

# Bringing Them Home

## Can Craniosacral Therapy Help Veterans Reintegrate?

By Karrie Osborn

Whether the wounds are physical or psychological, massage and bodywork can play a key role in helping war-torn veterans “come home” from their personal battlefields. Studies, case reports, and anecdotal accounts are building recognition for the positive results of a variety of therapies, including energy psychology, Healing Touch, myofascial release, reflexology, Therapeutic Touch, and even yoga. When it comes to addressing the symptoms of posttraumatic stress disorder (PTSD), craniosacral therapy (CST) offers promising results.

### UPLEDGER’S WORK WITH VIETNAM VETERANS

The late John E. Upledger, DO, OMM, developer of CST, believed there was great potential for his subtle hands-on therapy to help military veterans and other PTSD sufferers.

In 1999, Upledger invited groups of Vietnam veterans to be part of two-week intensive programs that used CST to address their post-war issues, including symptoms of PTSD. The study’s results were telling: the veterans’ obsessive-compulsive scores dropped from the 86th percentile to the 46th, depression scores dropped from 69 to 27, and anxiety scores dropped from 79 to 42.<sup>1</sup> “Dr. Upledger wanted to establish some research to

substantiate the effects of the therapy we were doing,” says Chas Perry, PhD, a 20-year CST instructor who assisted Upledger in this and other research projects.

Upledger noted that “even the administering psychologist had trouble believing the results of his own tests.”<sup>2</sup> The psychologist himself wrote, “One of the most dramatic improvements was noted in the area of hopelessness. After completion of the treatment program, the veterans resembled the adult population at large.”<sup>3</sup>

Perry says the noninvasive nature of CST, combined with its deep sensitivities, makes it a powerful treatment option for veterans. “It’s not uncommon that people feel you’ve not only touched their body, you’ve touched their soul or spirit,” Perry says. “CST has a palpation and sensitivity that allows for something deeper to happen for people.”

### CST AT NAVAL HOSPITAL LEMOORE

Upledger’s 1999 study helped create a framework for another program to broach the subject in 2004–2005 at California’s Naval Hospital Lemoore.

“I was sending Navy hospital corpsmen into Iraq and Afghanistan, and everyone who was exposed to significant trauma or combat was impacted,” says retired commanding officer Sandy DeGroot, a 30-year Navy nurse. Familiar with CST from her earlier work as a nurse midwife and intrigued by the 1999 study, DeGroot reached out to Upledger to bring a similar intensive craniosacral program to Lemoore. She opened the program to any returning corpsman who had been deployed in a combat region and who was a staff member at Lemoore.

## Research: Veterans and Massage

An ongoing project funded by the National Institutes of Health has shown considerable promise for the efficacy of massage and other integrative therapies for veterans.

Co-principal investigator Janet Kahn, PhD, a presidential appointee to the US Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, and research assistant professor at the University of Vermont's College of Medicine, has been working on a reintegration study in which veterans returning from Iraq and Afghanistan—and their partners—learn massage techniques and other body-mind practices.

In the Phase 1 study, “veterans reported significant reductions in ratings of physical pain, physical tension, irritability, anxiety/worry, and depression after massage.”<sup>1</sup> Kahn says the current Phase 2 study includes a larger sample size, greater geographic reach, inclusion of all military branches, and two new outcomes: sleep enhancement as a possible massage effect and the value of partner massage not only from partner to veteran (as in Phase 1), but veteran to partner. In preparing for Phase 2, researchers noticed that when veterans—whose stress responses were quite activated—began offering their partners massage, “they came into a one-pointed focus that notably reduced their peripheral attention and visibly eased their breathing and anxiety levels. We could see it physically.” As a result, that premise is being tested in Phase 2. “As massage

therapists already know, there are benefits to giving and receiving.”

Kahn says she is excited and scared of the pending results, “because now we find out if what we built works.” She says the implications are important. As the Department of Defense and the veterans themselves are looking for ways to address pain management without the use of opioids, and to address other symptoms in nonpharmacologic ways, Kahn says massage and integrative therapies can play a huge role. “There is an opening for us in this concern.”

### Note

1. William Collinge, Janet Kahn, and Robert Soltysik, “Promoting Reintegration of National Guard Veterans and Their Partners Using a Self-Directed Program of Integrative Therapies: A Pilot Study,” *Military Medicine* 177 (2012), accessed October 2014, <http://publications.amsus.org/doi/pdf/10.7205/MILMED-D-12-00121>.

“The results were absolutely profound,” DeGroot says. “One of the things we clearly identified, as people returned from theater, is they are still connected very much with their buddies back in the field. It’s very hard for them to come back fully and be in the present moment. The CST work allowed them to release trauma held in the body.”


DeGroot offers this example of the impact of CST: “We had one young corpsman whose wife had given birth while he was deployed, and who also had a young daughter. His intake survey before the program said he wanted to be closer to his family, but was having difficulties doing so. After the CST intensive, the 2-year-old ran up, hugged a therapist and said, ‘Thanks for getting my daddy back.’ Referencing his infant child, the young corpsman said, ‘I saw my daughter for the first time today.’ I believed we changed that family.”

DeGroot was deeply invested in the healing opportunities CST could provide. As commanding officer of Lemoore, she was able to bring two CST intensive programs to the hospital, arranged CST training for all her medical personnel, and started a wellness clinic that offered CST and other therapies to Lemoore’s fighter pilot community. “They absolutely embraced it,” she says. Unfortunately, on her retirement in 2005, the hospital’s commitment to CST faded, as did the research opportunities.

Still, she hasn’t lost hope that the military can find therapeutic benefits for its wounded warriors, both with CST and other therapies. “We do have a long way to go,” DeGroot says. “But hopefully we won’t give up. There’s good work to be done.” **m&b**

### Notes

1. John E. Upledger et al., “The Effects of Upledger Craniosacral Therapy on Post Traumatic Stress Disorder Symptomology in Vietnam Combat Veterans,” *Subtle Energies and Energy Medicine* 11, no. 2 (1999).
2. John E. Upledger, “The Role of Craniosacral Therapy in Treating Post-Traumatic Stress Disorder,” *Up Close* 14, no. 3 (November 2001): 2.
3. Upledger Institute, Richard Zonderman, “The Upledger Foundation Vietnam Veteran Intensive Program,” accessed September 2014, [www.upledger.com/pdf/VVStats.pdf](http://www.upledger.com/pdf/VVStats.pdf).

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