

An Interview with Carole Osborne-Sheets

BY ISOBEL MCDONALD

B.C. Massage Practitioner, Fall 1997

(This is the first of two interviews by Isobel McDonald with women who are leaders in the field of women's health during the childbearing year. Ed)

Amongst the myriad of MTA-sponsored continuing education courses, this year has seen a focus on women's health in the childbearing year.

In September of this year, Carole Osborne-Sheets taught her four day certification course, Pre and Perinatal Massage Therapy to 30 RMTs in Vancouver. Carole, who is based in San Diego, came highly recommended from RMTs who had experienced her course last year in Alberta.

The field of women's health is vast.

There is so much popular literature available, it would appear to be quite well examined. However, according to Carole, the field is fertile with new concepts. Innovations in understanding and practice are coming as much from re-thinking and re-discovering old ideas and practices as from the rapidly growing area of research.

Carole Osborne-Sheets shared her thoughts in the following interview.

Isobel: How do you see massage therapy fitting into the field of women's health?

Carole: As massage therapists we are really pioneering our way into how we put massage therapy into women's health issues. As hands-on providers our focus is on the body intelligence that a woman has. Most other health care workers have a different focus. When we can access that greater kinesthetic awareness, and sensory awareness, what we get is a woman much more able to identify her individual needs. I've always liked how Michael

Samuels (with Nancy Samuels author of the New Well Pregnancy Book) puts it... "each pregnant woman has inside her a three million year old mother. When a woman lets go of fear and tension, her three million year old mother is free to work at her best."

There's been very little research on the use of massage therapy especially as it relates to women's health issues. So, how do we support women using massage therapy? For me the answer comes from a synthesis of knowledge from many places - academic, anecdotal, other cultures, especially traditional - and always focusing on touch, hands-on care.

Isobel: How did you start your interest in massage therapy and pregnancy?

Carole: My two impulses were personal and my need to address my pregnant clients' needs. Eighteen years ago, my son is 17 now, I was experiencing some of the physical discomforts of pregnancy that many women experience. At that time I was an experienced massage therapist and even with the solid, structural integration I had at that point, the structural strains of being pregnant and the hormonal changes were playing on me. That relaxin was doing all sorts of stuff to my posture and the extra weight and fluid were causing me discomfort.

I needed help structurally and physiologically. Simultaneously, I had an influx of pregnant women in my practice. I checked the literature and with people who were more knowledgeable than I was and everyone was saying. "Oh no, you don't massage pregnant women. But no one could, give me a rationale that was in any way meaningful. So I was confronted with the challenge of addressing the needs of these pregnant clients - and myself.

So I was motivated both professionally and personally to start learning more. I looked everywhere and there was very little in the

literature. George Downings' book was out but that was Esalen massage with nothing anatomically or physiologically about pregnancy. So I had to go to physiotherapy, nursing and medical tests and from there I realized that I had to create my own protocols for massage therapy.

I started collaborating with other health care workers. I have studied rolfing intensively and my practice has always been very structurally oriented. I have also studied with the Arica and Trager Institutes. I collaborated with other bodyworkers including a fellow faculty member at my school - the International Professional School of Bodywork. She and I worked on some techniques and developed a curriculum based on our work together and we developed a course called Bodywork and the Childbearing Year. During this time I also sought out collaborations with the most skillful midwives, childbirth educators, and physicians I could find. I ran by these people everything that I was trying out on myself, and my pregnant clients. This was one of the important ways I could verify the safety of my work.

Isobel: How has your class developed since the early 1980s?

Carole: Well, actually I am no longer affiliated with that class. For 12 years my business partner and I taught together throughout the US and Canada. However, last year we went our separate ways. I've expanded and refined the material of our original class into a new certificate course called Pre and Perinatal Massage Therapy, the course I'm teaching here. I've had a very positive reception to this new program. I now emphasize more of the emotional challenges of pregnancy, expand techniques and present a more cohesive approach to structural organization as the key to relieving musculoskeletal discomforts.

My creativity soared while writing the new student handbook, with oodles more graphics and supplemental materials. I've also implemented some accelerated learning and adult education

theories I've been studying. I feel that the organization and pacing of my perinatal class is more assimilable and easily implemented into practice.

Isobel: In the 18 years since you've been reviewing the research what changes have you seen?

Carole: There are many more well grounded types of studies, with good research methodology. There are limits to what you can do ethically in controlled trial studies of humans but a lot of good work is being done in anthropology and sociology research, such as James Prescott's work.

Isobel: How much of this research is inspired by consumer demand?

Carole: A lot. Much has to do with the great influence of a negative child-bearing experience. And the consumer demand for so-called "alternative therapies" has created a huge demand for research on touch therapies. The Touch Research Institute in Florida has done and is doing studies on how touch changes the health outcomes of people suffering from various ailments.

Isobel: Have they been able to design a study on massage and pregnancy?

Carole: There is a study in progress on pregnancy. It's designed to determine the effects of massage on the course of pregnancy and neonatal outcome. The benefits are expected to include decreased anxiety during pregnancy, decreased fetal movement, fewer obstetric and perinatal complications and improved neonatal performance on the Brazelton scale.

Isobel: How is this research funded?

Carole: I believe through research grants.

Isobel: Are you also seeing an increased consumer demand for better health care services?

Carole: If you mean more demand for massage therapy, yes I do.

Isobel: Are the Americans the leaders in researching the effect of touch therapies?

Carole: Well, I don't read in any foreign language, so it's hard for me to say. As far as I know the Touch Research Institute is currently generating the greatest volume of research on touch in North America. Massage therapy studies are also underway, endorsed by the National Institute of Health's Office of Alternative Medicine.

Isobel: What have you been able to learn from traditional midwives? Is everything that's old new again?

Carole: I think so, I think that's mostly true. Earlier this year I attended a midwifery convention. There was a workshop on post partum massage by a traditional Mexican midwife, who was an elderly Indian woman. She presented a combination of techniques, very different from our concepts of massage, moving from head to toe on the body and the space around the body, using a long broad strip of hand woven cloth called a roboszo. She embraced the mother in a way that I think must be very nurturing. She started by wrapping the cloth around the mother's head. She repeated this action down the body. It was as if she was helping the woman recontain her body after the incredible expansion and opening of birth. Like, "OK, it's time to pull back together." It seemed such a practical, nurturing embrace that was meeting the mother's needs on a profound level.

I don't understand it yet, exactly what it's doing or why.

I'm not teaching it yet because I'm still playing with it. I'm trying to

see if I can simulate the compressions of the roboszo using my hands and arms.

Isobel: Do you think that technique could be something that the European tradition once had but lost? It sounds like that's coming from a system that hasn't lost touch with the three million ear old woman. Knowledge, that's part of a system that's survived intact through the ages.

Carole: The traditional healing system of our western culture was broken during the European witch hunts. We had thousands of years of midwifery practice and during the witch hunts thousands and thousands of traditional healers and midwives were executed. We were left with the weakest of our wise women and that interrupted the flow of the wisdom of the ages to us. The knowledge that survived was due to the practice of very brave women.

Isobel: Did they preserve the information and skills or just pieces of it? How destroyed was our system? I think it was really devastated.

Carole: I think it was really devastated too. I'm not sure what we really lost.

Isobel: So for example, the treatment you teach for round ligament pain. Women from time immemorial must have suffered with it. How did you learn that?

Carole: It's something I developed myself. I would call it a deep tissue approach to the round ligament. It's a common complaint - sharp pain in the groin and thigh, especially on the side the baby prefers to be. I looked at the anatomy books and tried different things. I tried cross fiber frictions with it but I actually found that was too painful. A precise light compression posteriorly on the pubic bone, being careful to avoid the iliac vessels, creates a

myofascial release on the round ligament and the surrounding fascia.

There's been some research in the last few years that suggest a standing unilateral pelvic tilt is helpful.

Isobel: I was at a Lyengar yoga workshop this summer with a teacher Felicity Green who was presenting information from a women's health intensive she attended at Mr. Lyengar's institution in Puna, India. One of the things she said that I found provocative was that most women have unequal tone in their pelvic floor muscles, with one side tighter than the other.

Carole: That's right, especially the anal sphincter.

Isobel: She theorized that chronically tight pelvic floor muscles are the major contributing factor to menstrual cramps, particularly if the cramps are usually one sided. Do you have a way of treating pelvic floor muscles without doing internal work?

Carole: I haven't thought of menstrual cramps that way. In addition to exercises for the pelvic floor muscles I teach a method for pelvic floor muscle release to be used in the last few weeks of pregnancy. The intention is to reduce tension, increase circulation and improve pliability. It requires a very good trusting relationship with your client and explicit consent before performing. Preparing the pelvic floor is one of the important ways we can to make it easier to birth the baby.

Isobel: A lot of what we were doing in Felicity's workshop were very subtle movements and really working on refining our awareness of what we were feeling. So in a sitting position we were focusing on the feeling around our ischial tuberosities and concentrating on feeling the muscle attachments and easing the attachments. We were really focusing on using our mind to make changes in the tissue tension. She kept using the image of spinning

our skin. How similar is this to techniques you teach your clients?

Carole: Similar in a general sense. As a massage therapist I am always trying to help a client become more aware of her own body. I often start a treatment doing diaphragmatic breathing re-education and there are several guided visualizations I use to help with this. Increased kinesthetic awareness is one of the goals for every treatment.

Isobel: What is an example of guided visualization that you use?

Carole: One of my favorite visualizations I call "The Loving Hand" and it goes like this: "See your baby nestled in your uterus, deep within your pelvis. Imagine that your inhaling breath gently touches your baby like a soft loving hand. As you exhale, see the caressing hand of your breath gently lift your baby. Watch this movement as you continue to breath fully for a few moments."

I have found that many clients come me breathing paradoxically and it is so important that they breathe diaphragmatically. This is true for all clients but especially pregnant clients who need to facilitate maximum maternal and fetal oxygenation and to prepare for the breathing demands of labor. A great book for pregnancy visualization is Carol Jones' Mind Over Labor.

Isobel: Are you doing your own research?

Carole: No. I want to desperately. I don't have the funds or the time right now. There's the National Association of Pregnancy and Massage Therapy, and the dues for this organization have been accumulating for about eight years now. The idea is that we will use these funds to study prenatal massage therapy. Maybe within five to ten years there will be money from there and maybe the AMTA Foundation.

Isobel: Have you seen the work that John Yates has done, The

Physician's Guide?

Carole: Oh absolutely. That booklet has been tremendously influential. It turned the tide many times when I have been talking to physicians in my area. It has helped them to see an objective and balanced presentation about what we do now scientifically in massage therapy. It's good summary of the studies. One can get through it quickly and it's made a difference, a tremendous difference, in helping to educate physicians. Many physicians in the US over the last eight years or so are a lot more open and receptive to well educated massage therapists. There's more interest. You can almost feel an obstetrician's relief when they find someone who is knowledgeable, conservative and is able to address the things that they don't address in their practice. They are understandably preoccupied with the progress in pregnancy, the health of the baby, the health of the mother and managing the pregnancy. Musculo-skeletal care is not their area of expertise. They're not insensitive to the physical discomforts of pregnancy and are quite willing, once they're confident in our ability and expertise, to refer their patients to massage therapists who specialize in pregnancy and childbearing issues.

Isobel: Which authors have influenced your view of pregnancy?

Carole: The two most noticeable would be Elizabeth Noble who wrote the fabulous book Exercises for the Child Bearing Year, and Penny Simpkin, who is a childbirth educator, author, doula and trainer of doulas in Seattle. She is also a physiotherapist.

Isobel: Do you have health care workers besides RMTs taking your class?

Carole: Yes, certainly. I've had midwives, lay and nurse, doulas, physiotherapists, childbirth educators, obstetrical nurses. The childbirth educators are usually also doulas or massage therapists.

Isobel: How often do you have men taking your course?

Carole: I usually have one or two men in each class. There are four in this class in Vancouver.

Isobel: You place your work in the context of making a healing contribution to the larger group, to all of society. You've stated that it's not just the birth of an individual child that's being supported but the birth of a mother and a family. Would you say more about that?

Carole: A long time ago I heard a quote by James Prescott that violent behavior can be traced back to a lack of nurturing touch. He was a developmental neuropsychologist and his research showed that body pleasure and violent behavior have a mutually inhibiting relation. The presence of one inhibits the other. When the brain's pleasure circuits are on, the violent circuits are off and vice-versa. His research found that touch and movement are "the nutrients" for the developing brain in all animals, including humans.

Lack of touch very early in life effects brain development, creating a neurological dysfunction that can be depression during infancy and violent behaviors later on. As the child grows up there is an increased vulnerability to alcohol and drug addiction as a means of coping with emotional pain. Look at our society. How much of this do we see? As simple and basic as it is, reintroducing nurturing touch to pregnant women and infants could make a huge difference to the health of society.

ISOBEL McDONALD is a registered massage therapist working in Vancouver and White Rock.