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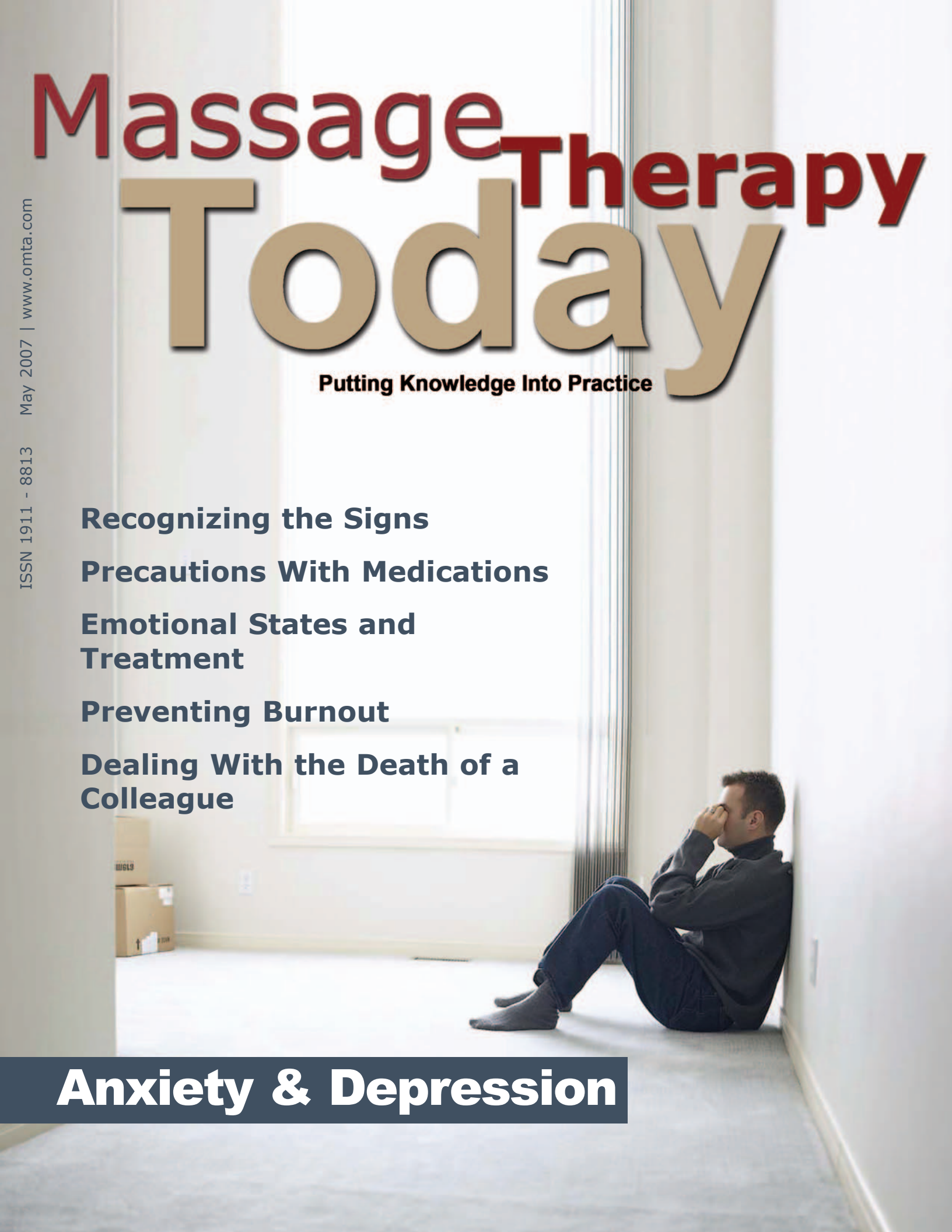

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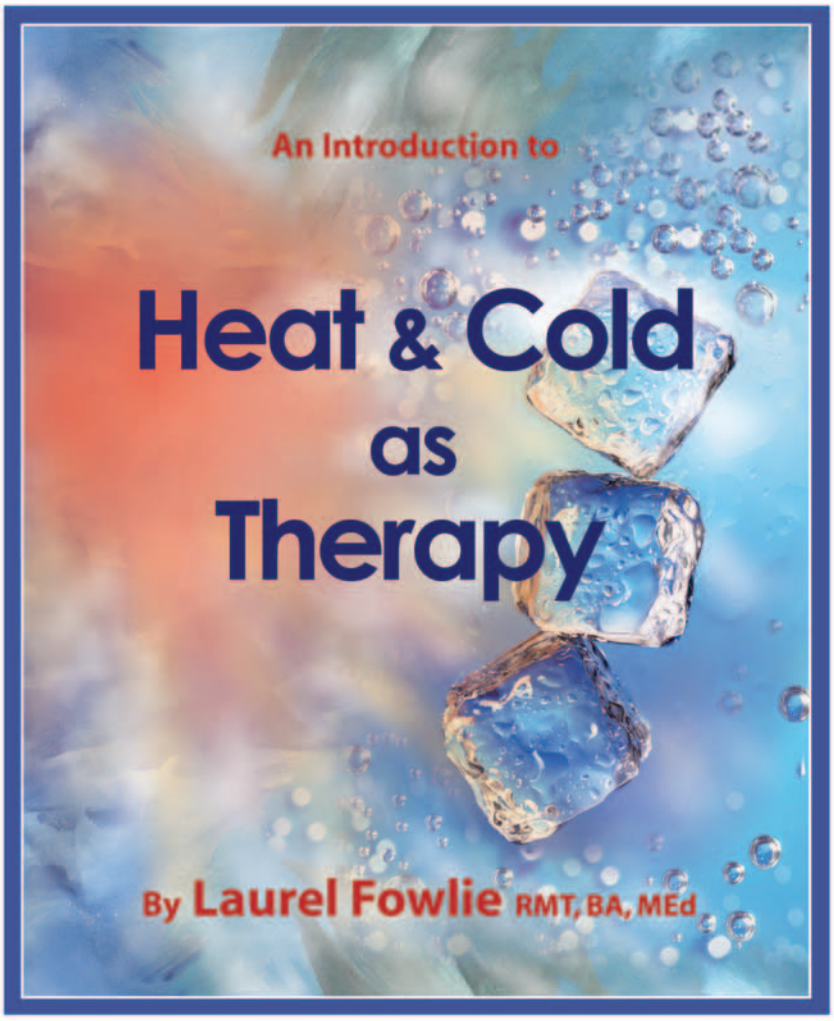

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Anxiety & Depression

what's in this issue

Table Talk

Listening is the key to determining whether distressed clients need mental health support

by Celine Bart

Celine Bart BSW

Celine Bart is the public education coordinator at the Canadian Mental Health Association Toronto Branch. She provides education and training on mental health in the workplace, understanding mental illness, and suicide prevention/intervention. For more information go to www.toronto.cmha.ca.

Clients talk about all sorts of things when they are lying on the table. They probably tell you about their aches and pains and they may also tell you something about how they are doing mentally. You may have treated someone who was extremely stressed and wondered if there was something more serious going on with their mental health.

Sometimes it's obvious when someone is struggling and needs help. They may talk to you about it directly. Other clients may seem unaware that they may have a mental health issue. These situations are much harder to deal with. You may be worried about invading their privacy, being nosey or getting involved. What can you do when you suspect a client may have a mental health issue? As a health care provider you can play a significant role in the overall health and wellness of your clients by noticing when someone is struggling and by suggesting resources.

The following is a list of noticeable signs that indicate a client may need mental health support:

- Your client is feeling overwhelmed by feelings of anger or despair and cannot enjoy life anymore.
- Your client used to be healthy, but is now always feeling a bit sick and is missing more and more time from work.

- Your client's finances are out of control, and they are worried about being able to pay the next month's rent or mortgage payment.
- Your client cannot 'get over' the death of someone they loved very much.
- Your client has too much conflict at home. They are concerned that their marriage may break up.
- Your client is drinking too much or has some other kind of drug problem.
- Your client feels suicidal.

The incidence of mental health problems in our communities is growing. Living stressful lives and struggling to balance our work and home has become the norm. We are all at risk for developing the symptoms of depression or anxiety given the right circumstances.

- One in five of us will have a mental illness in our lifetime (Public Health Agency of Canada, 2002).
- The World Health Organization (2006) predicts that, by the year 2020, depression will be second only to heart disease as the leading cause of work days lost due to disability worldwide.
- The estimated total burden of mental health problems in Canada for 1998 was at least $14.4 billion: $8.1 billion in lost productivity and $6.3 billion for treatments (Stephens & Joubert, 2001). This makes mental health problems one of the costliest conditions in Canada.

Because mental illness affects people during their prime working years, more employers are now taking advantage of training programs that educate managers to recognize and resolve mental health issues in the workplace.

When you have a client who is struggling emotionally you might see changes that may indicate that they have a mental health issue. After all, there is evidence to suggest that chronic stress can contribute to mental health problems like depression, bipolar disorder, and anxiety. The symptoms of these illnesses can cause serious distress for your client and their family, and make it difficult for them to function on a daily basis. Many people are still unfamiliar with mental illness and unable to recognize the signs that they need help. The following information can help you become more aware of the signs and symptoms of common mental illnesses.

Depression

Problems and misfortunes are a part of life. Everyone experiences unhappiness, and many people may become depressed temporarily when things don't go as they would like. Experiences of failure commonly result in temporary feelings of worthlessness and self-blame, while personal losses cause feelings of sadness, disappointment, and emptiness. Such feelings are normal, and they usually pass after a short time. This is not the case with depressive illness.

Depression becomes an illness, or clinical depression, when the feelings described above are severe, last for several weeks, and begin to interfere with one's work and social life. Depressive illness can change the way a person thinks and behaves, and how a person's body functions. Some of the signs to look for are:

- feeling worthless, helpless or hopeless
- sleeping more or less than usual
- eating more or less than usual
- having difficulty concentrating or making decisions
- loss of interest in taking part in activities
- decreased sex drive
- avoiding other people
- overwhelming feelings of sadness or grief
- feeling unreasonably guilty
- loss of energy, feeling very tired
- thoughts of death or suicide

Bipolar Disorder

Five to ten percent of people who experience depression also experience states of exaggerated happiness or elation called mania. The occurrence of both depression and mania at different times is called bipolar disorder. Bipolar disorder affects 1% of the population.

A person with bipolar disorder experiences cycles of moods, including periods of depression, normal mood, and mania. How often the periods of mania and depression happen and how long they last can vary from a few weeks to several months. The signs of depression are the same as described above. The signs of mania include:

- an excessively high or elated mood
- unreasonable optimism or poor judgement
- hyperactivity or racing thoughts
- talkativeness, rapid speech, sometimes becoming incoherent
- decreased sleep
- extremely short attention span
- rapid shifts to rage or sadness
- irritability

A person experiencing mania may do things that are out of character and create difficulty for those close to him or her. For some, this involves spending money very freely and getting into debt, or showing disregard for the law. They may also show lack of judgement in their sexual behaviour.

Anxiety

Everyone feels anxious at times. Challenges such as workplace pressures, public speaking, highly demanding schedules or writing an exam can lead to a sense of worry, even fear. These sensations, however uncomfortable, are different from the ones associated with an anxiety disorder. People suffering from an anxiety disorder are subject to intense, prolonged feelings of fright and distress for no obvious reason. The condition turns their life into a continuous journey

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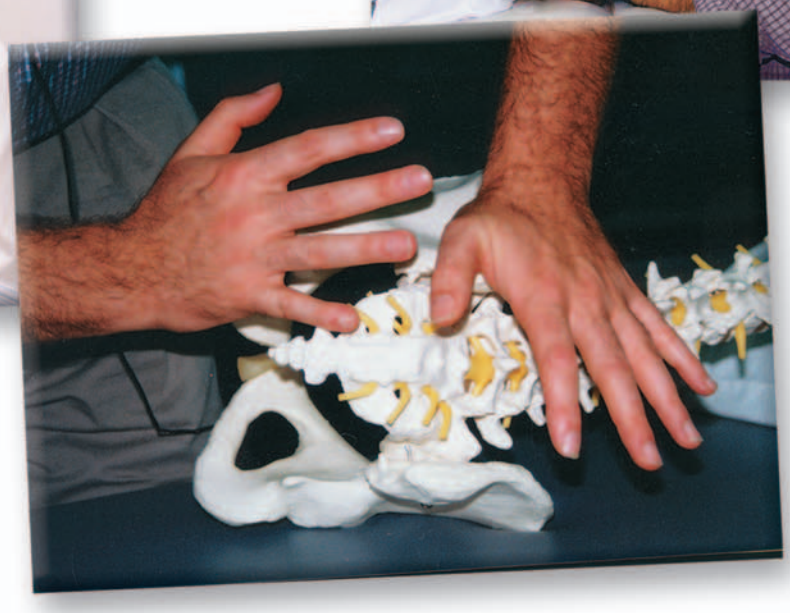

Pill Popping Questions

A massage therapist's easy to swallow guide to mood and anxiety disorder medications

by Bryan Born

Anxiety disorders are the most prevalent mental health problems in Canada today, with some 12% of the population affected (Public Health Agency of Canada, 2002, chap. 4). Major depression afflicts one out of every four women and one out of eight men (Canadian Health Network, 2005), and the World Health Organization (2007) projects that depression will be the second leading cause of premature death by 2020.

But they're mental disorders, right? Other than the mental enhancement enjoyed by most who experience professional massage, how are such conditions significant to today's massage professional?

The medications used in treating anxiety and depression are some of the most invasive pharmaceuticals prescribed today, and they come with a bewildering array of side effects. As a massage therapist, it is important that you have the resources to cut through the fog and gain clear, practical insights for safeguarding your clients.

Clients dealing with depression can respond enthusiastically to the antidepressive benefits of massage and may desire to reduce or eliminate their medications. Strongly recommend that they consult the physician that prescribed the medication before changing dosages, as there are often specific chemical needs to be addressed. As well, since physical stress can exacerbate a person's depression just as mental and chemical stressors do, beware of aggressive massage techniques requiring a healing response from the client, which may simply add to the client's fatigue.

Listen attentively to the client's conversation. Statements such as, "I can't go on," "Nothing matters any more," or even "I'm thinking of ending it all," are remarks that should always be taken seriously. Contact their physician as well as a close family member without delay. Share the responsibility of ensuring that the client gets the help they are really asking for.

For clients suffering from anxiety or panic disorders, a consultation with the client's psychotherapist or counsellor may be beneficial in creating a feeling of safety and assurance for your client. A team approach can greatly benefit both your therapies.

Take time before the first session with your client to walk them through the process, including choices in disrobing, body areas to address or avoid, and clear verbal signals for mental or physical discomfort. Discussing all actions in advance will enhance the client's feeling of control and security. Repeating this for subsequent sessions may seem redundant but will help to build the client's confidence in your treatment approach.

Avoid any technique that may possibly be perceived as aggressive or intense. Even though your intent is pure, some techniques may threaten a client's feeling of safety.

Medication Overview

There are 10 different classes of pharmaceuticals that are prescribed for those with depression, anxiety, and panic disorders. Individual responses to a specific drug vary widely, which has led to this wide variety of options. Remember that this is an overview, not a test! Read through the whole article to get exposure to the different medications, then keep it handy to compare against your own pharmaceutical reference guides. It's critical to have a quick-reference you can trust, rather than attempting to study and learn each medication and precaution.

Please note: The side effects presented here are a shortened listed, mentioned because they may alter your treatment goals and expectations. Clients should obtain a complete list with their prescription.

Bryan Born DC, BSc

Dr Born is a chiropractic physician, massage educator, school consultant and author of the reference text, *The Essential Massage Companion: Everything You Need to Know to Navigate Safely Through Today's Drugs and Diseases*. Dubbed in the States as "the PDR for massage therapists," Dr Born's text is required in many schools and clinics. For more details go to www.theEssentialMassageCompanion.com or contact Dr Born at DrBryan@ConceptsBorn.com.

Selective Serotonin Reuptake Inhibitors (SSRIs)

These medications are mood elevators used to treat depression. They act by blocking the breakdown of serotonin so that more is available for the brain to use. Depression can be caused by low serotonin levels. SSRIs have become the first line of treatment for depression because they have proven effective for most people and have relatively few side effects when compared to other antidepressants.

Massage-relevant side effects: Headaches, muscle pain or weakness, tremors, constipation, diarrhea and/or drowsiness.

Precautions/contraindications for massage: Clients taking this type of medication may be more dehydrated than your average client. Be aware that toxin elimination may be inhibited as a result.

Selective serotonin reuptake inhibitor medications include (brand names in parentheses): escitalopram (Lexapro), fluoxetine (Prozac, Sarafem), paroxetine (Paxil), and sertraline (Zoloft).

Monoamine Oxidase (MAO) Inhibitors

These drugs are used in the treatment of panic disorder, social phobia, and obsessive-compulsive disorder (OCD). They may also be used in the treatment of difficult recurring headaches. The MAOIs are not used as often since the introduction of the SSRIs.

It is necessary to avoid certain foods that contain high levels of tyramine, such as many cheeses, wines, and pickles, as well as medications such as decongestants. The interaction of tyramine with MAOIs can bring on a hypertensive crisis, a sharp increase in blood pressure that can lead to a stroke.

Massage-relevant side effects: Headaches, swelling of the feet or legs, muscle aches or spasm, constipation, drowsiness, tiredness and/or tremors can occur with MAO inhibitors. Any significant symptomatic change or severe reaction should be discussed with the client's physician without delay. (MAO inhibitors have a lengthy list of side effects and lifestyle precautions with which the client should be familiar.)

Precautions/contraindications for massage:

- Avoid stretching techniques. MAO inhibitors alter the client's perception of stretching as well as the myotatic reflex. You count on the stretched muscle having an "end-point," but because of the effect of this medication that feeling will be absent and the muscle can be damaged by over-stretching.
- Reduce and closely monitor pressure intensity and duration to avoid damaging tissue made more fragile with long-term use of this medication.
- Postural hypotension (also called orthostatic hypotension) is likely to occur and is more likely when combined with pressure techniques. This means that the normal momentary dizziness the client might consider common will be markedly worse as a result of the massage, and the client can even briefly lose consciousness. Help the client to change positions and be on guard for dizziness or blacking out, especially at the conclusion of the session.

MAO inhibitor medications: phenelzine (Nardil) and tranylcypromine (Parnate).

Tricyclic Antidepressants (TCAs)

These medications are used to treat severe depression and anxiety when other medications are ineffective. They may also be used to lower the frequency of migraines, for fibromyalgia, or for other chronic pain syndromes. They are prescribed less often to the elderly, who can be more sensitive to the side effects.

Massage-relevant side effects: Headaches, swelling of the feet or legs, muscle aches or spasm, constipation, drowsiness, tiredness, and/or tremors can occur with this class of medication.

Precautions/contraindications:

- Avoid all heat therapies, or use only with extreme caution (including hot stone massage, heat pads, saunas, steam rooms, etc.), as the client's physical resistance to heat is compromised.
- Avoid deep pressure massage and reduce the duration of massage to each area. These medications have a drying effect on the skin, making it more fragile.
- Avoid stretching techniques (as with MAO inhibitors) as the sensory feedback is depressed for both the therapist and the client.
- Postural hypotension can occur as a side effect of this class of medication and is more likely when combined with pressure techniques. Be on guard for dizziness or blacking out, especially at the conclusion of the session.

Some common TCAs include: amitriptyline (Elavil), nortriptyline (Aventyl), and trimipramine (Surmontil).

Miscellaneous ("New Age") Antidepressants

These medications are unique and not chemically comparable, and therefore do not fall under any specific drug class. They generally work by restoring the balance of either serotonin or norepinephrine, or both. They include some new drugs (like Effexor and Cymbalta) and some aging but effective medications (such as lithium). They are used to treat depression, anxiety, fibromyalgia and some forms of migraine headaches.

Massage-relevant side effects: Headaches, constipation, dizziness, drowsiness, muscle weakness and/or tremors.

Precautions/contraindications: Avoid stretching techniques (as with MAO inhibitors) as the sensory feedback is depressed for both the therapist and the client.

Miscellaneous antidepressant medications include: bupropion (Wellbutrin), lithium (Eskalith), venlafaxine (Effexor) and duloxetine (Cymbalta).

Central Nervous System Stimulants

This class of medication (also called amphetamines) is primarily used for Attention Deficit Hyperactivity Disorder (ADHD). They are also occasionally used to treat depression and narcolepsy.

Massage-relevant side effects: Headaches, low back or side pain, chronic tiredness or weakness, constipation and/or twitching. Take these into consideration as they may limit your ability to achieve your client's massage goals.

Precautions/contraindications:

- Heat therapies (including hot stone massage, heat pads, etc.) are strictly contraindicated. These medications constrict the blood vessel walls and normal heat dissipation is compromised.
- Cold therapies are contraindicated with medications causing vasoconstriction,

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Analyze This

Does massage therapy actually address emotional states such as anxiety and depression?

by Amanda Baskwill

REVIEW

When asked the question, "What are the benefits of massage therapy?" massage therapists each have their own answers. Some report that massage decreases muscle tension and pain or that it increases circulation. Others mention that massage decreases sympathetic nervous system activity. Some suggest massage increases immune function and improves sleeping behaviours. Massage therapists often mention that massage may decrease feelings of stress and increase feelings of well-being. What may not be specifically mentioned is that massage therapy may decrease the experience of negative emotional states such as anxiety and depression.

In 2002, Moyer, Rounds, and Hannum conducted a meta-analysis of massage therapy research. A meta-analysis allows the researcher to take outcomes (such as levels of anxiety or depression) and combine the results of various studies. For example, if one study has a sample of only 10 participants, it is difficult (if not impossible) to formulate broad conclusions. However, through meta-analysis, the researcher can combine the results from that study with other studies that looked at the same outcome measure and create a larger sample size. Conclusions can then be drawn from the results.

In Moyer et al.'s analysis, massage therapy studies that corresponded with certain criteria were included in a comprehensive statistical analysis. The meta-analysis indicated that the most profound effects demonstrated by massage therapy relate to the reduction of trait anxiety and depression (Moyer et al., 2002). Specifically, Moyer and his colleagues discovered that after a single dose of massage therapy (one treatment of varying lengths) the client experienced a slight decrease in state anxiety. State anxiety is the momentary experience of anxiety, usually consisting of apprehension, tension, and worry (Moyer et al., 2002). More impressive, however, were the findings that after a multiple dose of massage therapy, clients experienced a decrease in trait anxiety and depression. Trait anxiety is best described as longer lasting anxiety. This is an internalized process where the individual becomes "programmed" to be anxious (Moyer et al., 2002). As for depression, Moyer et al. state that the type of depression often encountered in massage therapy research is "subclinical" depression. It consists of symptoms

Amanda Baskwill RMT

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such as ordinary unhappiness and sad mood, as well as deficiencies in motivation or cognition and disruptions in relationships with others (Moyer et al., 2002).

But How?

These findings, which point to massage therapy having a significant effect on depression and trait anxiety, might lead the reflective practitioner to ask, "*How* does massage therapy, a discipline that manipulates soft tissues of the body, affect the emotional state of an individual?"

As a practitioner of massage, one can offer some plausible explanations. Perhaps individuals feel less anxious as a result of the ritual and/or atmosphere present before, during, and after the massage treatment. For example, a client who is panicked by daily activities–maybe someone with a high-stress job, who is worried about every aspect of life or who sometimes feels that life is out of her control–may find that once she enters the calm, soothing office of the massage therapist everything else is on hold. It may be the understanding that in the massage therapy room she can create her own sanctuary from the stresses and worries of everyday life. Or, it may be the soothing sounds or smells that put her at ease.

The psycho-emotional effect of massage may also result from the therapeutic relationship. This relationship is often based on trust and empathy, and may allow the client to feel safe and cared for. A client who feels the world is a desperate, lonely, sad place may feel uplifted by the prospect of simply interacting with a massage therapist who listens and is interested in his problems, and with whom he has developed a therapeutic relationship.

But what about the massage techniques; how do they reduce depression and anxiety? Maybe by decreasing physical pain and discomfort, the client's mood is elevated. For a client who has suffered low back pain for years, the relief experienced after a massage therapy treatment, although potentially temporary, may be enough to momentarily ease this individual's depressed mood. While these hypotheses may turn out to be true, at this point there is little evidence to support them; they are only the musings of a massage therapist with no experience in biochemistry and only a foundational background in psychology.

Practical Measures

In order to examine this issue further, it becomes interesting to explore how the effects of massage therapy on depression and anxiety are measured in efficacy studies. There are two main ways that these outcomes have been measured in the massage therapy literature: self-report questionnaires and cortisol levels.

The two most common self-report questionnaires for anxiety and depression are the profiles of mood states and the state-trait anxiety inventory. The profile of mood states (POMS) is a self-report questionnaire comprised of 65 items (McNair, Lorr, & Droppleman, 1971). The various subscales of this questionnaire try to document different mood states (such as anxiety and depression but also anger, fatigue, confusion, etc.). The state-trait anxiety inventory (STAI) is also a self-report questionnaire that specifically measures anxiety (Spielberger, Gorsuch, & Lushene, 1970).

Cortisol is one of the hormones released by the adrenal gland during the stress response (or sympathetic response). This hormone is responsible for decreasing the inflammatory and immune responses as well as increasing blood glucose supplies to the body through gluconeogenesis and lipolysis. Measuring cortisol levels is often used as a means to gauge a treatment's effect on the sympathetic response. Cortisol levels in massage therapy studies are mostly commonly measured using saliva and urine samples.

In some of the research being conducted–in particular, studies at the Touch Research Institute in Miami–hypotheses regarding massage therapy's mechanism of action are being put forward and are beginning to be tested. Two of these hypotheses are that massage therapy increases vagal activity (Field, 1995), and that massage therapy promotes the parasympathetic response (Field et al., 1997).

The hypothesis regarding an increase in vagal activity suggests that the pressure applied during massage may activate one of the branches of the vagal nerve (cranial nerve 10) that "stimulates facial expressions and vocalizations, which contribute to less depressed affect, which in turn could feedback to effect less depressed feelings" (Field, 1998, p. 1277). This theory can be demonstrated using the common perception that if you smile, you will feel better or happier. In fact, there is compelling evidence (Zajonc, Murphy, & Inglehart, 1989) to support this perception.

The hypothesis that massage therapy might promote parasympathetic activity is based on the theory that stress and anxiety might overstimulate the hypothalamic pituitary adrenal axis (HPA), thereby increasing the amount of cortisol in the body (Diego et al., 2001). It is hypothesized that massage therapy promotes the parasympathetic response, thus reducing stress hormones in the body. Reduced stress hormones (such as cortisol) may result in decreased depression and anxiety (Field et al., 1997). In addition, parasympathetic activity is responsible for "feelings of calmness and well-being" (Moyer et al., 2002, p. 5), which in turn lead to a decrease in feelings of depression and/or anxiety.

A third hypothesis that is still underdeveloped is the potential impact of interpersonal contact. In their comparison of massage therapy to psychotherapy, Moyer et al. suggest that the interpersonal factor of massage be further researched and that the research should include:

> (a) the amount and types of communication, both verbal and nonverbal, that take place between massage therapist and recipient; (b) the recipient's

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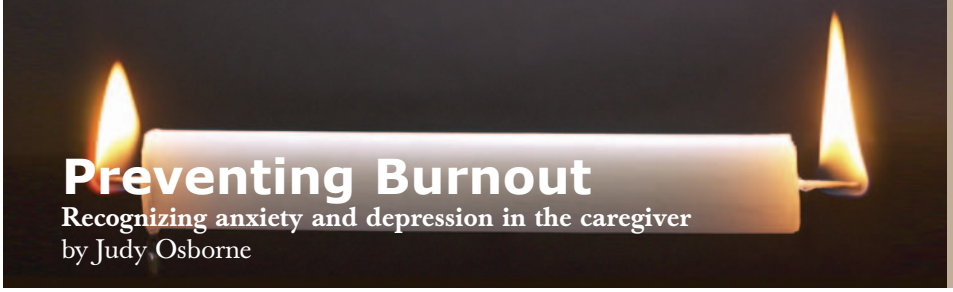

Preventing Burnout

Recognizing anxiety and depression in the caregiver

by Judy Osborne

Those who care for others by profession tend to have very nurturing profiles and personalities. Often we see compassionate, warm individuals choose a profession of caring such as nursing, massage therapy or social work. These caregivers are frequently seen by clients, friends, and families as the strong, resilient type–someone who can endeavour to resolve complicated problems or issues while maintaining a delicate balance themselves. Such caregivers are often perceived as individuals who have boundless energy and a remarkable ability to recover, both in their work as well as in their personal lives.

However, these perceptions are simply not realistic. When one spends the better part of every day providing treatment and care to others and then returns home to another set of responsibilities, fatigue, stress, and anxiety can take their toll on one's spirit, immune system, and general well-being.

It's also important to remember that individuals in the helping professions can be negatively affected by the very crisis that brought the client in for treatment. The same issues for which clients require support can lead to burnout in the caregiver if appropriate boundaries or limits are not firmly established and self-care is not maintained.

As a mental health professional, I have seen and supported clients who have suffered burnout. Feelings of extreme fatigue, poor concentration, restlessness, sadness, lack of interest in previously enjoyed activities, over-eating, under-eating, abuse of substances, irritability or somatic complaints are all signs that something could be "out of balance." It is important for professionals to pay attention to these signs and to be aware that they could be indicative of pending burnout. Such individuals should seek support from friends, family, and colleagues as appropriate. They may also wish to involve a trained professional should these symptoms persist.

Here are some simple measures to help avoid burnout:

1. Self reflect at the end of the day. Acknowledge your accomplishments and identify areas you need to develop. Try to focus on your successes rather than dwelling on

Judy Osborne RN BN(c)

Judy Osborne is a sessional professor with Fleming College in Peterborough, Ontario, where she teaches nursing. Her expertise includes clinical mental health and professional issues in nursing. A nurse for nearly 22 years, Judy's practice has included counselling families with issues of violence and mental health care in both community and in-patient facilities. Judy lives in Peterborough with her husband Peter and her two daughters, Natasha and Charlotte. She wishes to acknowledge Iris Gravel, co-ordinator of the Fleming College practical nursing program, for her continued support of Judy's career endeavours, including the writing of this article.

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Geranium 50 ml	20.25	Rosemary 100 ml	14.06
Geranium 100 ml	33.80	Rosewood 10ml	5.38
Ginger 10ml	4.11	Sandalwood India 5ml	24.09
Grapefruit White 10ml	4.27	Sandalwood India 10ml	48.17
Hyssop 10ml	7.73	Spearmint 10ml	3.57
Jasmine 5 ml	27.30	Spikenard 5ml	5.56
Jasmine 10 ml	67.74	Spikenard 10ml	11.12
Juniperberry 10ml	9.67	Tea Tree 10 ml	4.10
Lavender 10ml	5.80	Tea Tree 30 ml	6.15
Lavender 30 ml	8.71	Tea Tree 50 ml	8.20
Lavender 50 ml	14.51	Tea Tree 100 ml	12.30
Lavender 100 ml	23.21	Thyme (Red 10ml	6.59
Lemon 10ml	4.52	Verbena officinalis 5ml	5.72
Lemon 30 ml	6.78	Verbena officinalis 10ml	13.55
Lemon 50 ml	9.04	Vetivert 10ml	3.66
Lemon 100ml	13.55	Ylang Ylang 10 ml	5.51
Lemongrass 10ml	4.72	Ylang Ylang 30 ml	8.27
Mandarin 10ml	6.58	Ylang Ylang 50 ml	13.78
		Ylang Ylang 100 ml	22.05

KAROOCH
ALL VEGETABLE CARRIER OILS

Item	25ml	50ml	100ml	250ml	500ml	1000ml	4Litres
Sweet Almond	1.53	2.16	3.26	6.56	11.26	19.84	50.99
Grapeseed	1.45	2.01	2.97	5.87	9.95	17.33	44.73
Wheatgerm	2.38	3.77	6.32	13.87	25.17	46.33	140.38
Avocado	2.42	3.85	6.48	14.23	25.87	47.65	168.18
Calendula	3.97	6.79	12.09	27.58	51.30	96.10	
Jojoba	2.40	3.80	6.39	14.02	25.46	46.87	142.08
Camelia	2.68	4.34	7.41	16.45	30.10	55.71	196.37
Fractioned Coconut	2.30	2.86	4.59	9.74	17.31	31.35	79.78
Macadamia	2.46	3.92	6.61	14.54	26.45	48.77	147.71
Rosehip Seed	3.03	5.00	8.67	19.45	35.82	66.60	267.81
Aloe Vera	1.86	2.78	4.44	9.38	16.63	30.05	76.52

Cubetainers with spigots

Sweet Almond	10 Litre	106.75	20 Litre	201.95			
Grapeseed	10 Litre	98.00	20 Litre	185.00			

	250g	400g					
Coco Butter	8.55	13.33					
Virgin Coconut	7.72	12.04					
Shea Butter	15.05	23.48					

Empty bottles that take black polyseal caps

25ml amber	.50			25ml	.20		
50ml amber	.65			50ml	.20		
100ml amber	.70			100ml	.25		
250ml amber	1.00			250ml	.25		
500ml amber	1.70			500ml	.30		
1 Litre amber	2.50			1 Litre	.30		

Black polyseal caps

Empty bottles that take one drop inserts

5ml amber	.25			Small hole for thin oils			.10
10ml amber	.30			Large hole for thick oils			.10
30ml amber	.50						
50ml amber	.60			**Caps for 5-100ml bottles**			
100ml amber	.75			Regular caps (white)			.15
				Child Resistant (white)			.25

Inserts for 5-100ml bottles

All natural Flower Moisturizers in 100ml cobalt blue spray bottles

The Rose Knows	12.37						
All That Jazzmine	12.10						
Holi Neroli	14.29						

Certified Organic Hydrosols in 100ml cobalt blue spray bottles

Lavender	6.95						
Rose	8.60						
Roman Chamomile	7.95						

Certified organic lavender oil

	15ml	8.35	30ml	11.58	50ml	16.10	

your failures. Keep your situation in perspective.

2. Eat a well-balanced diet, get some fresh air, exercise, and enough rest to keep your mind and body working at its best (yes, your grandmother was right).

3. Set limits for yourself and stay within your limits. Don't try to solve the world's problems before 6 p.m., not to mention your clients'.

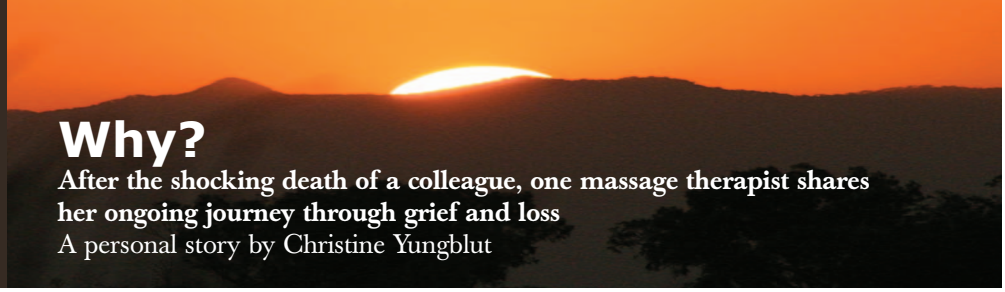
4. Involve yourself in extracurricular activities you enjoy. Respect yourself enough to take a break and socialize with others.

5. Share your thoughts and feelings with a loved one. Try writing in a journal to vent and explore concerns and emotions that may be weighing heavily on your mind.

6. Have a good laugh, especially at yourself. Don't be hard on yourself if you mess up. No one is perfect and attempting to be will only result in disappointment.

7. Seek professional help if any prolonged sadness, feelings of worthlessness, difficulty concentrating, extreme anxiety, fear or feelings of dread seem to persist. These signs may mean that professional treatment is needed.

It is rewarding to provide care and comfort to others. It is equally important to recognize that there need to be limits set in order to provide the best possible care to our clients. Learning to both support and empower others while also preserving oneself is indeed a delicate balance. By maintaining our own physical and emotional health and generally taking good care of ourselves, we are definitely in a better position to care for others.



Why?

After the shocking death of a colleague, one massage therapist shares her ongoing journey through grief and loss

A personal story by Christine Yungblut

Christine Yungblut RMT

Christine is a graduate of Sir Sandford Fleming College's class of 1998 and works at two multi-disciplinary sport clinics. She has been an active member of the OMTA, serving as president and chapter representative of the Toronto Chapter, and acting as a school ambassador and member of the editorial committee.

It was a Monday and I had just returned home from conducting an Ontario Massage Therapist Association school ambassador visit and decided to check my e-mails. One of the e-mails was from a physiotherapist colleague, a co-owner of Clinic A, where I work. She was wondering if anyone had heard from another physiotherapist who worked with us. Apparently, she hadn't shown up for her scheduled appointments that morning and hadn't returned any of the numerous phone calls that were made to find out if she was okay or where she was.

Interesting, that is not really like her, I thought. The next part of the e-mail caused a little pang of sadness in my heart; it said to contact Constable X if we had heard from her. I replied that I was shocked and that I hoped the physiotherapist was okay.

The next morning, driving to the Go station, I had the radio tuned to the usual news station when I heard that the second of two women found dead in a house had been identified. That woman was my coworker! I immediately called our receptionist, and when I finally was able to speak with her (she had put me on hold), I asked her to tell me that what I had just heard wasn't true. Unfortunately, it was.

Immediately that proverbial knot in the pit of my stomach tightened and I started to cry. The receptionist told me how the co-owner had gone to the physiotherapist's house the day before to try to find out why she hadn't shown up for work and had found her

car in the driveway, along with other things that seemed very odd. How could this be? What had happened? How did she get to the house where she was found?

This happened to be a day when I was working at Clinic B, therefore I was not around the media circus taking place at Clinic A. Throughout the rest of the day, questions about how, when, who, and especially–why her?–kept creeping into my head, no matter how hard I tried to concentrate on treating my patients.

Later, on my way home, the news stations were saying that she had been shot, then some were reporting she had been stabbed. It wasn't until the 11 o'clock news that I found out the real cause of death–she had been hanged. I felt sick to my stomach. Sleep did not come easily that night; visions of my colleague in her final hours and her actual death kept playing in my mind.

Seeking Answers

As the next two days went by, more information emerged in the news–some of which was correct and some that just made me angry. It was true that the police had arrested the other victim's ex-husband and charged him with murdering both women. It was not true that my colleague had been involved in a murder-suicide, and although her name had been made public, it seemed as though she was always referred to as "the other woman."

Friday I went to work at Clinic A, which proved to be an extremely difficult task. There were flowers and cards expressing condolences, a poem, a card made by a nine-year-old patient of my colleague, and a photo. Ironically, just two weeks prior we'd all had our pictures taken for the clinic, and this was the picture that now was displayed on the clinic's front desk.

Throughout the day I held back tears as patients chatted about what an amazing therapist she was, or expressed condolences for our loss and asked questions about what had happened. Our receptionist still had to explain to some patients that our colleague had died and that they could re-book with another therapist if they would like. She even had some people hang up on her mid-explanation (due to shock or disbelief), and some who would call and ask to speak with the therapist, hoping that what they had heard wasn't true.

Part of the Process

That evening I went to the visitation with two of my coworkers. This was both good and upsetting at the same time. It was good to be able to say goodbye, but somewhat upsetting to see her, knowing how she had died, and even more shocking to see her identical twin sister standing nearby. Again, that night a combination of my crying and an overactive imagination kept me from sleeping well.

The following Tuesday evening our clinic owners arranged for a crisis counsellor to talk with us. At this session we found out that everything we had been feeling–the disbelief, anger, fear, sorrow, anxiety, as well as the replaying of what we think happened to her just as we were trying to fall asleep (called "regurgitating")–was normal. I think the most helpful part of the whole evening was the confirmation that we all shared similar feelings about what had happened, even if we had not expressed them openly with each other.

That Saturday we held a memorial service at the clinic to share memories and honour our colleague. As time has passed, things are returning to normal. We have a new physiotherapist working with the patients and with us. We are smiling and laughing as we did previously, but we will never forget our former colleague. Only one question remains–why did this happen? We may never know the answer.

Pill Popping: continued from page 8

as the smooth muscle may spasm and produce painful ischemia.

CNS stimulant medications include: amphetamine with dextroamphetamine (Adderall), dexmethylphenidate (Focalin), dextroamphetamine (Dexedrine) and methylphenidate (Ritalin).

Benzodiazepines (sedatives)

The benzodiazepines are central nervous system depressants used in a variety of conditions to control muscle spasms, panic, anxiety, insomnia, seizures, and vomiting. Usually prescribed for short-term, intermittent use because they may be habit forming, sedatives are used to ease depressive symptoms during the time the client is waiting for another antidepressant prescription to take effect. They are rarely prescribed to the elderly as the side effects are more severe in the aged.

Massage-relevant side effect:
Constipation is common but does not respond well to massage due to the suppressed smooth muscle in the intestines. Keep this in mind when setting massage outcomes with regard to digestive and elimination function.

Precautions/contraindications:

- Avoid deep pressure massage, as muscle tone is abnormally flaccid. Reduce the duration of massage and closely monitor pressure intensity to each area to avoid tissue damage.
- Avoid stretching techniques as the sensory feedback is depressed.
- Postural hypotension can occur as a side effect of this class of medication and is more likely when combined with pressure techniques. Be on guard for dizziness or blacking out, especially at the conclusion of the session.

Common benzodiazepine medications include: alprazolam (Xanax), diazepam (Valium), lorazepam (Ativan), and triazolam (Halcion).

Antipsychotic Medications

This class of medication is primarily used for mental illnesses such as schizophrenia and eating disorders. These medications have been around since the 1950s, and have largely been replaced by the newer "atypical" antipsychotics.

Massage-relevant side effects:
Headaches, swollen ankles, unusually dry or discoloured skin, anxiety, insomnia, drowsiness, light-headedness, constipation, and restlessness with involuntary movements are common side effects of this class of medication. Take these into consideration as they may limit your ability to achieve your client's massage goals.

Precautions/contraindications:

- Heat therapies (including hot stone massage, heat pads, etc.) are strictly contraindicated, as the client's ability to control their body temperature is compromised.
- Postural hypotension can occur as a side effect of this class of medication and is more likely when combined with pressure techniques. Be on guard for dizziness or blacking out, especially at the conclusion of the session.

Antipsychotic medications include: chlorpromazine (Thorazine) and haloperidol (Haldol).

Atypical Antipsychotics

Atypical medications have several advantages over traditional antipsychotics: less incidence of muscle tone aberrations (dystonia), involuntary repetitive movements (tardive dyskinesia) and personality withdrawal. These newer medications all appear to primarily influence dopamine receptors but they also appear to affect serotonin receptors that deal with frontal lobe functions. Atypical antipsychotics have been recently added as a treatment for major depression associated with bipolar disorder.

Massage-relevant side effects:
Headaches, skin rash, swollen ankles, dry or discoloured skin, anxiety, insomnia, drowsiness, light-headedness, upset stomach, vomiting, constipation, and

restlessness are common side effects of this class of medication. Take these into consideration as they may limit your ability to achieve your client's massage goals.

Postural hypotension can occur as a side effect of this class of medication. Help the client to change positions and be on guard for dizziness or blacking out.

Precautions/contraindications:

- Heat therapies (including hot stone massage, heat pads, etc.) are strictly contraindicated, as the client's ability to control their body temperature is compromised.

- Postural hypotension can occur as a side effect of this class of medication and is more likely when combined with pressure techniques. Be on guard for dizziness or blacking out, especially at the conclusion of the session.

Atypical antipsychotic medications include: aripiprazole (Abilify), clozapine (Clozaril), quetiapine (Seroquel) and risperidone (Risperdal).

Anticonvulsants

The medications in this class all act on the body in a slightly different fashion, and so a client may have used one or more in the past and switched as effectiveness wanes. Primarily used for controlling seizures, they can also be prescribed for depression as well as chronic or severe pain (like shingles) when other pain relievers or antidepressants have failed.

Massage-relevant side effects: Headaches, peripheral edema, tremors, dizziness, stomach pain, and constipation all can occur with this class of medication.

Precautions/contraindications:

- Schedule the session at a time when the medication is at its peak effectiveness (e.g., carbamazepine peaks at least four hours after taking a dose, so a massage would best be scheduled at least four hours after ingestion).

- Postural hypotension can occur as a side effect of this class of medication and is more likely when combined with pressure techniques. Be on guard for dizziness or blacking out, especially at the conclusion of the session.

Common anticonvulsant medications used as antidepressants include: carbamazepine (Mazepine, Tegretol), divalproex (Depakote), gabapentin (Neurontin) and lamotrigine (Lamictal).

How to Beat the Overwhelm

It takes effort to ensure client safety and maximum therapeutic effectiveness, so it's common to feel some level of overwhelm. Take a good look at the resources you use for quick reference in preparing for each client. Are they up-to-date? Do they provide specific precautions for your profession, or is some "translation" necessary? Most importantly, do they make you feel empowered? Finally, take action and search out those missing resources that will fill the gaps and give you the confidence to reach out to all clients.

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Table Talk: continued from page 5

of unease and fear and can interfere with their relationships with family, friends, and colleagues.

Anxiety disorders are a group of disorders that affect behaviour, thoughts, emotions, and physical health. It is common for people to suffer from more than one anxiety disorder, and for an anxiety disorder to be accompanied by depression, eating disorders or substance abuse. Anxiety disorders can also coexist with physical disorders, in which case the physical condition should also be treated.

Panic disorder

Panic disorder is expressed as panic attacks that occur without warning, accompanied by sudden feelings of terror. Physically, an attack may cause chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort, feelings of unreality, and fear of dying. When a person avoids situations that he or she fears may cause a panic attack, his or her condition is described as panic disorder with agoraphobia.

Phobias

Phobias are divided into two categories: social phobia, which involves fear of social situations, and specific phobias, such as fear of flying, blood or heights.

Post-traumatic stress disorder

A terrifying experience in which serious physical harm occurred or was threatened can cause post-traumatic stress disorder. Survivors of rape, child abuse, war or a natural disaster may develop post-traumatic stress disorder. Common symptoms include flashbacks during which the person re-lives the terrifying experience, nightmares, depression, and feelings of anger or irritability.

Obsessive-compulsive disorder

This is a condition in which people suffer from persistent unwanted thoughts (obsessions) and/or rituals (compulsions) that they find impossible to control. Typically, obsessions concern contamination, doubting (such as worrying that the iron hasn't been turned off) and disturbing

sexual or religious thoughts. Compulsions include washing, checking, organizing and counting.

Generalized anxiety disorder

Characterized by repeated, exaggerated worry about routine life events and activities, this disorder lasts at least six months, during which time the person is affected by extreme worry more days than not. The individual anticipates the worst, even if others would say they have no reason to expect it. Physical symptoms can include nausea, trembling, fatigue, muscle tension or headache.

Finding Help

The good news is that mental illnesses are treatable. However, people often worry about being seen as weak or unstable, about being stigmatized or discriminated against. These real concerns can discourage people from seeking help. Support and encouragement can help someone get the help that they need to feel better.

Often, the question of where to go for help becomes a concern. Most communities, especially cities and large towns, have many sources of help available.

- A client who feels desperate and needs help immediately can phone or go to the emergency department of his or her local hospital.
- The front page of the telephone book may have phone numbers for a crisis hotline and community service referral agency.
- Your client's family doctor can help by assessing physical and mental status and making referrals to other professionals.
- Community organizations such your local branch of the Canadian Mental Health Association (http://www.cmha.ca) can provide information about services in your area.

Table Talk: continued on page 23

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Analyze This: continued from page 10

> and therapist's expectations for whether treatment will be beneficial; (c) the amount of empathy perceived by the recipient on behalf of the therapist; (d) whether the psychological state of the therapist is of importance; and (e) whether personality traits of the therapist, of the recipient, or any interaction between those personality traits influence outcomes. (Moyer et al., 2002, p. 15)

The aforementioned hypotheses have only been minimally investigated at this point and much more research will be needed to truly substantiate them. However, although *how* massage produces an effect on mood remains unproven, the current evidence suggests that massage does have a positive impact on depression and trait anxiety (Moyer et al., 2002). Given this evidence, massage therapists should educate themselves to be aware of the manifestations of these conditions. In addition, practitioners would be well advised to have a referral network in place to mobilize appropriate health care resources such as psychotherapists, psychiatrists, or physicians for clients who appear to be suffering from depression and anxiety.

Whether or not the treatment of anxiety and depression falls within the scope of practice of massage therapists in Ontario is a topic for another article. However, as the current best evidence suggests, multiple doses of massage therapy can affect depression and trait anxiety, and it behooves each massage practitioner to understand the clinical presentation and progression of these conditions.

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You can further promote your clients' well-being by being educating yourself about mental health and finding the resources to guide clients to mental health supports when they need them. Let's all take control of our health by taking care of our minds!

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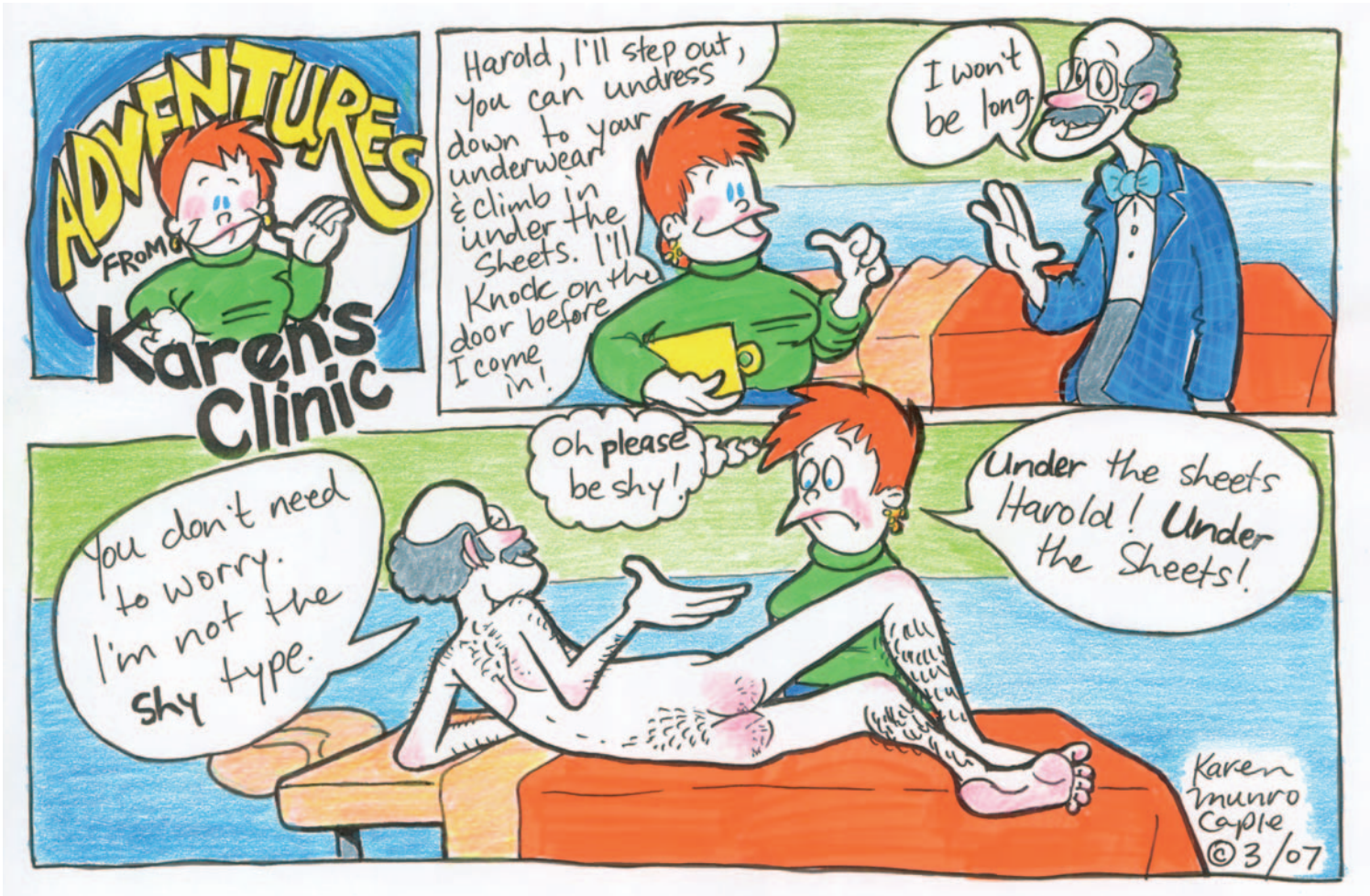

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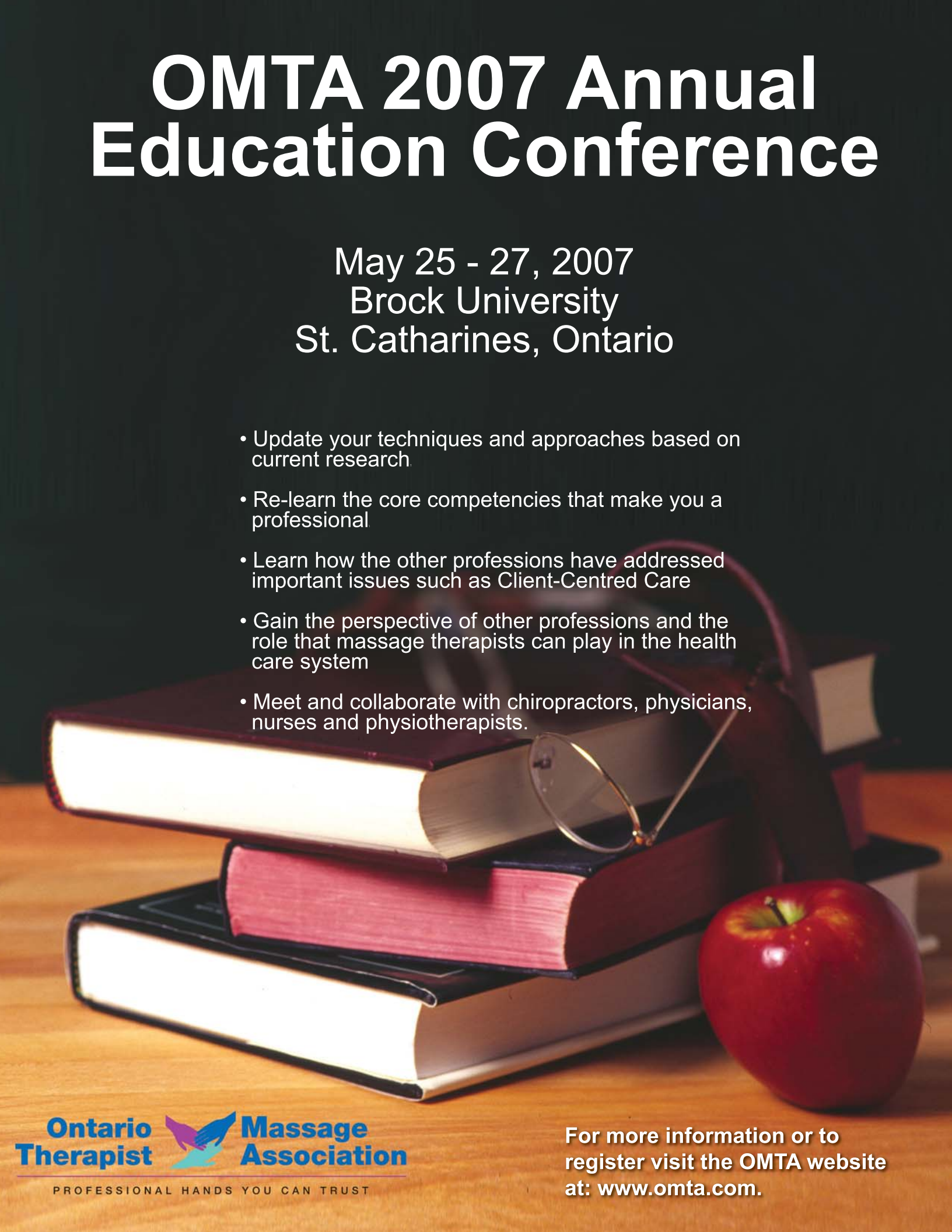

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