

## **Helping patients suffering with post traumatic stress disorder (PTSD)**

### **A record of when reflexology was available for asylum seekers at CHAP, by Jane Lorimer**

Between June 2017 and January 2018 reflexology was given to a small number of asylum seekers in Cardiff who were referred by staff at the Cardiff Health Access Project (CHAP) service. The reflexology offer was set up on a wholly voluntary basis, initially whilst I was training as a reflexologist and continuing as I qualified. Sixteen different patients received sessions over the course of 8 months totalling 78 hours of reflexology.

Patients were asked to complete a simple visual analogue scale (VAS) measurement tool on the first and sixth session, known as the MYCaW form. Only six patients completed both the initial and follow up MYCaW forms and these results are provided in this short report. All six patients rated an improvement in their wellbeing scores after receiving the series of reflexology sessions.

Additionally reported benefits observed by health practitioners working at CHAP were significant in demonstrating the positive outcome of the reflexology trial. On a regular basis I would meet with practice staff at CHAP to discuss the outcome of reflexology on patients who were attending for reflexology and positive feedback from medical staff was given to me at these discussions.

### **Description of the reflexology service and its findings**

The Cardiff Health Access Project (CHAP) is a small primary health care centre at the rear of the Cardiff Royal Infirmary Hospital. A variety of services are provided to the constituency of patients who are registered at CHAP including access to GP, nurse, health visitors, midwife and mental health counselling. Many CHAP patients are new arrivals in the city who have been dispersed to Cardiff whilst they seek asylum and refugee status in the UK. A high number of CHAP patients do not have English as their first language, and many do not speak English at all.

Due to their status as asylum seekers, many people seen at CHAP have recently undergone extreme trauma in fleeing their country of nationality. Often their plight is compounded in the initial months of arriving in the UK as they struggle to navigate the complex procedure for seeking asylum here. Medical staff at CHAP therefore see a large number of patients who suffer with conditions and disorders where stress is the underlying cause, including; sleep deprivation, breathing difficulties and tightness in chest, extreme headaches, digestive problems, and suicidal thoughts.

When I was training as a reflexologist I met with senior staff at CHAP. They had been considering options for being able to support patients in addition to using allopathic medicine. Several initiatives were set up during 2017 which provided alternative support sitting alongside the pharmacological interventions. These included hosting The Birth Partner Project which provides a volunteer be-friender service for isolated pregnant women, free access for referred patients to a Cardiff Gym, and a donated clothes outlet at the clinic.

As part of this diversified service offer at CHAP, referral for reflexology was instigated in June 2017. A room at the CRI clinic was made available for me on a Wednesday and I was based there all day as a volunteer and saw patients who were experiencing physical symptoms of stress. Initially only one patient came on a weekly basis for six weeks in June and July 2017. After the very successful outcome of this introduction (see case study box below), this was extended in August 2017 for up to 6 patients each week.

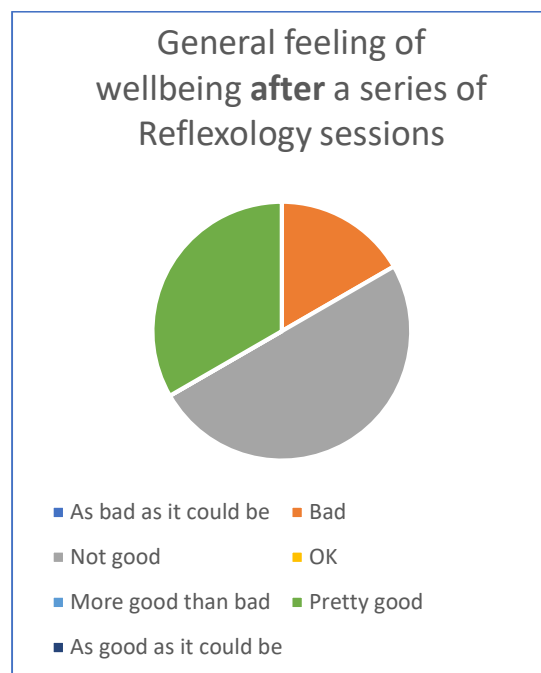
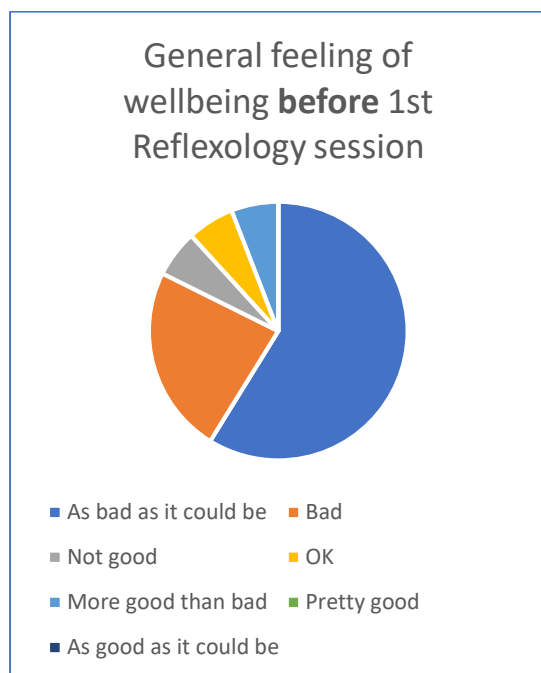
Reflexology is the practice of applying defined pressure techniques to specific points on the feet or hands. The practice has been used in Eastern traditions of medicine for 100s of years and was

introduced into Western health practice in the 1930s by a physical therapist, Eunice D. Ingham, who charted reflex points corresponding to all organs and systems of the body in what is now the standardised reflexology technique. Reflexologists work from maps of predefined pressure points that are located on the hands and feet. These pressure points are reputed to connect directly through the nervous system and affect the bodily organs and glands. A reflexologist manipulates the pressure points according to specific techniques of reflexology therapy. By means of the therapy any part of the body that is the source of pain, illness, or potential debility is strengthened through the application of pressure at the respective foot or hand location.

Research into the effectiveness of complementary therapies like reflexology continues to be scarce, mostly because of a shortage of organisations willing to fund research to academic standards. Despite this, reflexology is gaining traction within health care settings because of the observed benefits to recipients. For example there are an increasing number of cancer centres offering reflexology to help combat stress of patients undergoing treatment<sup>i</sup>.

Also on the increase is recognition and knowledge in the primary health sector that thoughts and emotions have a big impact on people’s sense of health and wellbeing, a discipline known as psychoneuroimmunology. Psychoneuroimmunology (PNI) studies the interactions that occur between the neurological, endocrine, and immune systems<sup>ii</sup>. PNI focuses on the links that exist between a person’s emotion and behaviour and their relationship with immune-mediated disease. Relaxation therapies like reflexology help the body to enter the para-sympathetic nervous system and slow down sympathetic nervous responses. By decreasing a person’s heart rate and blood pressure, and reducing inflammation, relaxation therapies reduce the production of corticosteroids, which in turn, reduces cortisol-induced immunosuppression and inflammation.

Of the sixteen patients receiving reflexology at CHAP, three were men and thirteen women. Asked to rate their sense of general wellbeing at the start of Reflexology session, ten said it was “6” - as bad as could be. Only 1 person rated their wellbeing at less than 5. This immediately gives an impression of the state of high stress experienced by the client group.



As can be seen from the charts above, everyone who completed a follow-up MYCaW form at the end of a series of 6 or more Reflexology appointments rated themselves with a better sense of wellbeing than before. Not one person gave the same or a worse rating for their wellbeing.

The client group for reflexology were all referred because they were exhibiting physical manifestations of stress and anxiety. Patients were asked on the MYCaW form to give two concerns or problems they would like reflexology to help with. These are as follows;

<b>MYCaW concerns at start of Reflexology – 16 patients at CHAP</b>		
<b>Concern / problem</b>	<b>Number of patients listing this as a concern</b>	<b>Number of patients rating the concern at 5 or 6 (6 = “bothers me greatly”)</b>
<b>Back / neck / shoulder pain</b>	7	6
<b>Poor sleep</b>	7	7
<b>General stress / anxiety</b>	6	5
<b>Headache / migraine</b>	4	3
<b>Tightness in chest / poor breathing</b>	4	3
<b>Digestive problems</b>	2	1
<b>Neurological damage (leg)</b>	1	0
<b>Pain in oesophagus</b>	1	1

Six out of the sixteen patients receiving reflexology completed a series of 6 appointments by the end of December 2017. This group completed a follow-up MYCaW questionnaire providing their feedback. In completing the questionnaire the second time, the patients were shown the concerns they had stated at the start, but not their original scores – this adhered to advice of the MYCaW methodology. They were asked to rate the condition as it stands at the time of filling in the second questionnaire.

In relation to their sense of Wellbeing all six patients rated this better than when they had started reflexology, but the majority of people gave a rating of only a small measure. However one patient said it had improved dramatically – from 6 “as bad as can be” to 1 (where 0 is “as good as can be”).

Similarly where patients rated a health concern as 6 “bothers me greatly” at the start of reflexology, all noted a small improvement. Two people gave it a 2 point improvement, and one person said their symptoms had improved from 6 to 3.

### **Case Study**

AA (not her real initials) is a 32 year old Nigerian woman seeking asylum in the UK having been subject to trafficking and sexual violence. When first referred for reflexology she was severely depressed and was on the verge of being prescribed anti-psychotic drugs. In June 2017 AA rated her wellbeing as 6 (“as bad as it could be”). She rarely slept more than a couple of hours at a time because she would experience flash-backs when she did doze off so she preferred not to sleep. As a result of this she found it difficult to focus and concentrate or conduct any kind of normal routine.

During the first reflexology session AA was attentive and interested in what was going on. She said it felt unusual but she would continue for more sessions as she sensed it could help her. From the 2<sup>nd</sup> session onwards AA would fall in to deep and relaxed sleep within 10 minutes of the treatment starting. She also reported sleeping through the full night after each treatment and gradually this

increased so that her sleep in general improved significantly. She had rated lack of sleep as 6 “bothers me greatly” at the start of reflexology and after 6 weekly sessions rated sleep as 3. She said that the night after reflexology a night sleep’s would feel like a year’s sleep, it was so restorative.

AA further reported that reflexology had given her hope as she could finally relax and therefore her concentration improved. She began to engage in other activities and enrolled on a course of part-time study at Cardiff University.

Her GP noticed the changes in AA and noted in her medical file notes how reflexology has benefitted her health and removed the need for anti-psychotic medication.

An added convenience of reflexology in the CHAP setting is that once the therapy is explained to the patient using telephone interpreters if required, the sessions are self-contained without the need for much verbal interaction. This means that the therapy is very accessible as it can be offered to any age group, male or female, whether English is spoken or not.

The reflexology trial at CHAP was not conducted or intended to be a research project. These findings are therefore shared as a description of the services provided and reported anecdotal benefits. Although the measurement tool MYCaW, was chosen because it is relatively straightforward to use, it still should be noted that in the majority of cases patients receiving reflexology are not fluent in English and so the reflexologist asking the questions needed to use some level of interpretation in order to capture people’s concerns. Explaining the concept of wellbeing to someone who has limited or no English was quite challenging. One further point is that it was noticeable that patients being asked for their follow up ratings seemed to have a belief that if they said their conditions had improved this would mean they were no longer eligible for reflexology. This may have influenced them not to give more of an improvement in their ratings, as at least three women had verbally been saying how much better they felt but the forms did not give testament to this.

Adherence to reflexology at CHAP was impressive. There were very few appointments missed, and patients were keen to come as frequently as sessions were offered. In the majority of cases where people stopped attending for reflexology before the end of 6 sessions this was because they had physically left Cardiff.

### **Summary**

Reflexology at CHAP was popular with patients and appeared to be effective at reducing the physical and mental effects of stress and anxiety. Unfortunately it was not continued beyond the trial when management at CHAP changed.

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<sup>i</sup> The effects of foot reflexology on anxiety and pain in patients with breast and lung cancer. Stephenson NL (2000). Published by Oncol Nurs Forum <https://www.ncbi.nlm.nih.gov/pubmed/10660924>

<sup>ii</sup> Why Nurses Should Know About Psychoneuroimmunology, Oct 17 published article on Ausmed <https://www.ausmed.com/articles/nurses-know-psychoneuroimmunology/>