed of my recovery is rooted in regular TARA Approach treatments. It is the most direct and effective technique I have encountered to stimulate healing. After several months of regular sessions I feel free from a burden of great pain and healthier than ever before."

In the words of a TARA Approach practitioner: "The TARA Approach is particularly useful for people who have a history of shock and trauma that precedes an auto accident. It powerfully integrates physical recovery with client awareness. The self-care aspect helps people come out of shock and feel they can do something about their situation. I have seen people who have been treated immediately after an accident recover with amazing speed. In less severe accidents, I have seen immediate recovery."

How to find information and/or a TARA Approach practitioner:

The TARA Approach for the Resolution of Shock and Trauma
2910 County Road 67
Boulder, Colorado 80303
303-499-9990
www.Tara-Approach.org

CranialSacral Therapy (CST):

What it is: CST is a gentle, hands-on method of evaluating and enhancing the functioning of the cranial sacral fluid system, comprised of the membranes and cerebrospinal fluid that surround and protect the brain and the spinal cord. Using a soft touch, practitioners release restrictions in the cranial sacral system to improve the functioning of the central nervous system.

In the words of a practitioner: "CranialSacral Therapy's diagnostic battery allows the cranial system to report damage quickly and to resolve it organically through the stimulation of innate fluids that restore health to intercranial structures."

In the words of an auto accident survivor: "After a year of chronic neck pain and headaches following a head-on collision, I found no significant benefit from any of the standard therapies I tried. Finally, in a CranialSacral session I regained all memory of the accident, which I had not been able to retrieve previously. This recollection was extremely significant because after two more CranialSacral sessions and some exercises that I did at home, I recovered completely."

How to find information and/or a CranialSacral practitioner:

The Upledger Institute, Inc.
11211 Prosperity Farms Road, Suite D-325
Palm Beach Gardens, FL 33410
561-622-4334
upledger@upledger.com

Physical Therapy:

What it is: The identification, correction and prevention of acute or prolonged musculoskeletal and/or neurological dysfunction. The mechanism of delivery includes evaluation, application of a variety of treatment procedures, modalities, and education. Physical therapists determine functional goals and meet them using modalities and procedures, some of which do not require the therapist to be in constant attendance.

In the words of a Physical Therapist: "Physical therapists must have extensive knowledge to assist auto accident survivors because of the high levels of shock that are common and the frequency of head injury. We need to be skilled in identifying mild brain injury symptoms and to be able to refer these clients for treatment outside our particular areas of expertise."

How to find information and/or a Physical Therapist:

www.physicaltherapy.com
info@physicaltherapy.com

Chiropractic:

What it is: One of the first "alternative" therapies developed in the West, chiropractic originated with the work of D.D. Palmer at the turn of the 19th century. Chiropractic rejects the use of medicines and drugs and never incorporated the practice of surgery. Chiropractic was conceived as a natural approach to healing, drawing upon the body's own recuperative powers. Traditional chiropractic has been augmented by the softer interventions of current practitioners, but the basic principle of alignment of the spine, or the elimination of subluxation and the consequent response of the nervous system remain the basis of this intervention.

In the words of an auto accident survivor: "If it wasn't for my chiropractor, I think I would be paralyzed today. So here's a thanks to those who listen when no one else does. My advice is to see a chiropractor when no one else knows what's wrong."

How to find more information and/or a chiropractor:

www.chiropractor.com

Resources for Treating Head Injury

According to a study by the National Institutes of Health, 85% of brain injury patients (many of whom are auto accident survivors) do not receive any treatment or counseling concerning the long-term difficulties caused by brain injury. The same study reports that the high cost of rehabilitation services for head injury has placed them out of the reach of many who need them. For these reasons, the resources listed below are extremely valuable as are the interventions that allow survivors to be in the center of their own healing process.

Colorado Neuropsychological Society
www.coloradoneuropsych.org

Brain Injury Resource Center
www.headinjury.com

Brain Injury Association USA
www.biausa.org

Dr. Suzanne Kenneally, who has specialized in mild traumatic brain injury (MTBI), caused by auto accidents, for over ten years, made these comments about head injury and motor vehicle accidents:

"Despite the rigors of modern life, I still believe that the majority of auto accidents are 'beyond the scope of daily life' - which is the DSM-IV definition of Post Traumatic Stress Disorder. Further, most motor vehicle accident (MVA) survivors were paying good attention at the time of the accident. The level of nervous system arousal associated with these circumstances virtually guarantees neurological imprint with associated behavioral cueing, i.e. driving phobia, startle response, hyper-vigilance, etc."

"From my clinical experience, some of the turning points for patients appear to be education about their head injury and expectation of recovery, prompt multi-disciplinary treatment, a present moment focus approach to life, resolution of the PTSD or trauma, and stable support through the process. Patients missing any of these components have a longer and more difficult recovery."

"I always advocate for early intervention and treatment. The patient's suffering and distress - not to mention entrenchment of the trauma - are always worsened by time. Of course, it remains absurd that the insurance companies have to 'authorize' treatment. This seriously delays proper care."

"It is clear from the research that well-trained, early de-briefing can reduce the effects of trauma. I can only wonder why this isn't standard practice."

"Therapists should be aware that the process of mild traumatic brain injury recovery is slower than the physical recovery curve, and much more variable. These therapists are key support for the patient as they must be consistent, as opposed to the medical specialists who drop in and out of the cases."

"It is unfortunately rare for the patient, regardless of the length of time post injury, to feel listened to, or safe with a particular provider. Medical practitioners do not allow or encourage the patient to tell the story of the trauma. No wonder people don't get better."

"Previously traumatized people (abused children, sexual violence victims, war refugees, etc.) are over-represented in the MVA population. Rather than respond with compassion, most doctors cite this as a reason to blame the victims and dismiss and/or discount their symptom reports. This perpetuates the cycle of trauma and abuse."

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