

Effect of Osteopathic Manual Treatment on Psychotherapy Clients

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Osteopathic Manipulative Treatment (OMT) shares aspects with other clinically relevant modalities including Theraplay, Masgutova Neuro Reflex Integration, and Somatic Experiencing. It is logical that OMT can be of therapeutic value in the course of psychotherapy treatment. Use of OMT supports the biological basis of behavior by positively impacting physical and mental health, homeostasis of an individual's system, and overall wellbeing. It is a viable adjunctive therapy for the treatment of a variety of disorders and especially trauma or by itself as a stand-alone treatment.

Trauma and the Body

In *The Body Keeps the Score* (van der Kolk, 2014), the author advocates for body based psychological practices in the treatment of mental health problems stemming from trauma. Van der Kolk teaches that because trauma is stored implicitly in the body that it must be treated at that level in order to release it. This is consistent with the founder of osteopathy, Andrew Taylor Still's (2008, Principles section) basic belief "that the body was a totally integrated unit, its structures working together harmoniously to produce a state of health." The body and mind are interconnected and psychological processes influence health and disease.

Chila, (2011, p. 119) states, "Somatic dysfunctions indicate a functional disturbance in the body that predispose it to disease." Disease can be triggered by a pathogen or psychological factors and can be understood as a disruption of the body's normal function. Furthermore, Chila (p. 131) emphasizes, "The role of the state of the nervous system is but one of the factors influencing the total health of the person." The nervous system impacts every area and system of the body and either promotes or blocks responses. The practitioner using osteopathic manipulative techniques can "...directly affect the course of the facilitation and its effects by

recognizing that it occurs and by using modalities, especially manipulative treatment that alter it” (p. 131).

It is important for overall health and wellbeing over the lifespan to have the longest period of typical development as possible prior to a trauma or serious illness. The Adverse Childhood Experiences Study (Felitti, et al, 1998) found a relationship between health risks and disease in adulthood are linked to exposure of various forms of childhood trauma. Psychological or physical trauma can cause a disruption in the normal development of reflex systems that provide the basis for sensing and perceiving for the human organism leading to disease and dysfunction later in life. Illnesses that are considered psychosomatic disorders resulting from stress may include hypertension, respiratory ailments, gastrointestinal disturbances, migraine and tension headaches, pelvic pain, impotence, frigidity, chronic pain, and ulcers. Osteopathic manipulative treatment could have a positive impact on sufferers of these and other diseases by bringing homeostasis to the system.

The Importance of Reflexes

From a developmental psychology perspective, reflex development is important because sensory pathways ultimately impact the ability to focus perception and understand it at a cognitive level. It is important that the brain receive and correctly interpret sensory stimuli so that the correct response can be generated. Through repetition of this, a reflex circuit is developed. Osteopathy recognizes reflexes as a “vast network of highly interconnected pathways that are continually changing to meet local needs and to maintain integration of function” (Chila, 131). These networks can be accessed through OMT that focuses on parietal, visceral, or cranial sacral techniques using a variety of direct and indirect techniques. Direct techniques include Soft Tissue/Myofascial Release, Muscle Energy, Joint Mobilization, Osteopathy in the Cranial Field

and High Velocity Low Amplitude (HVLA). Indirect techniques involve Strain-Counter Strain, Facilitated Positional Release, Balanced Ligamentous Tension, and Osteopathy in the Cranial Field.

Basic reflex definitions were first described by the classical neurophysiologists Sechenov (1965) and Pavlov (1960) as input, information processing, and output that would determine a motor or postural response. Masgutova (2012, p. 80) has expanded this definition to say, “A reflex is the genetic/epigenetic inherent automatic response of the central nervous system for an adequate and specific stimulus (tactile, visual, auditory, vestibular, proprioceptive or olfactory) in the form of an adequate and specific motor/postural/glandular/pupillary/tympanic membrane reaction, activating the protection and survival strategy of the organism and thus, the HPA-stress axis (hypothalamus, pituitary gland, adrenals) and the SAM stress axis (sympathetic, adrenal, medullary).” This view from the field of a developmental psychology is consistent with the view from the field of osteopathy.

Masgutova’s view is also consistent with osteopathy’s view that the nervous system relies on the healthy development of reflexes in order to function optimally. Chila (2011, p. 120), states, “The interactions between visceral and somatic structures are important in health maintenance and disease processes. Reflexes must be viewed not as separate entities but as parts of various programs that control motor and secretory actions.”

Masgutova (Masgutova, S. 2021, January [Lecture recording]) teaches that reflexes are developed from primitive to mature in seven phases from intrauterine through the childhood developmental period and has effects through the lifespan. When development is healthy each reflex emerges at a specific time. This follows a basic pattern through the first three phases. Through exploration of the environment in conjunction with myelination of neurons, the child

begins using its newfound motor skills to explore, imitate, and learn by taking in sensory information. This internalizing experience of the world and building new abilities and connections sets the stage for the next level of development, which is emotional, cognitive, and allows for choice in behavior.

Reflexes and Psychological Health

There is a link between physical and emotional development and physical and emotional health. Emotion is a distinct, recognizable, internal automatic response to things, events, and relations that happen to a person. Primary emotions are happiness, surprise, anger, sadness, fear, and disgust. These relate to sensory modalities with input from our environment to our nervous system. These sensory modalities are the source of emotions and include sight, smell, proprioceptive, touch, sound and vestibular.

Emotion types are linked to our protection mechanisms and reflexes and can be categorized as involuntary, associated, or social/cognitive. Involuntary emotions result in physiological and visceral changes, associated behaviors with emotions and feelings. Emotions stem from somatosensory experiences on the primary level and feelings are derivatives of emotions. The third type of emotion involves the evaluation of emotions by thinking about them.

Emotional development is an important aspect of development and has implications for emotional and behavioral stability and maturity. This maturation process involves experience, expression and management of emotions and the ability to establish positive and rewarding relationships with others. The mind-body connection begins from correctly perceiving sensory experiences via the reflexes, deriving feelings that have a consciously controlled component, and management of the expression of emotions. This leads to emotional health and to coping with stress, thinking positive and having a method of caring about our nervous system and physical

body and the way our brain body system interrelates and the development of a cohesive sense of self.

Human development encompasses the physical, emotional, cognitive, moral, and spiritual development. Each stage of development has its own tasks to master. For example, the area of physical development, encompasses growth and bodily changes, coordination, and biological skills. In the area of emotional development lies learning what feelings and emotions are, understanding how and why they occur, and recognizing one's own and other's feelings and developing effective ways for managing emotions and feelings. This leads to self-control, listening and paying attention, positive self-image, etc. Cognitive development includes thinking, exploration, experimenting with the environment and developing formal knowledge and critical thinking skills. Cognitive skills are essential skills for brain development and its functions that assures the processes of thinking, reading, learning, remembering, reasoning, and paying attention. These aspects work together through the development of reflexes to perceive and understand incoming information.

Psychoneuroimmunology

Psychoneuroimmunology (PNI) is a field of psychosomatic medicine that studies the relationship between the nervous system, endocrine system, immune system, and psychological processes. This area of study shares in common with the idea that reflexes are developed through the nervous system, through the secretory system, and have a psychological component. Chila (2011, p. 276) states, “The reciprocal regulatory effects of these systems provide a basis (but not proof) for the belief that brain-behavior-endocrine-immune interactions are clinically relevant and not reducible to characteristics of component systems.” One of the fundamental principles of

PNI is that emotions are hardwired to physiological processes. Interestingly, all of these separate systems can function as sensory and effector organs.

The body-mind system is closely linked and there are structural and functional relationships between somatic dysfunctions, hormonal systems, reflex systems and mood and behavior. Emotional stress has biological effects, and this can impact the immune system and health. It may be possible to modulate the nervous system through OMT which would have broad based effects in many areas of a client's symptom presentation. Chila (2011, p. 277) argues,

the concept of PNI was the central theme of A. T. Still's original theories that formed the bases of the Osteopathic philosophy. Still was ahead of his time in postulating that the body communicated with itself, and that the CNS was integral to the somato-visceral, visceral-somatic response.

The relevance of PNI to health care is to take an integrated approach that treats the mind as well as the body for the wellbeing of the client. This involves not only medical care from a physician, but the care of a mental health provider who is also trained in OMT. The idea here is that all illness is organic whether it be a physical problem or a mental health condition. Chila (2011, p. 281) asks that the following facts be considered:

- Emotionally distressed patients visit their doctors more than nondistressed patients.
- Emotionally distressed patients are hospitalized more often than nondistressed patients.

- Emotionally distressed patients have greater morbidity and mortality than nondistressed patients and generally poorer health outcomes for many physical diagnoses.
- People with emotional distress commonly visit their doctors with physical symptoms and complaints, never reporting psychological symptoms.
- Emotional distress and other psychological issues directly impact patient adherence to medications and other biological treatments.
- Nearly two thirds of all physician visits fail to confirm a biologic diagnosis.
- Numerous biological diseases can manifest themselves with psychiatric symptoms.
- Medical illness can precipitate emotional distress, which complicates medical treatment and increase medical costs.
- Emotional distress often goes unrecognized and untreated in medical encounters.
- Appropriate mental health treatment reduces emotional distress, medical utilization, and costs.
- Savings from reduced medical costs can offset the cost of providing mental health treatment and stress reduction training, which may result in lower overall health care costs.

Treating the client holistically can potentially alleviate psychological symptoms that interfere with pro-health related behaviors, which increase the chances of the best outcome for the client.

A Logical Course of Treatment

A logical course of treatment for psychological disorders is the incorporation of OMT methods. There should be a focus on the integration of somatic and visceral functioning through the reflex pathways. The goal is to find any blockage or restriction in the body and release it or for parts of the body to be assisted into right relationship to one another for healing. The underlying thought is that the body has within what it needs to heal itself.

There are several modalities of psychotherapy that are conducive to touch, during which OMT could be introduced. Theraplay was developed by Phyllis Booth and Ann Jernberg (2010) in the 1960s and is a modality used with very young children through the age of 12 years. It can be modified for older children depending on social, emotional, and developmental factors. Theraplay is a modality designed to mimic the up-regulation and down-regulation of the nervous system that is inherent in the mother/caregiver-infant relationship. The natural flow of things is to expand joy and share in positive experiences and to contain uncomfortable or painful states. In this way the mother's nervous system regulates the infant's nervous system. Through this process of other regulation, the infant learns to coregulate and eventually to self-regulate as development progresses. Children who do not receive this type of healthy regulation often need their nervous systems titrated in relation to a safe caregiver. Children who have experienced trauma via the removal from their birth family, medical procedures, or other trauma can easily become dysregulated and externalizing or internalizing behaviors may manifest in response to

the experience. OMT can be used as a part of the process of physically titrating the nervous system through the reflexes during a therapist directed play modality.

A similar modality to OMT is Masgutova Neuro Reflex Integration (MNRI). The idea is that sensory input and motor output and higher brain functioning in the areas of social, emotional, and cognitive development are dependent upon reflexes developed. MNRI provides an understanding of the biological basis for behavior in the area of psychology. This method:

Uses the concept of reflex integration and a set of MNRI programs focused on the restoration and maturation of primary motor patterns, reflexes, and coordination systems to achieve optimal performance of natural mechanisms, neurodevelopmental processes, brain functioning, and sensory motor integration. Activation of the reflex patterns awakens natural genetic motor resources and self-regenerating programs, strengthens motor memory and sensory motor coherence, and increases resilience. With this overall improvement in functioning, individuals are able to move toward realization of their full motor, social emotional and cognitive potential (Masgutova, et al., p. 32).

Similarities between MNRI and OMT include myofascial release, muscle energy techniques, and aspects of cranial sacral.

Upledger and Vredevegood (1983) describe cranial sacral therapy as a blend of approaches from traditional and osteopathic approaches to medicine and psycho-physiologic regulation. This gentle method has been shown to help with physical problems as well as emotional problems. This includes problems related to post traumatic stress, depression, and anxiety. The Upledger Institute website describes cranial sacral therapy in the following way:

By facilitating the body's natural and innate healing processes, CST is increasingly used as a preventive health measure for its ability to bolster resistance to disease and is

effective for helping people with a wide range of healthcare challenges associated with pain and dysfunction.

Essentially, cranial sacral therapy is aimed at releasing restrictions in the body and in turn, symptoms related to dysfunction that can include emotional or stress related symptoms.

Somatic Experiencing (SE) is another body-based modality that utilizes aspects of cranial sacral therapy. The idea in SE is that trauma affects a person's container, which is their body, viscera, mind, and spirit. OMT can help with embodiment as a part of the treatment for traumatic dissociation or loss of boundaries to create a sense of felt safety. In trauma, the degree of mobility in the body and function of the organs can be affected as emotions are part of our visceral experience. The philosophy of SE is that the nature of the human being is to be in balance and the body seeks homeostasis, which is consistent with osteopathic philosophy.

The beauty of OMT is that a treatment can be provided when there are no words. It is a comforting notion that another human being can feel the trauma, tightness, or dysregulation in another's body and be able to provide comfort at the nervous system level, which can lead to somato-emotional release and improved wellbeing.

Case Studies

The following case studies were obtained with permission from clients at my psychotherapy practice.

An 83-year-old male presented for treatment of anxiety and somatic complaints in the lower back. His history included two episodes of depression over the course of his lifetime, which resolved without any intervention. His anxiety symptoms related to being the caregiver of his spouse of 45 years who was diagnosed with dementia. The client's primary fear was that his lower back was in so much pain that it would prevent him from caring for his wife, resulting in

her admission to a nursing facility. An assessment was completed through a biopsychosocial history and postural assessment. He was invited onto the table to lay prone. As he verbally processed his worries, the somatic dysfunction was located and treated with the myofascial release technique and direct soft tissue technique. He was seen for a follow up session a week later and only the myofascial release and soft tissue techniques were applied; no psychotherapy was offered. A weekly check in with the client over a six-week period revealed continued functioning with no emotional or physical complaints.

A 41-year-old female presented for psychotherapy for parent child bonding and adult attachment work. A thorough biopsychosocial history was taken, and the client was diagnosed with Generalized Anxiety Disorder. Although she was not diagnosed with a panic disorder, she reported two uncued panic attacks in the past year. The work in the parent child system focused on Theraplay, during which a significant amount of hands-on work was done with the child and also between mother and child. This type of hands-on work was related to healthy developmental touch and not of a specific type. During the course of individual treatment with the mother, she reported somatic complaints that she intuitively linked to her own old attachment wounds. She was invited to do work on the table using the OMT techniques of cranial sacral therapy and myofascial release. Upon discharge from psychotherapy, the client rated a low level of subjective disturbance.

A 39-year-old female presented for psychotherapy for adult attachment work. A thorough biopsychosocial history was taken, and the client was diagnosed with Generalized Anxiety Disorder. Treatment involved multiple modalities including Masgutova Neuro Reflex Integration, Somatic Experiencing, and Eye Movement Desensitization Reprocessing (EMDR). The client reported less success with the EMDR treatment, so this was discontinued. As work

continued with the body-based modalities the client reported feeling restriction. The modality was changed to cranial sacral therapy to help with the release of the reported constrictions. The client has received a total of three cranial sacral sessions in conjunction with Somatic Experiencing and has reported improvement above and beyond the reflex work. Treatment with this client is ongoing.

Conclusion

The fields of osteopathy manipulative treatment, reflex development, psychoneuroimmunology, and psychotherapy have complementary components that can be utilized as intervention to help psychotherapy clients into homeostasis and promote wellbeing. Qualitative research into the synergistic effects of these combined modalities to demonstrate their effectiveness. Clinical evidence indicates that the combined effects of these treatments produce results in psychotherapy clients. Since OMT shares aspects with these other treatments it is a logical complementary or standalone treatment. The application of hands-on work will be limited to psychotherapists who also have a license to touch as this is not part of the education and training piece for psychologists, social workers, or professional counselors in the United States.

References

- Booth, P. B. & Jernberg, A. M. (2010) *Theraplay: Helping parents and children build better relationships through attachment-based play* (3rd ed). San Francisco, CA: Wiley & Sons.
- Chila, A. G. (2011). *Foundations of Osteopathic Medicine* (3rd, ed). Baltimore: Wolters Kluwer.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.
[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Masgutova, S. (2012). *MNRI dynamic and postural reflex pattern integration*. (6th ed, Rev, Updated). Orlando, FL: Masgutova Educational Institute for Neuro-Sensory-Motor and Reflex Integration, LLC.
- Masgutova, S. 2021, January. [Lecture recording].
- Pavlov, I. (1960). *Conditioned reflexes: An investigation of the physiology activity of the cerebral cortex*. (Anrep G.V., D.Sc. Trans., 1960). New York, NY: Dover Publications Inc.
- Sechenov, I. M. (1995). *Physiology of behavior: Scientific works*. (M. G. Yarhohevsky, Ed). Cambridge, Mass: M.I.T. Press.
- Still, Andrew T. (2008). *Philosophy of Osteopathy*. The Project Gutenberg eBook.
<https://www.gutenberg.org/files/25864/25864-h/25864-h.htm>
- Upledger, J. E. & Vredevoogd, J. D. (1983) *Cranialsacral Therapy*. Seattle, WA: Eastland Press.
<https://www.upledger.com/therapies/>
- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of*

trauma. New York, NY: Penguin Books.