

# Fostering Patient Rapport in the Age of COVID-19

By Annie Bray,  
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The day that RMTs were allowed back to work after closures due to COVID-19 came sooner than expected. Some of my colleagues shared the fact that they felt anxious—I know I did—and, gauging by the uptick of conversations in RMT-based social media groups, we were not alone. We were worried about how to keep our families, our patients and ourselves safe. In addition, as a sociable, patient-centred therapist, I did not know how I was going to do the work I love from behind a mask, with the fear of infection distracting me from my usual easy connection with patients.

In the months since RMTs received the green light to return to work, we have made massive adjustments. Many of us have learned that safe practices can be implemented for our work and we have adapted in ways that feel empowered and positive. From a trauma-informed perspective, however, we are always carrying awareness of this invisible threat in our nervous systems while welcoming patients who are living the same reality. We might be getting used to making what seem like impossible decisions every day, but that does not mean we should normalize the situation or underestimate the harm it may be causing.

Does this scenario sound familiar? Your mask is on, you have sanitized your space, you have followed every guideline to keep yourself and your patients healthy and, even then, you can feel a background hum of concern. Essentially, we are coping with a threat response on an ongoing basis. While each of us will respond uniquely—based on our life experiences, genetics and current circumstances—COVID-19-related anxiety is a common experience shared by many right now.



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Normally when humans undergo a collective challenge or threat, gathering and connecting (also known as tending and befriending) is part of our coping strategy.<sup>1</sup> However, with physical distancing measures in place, many of us are experiencing disruptions to these socializing patterns. This not only exacerbates the chronic stress of potential COVID-19 infection, but also cuts us off from our day-to-day support systems.

## A brief overview of neurobiological regulation

When the human body experiences a threat response—either acute, as in an assault, or chronic, as with the stress of potential infection with COVID-19—we lose connection to our socially-engaged state. Our nervous system shifts into a fight, flight, freeze or faint response, and re-routes our energy and focus toward basic survival.<sup>2</sup>

While these reactions are adaptive and necessary in an acute scenario, they can become

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detrimental when the response is chronic.

Simply put, in an ideal world we would have minimal chronic stress. Our systems would perform as designed when, on occasion, we experience a sudden, acutely stressful situation. After the event, we would generally find resolution through celebratory social reinforcement, playful movement and other natural ways that would help us to prevent the experience from becoming entrenched in our bodies as trauma or post-traumatic stress disorder.<sup>3</sup> Unfortunately, in our current, less than ideal circumstances, we face a double threat: The risk of both contracting and spreading COVID-19 and daily social isolation, which decreases our capacity for healthy social engagement.

### The polyvagal theory

Have you ever come up to the grocery check-out, looked up from your phone and found the cashier is giving you a genuine smile? You slow down, make eye contact and feel some warmth spread from your smile up into your cheeks and eyes.

As humans, we are wired for social engagement. The development of our neurological systems goes far beyond the early nervous system (or dorsal aspect of the vagus nerve). Dr. Stephen Porges's polyvagal theory proposes that, over time, our original nervous system developed into our modern, significantly more complex system, with first the sympathetic (fight or flight) system arising and later the ventral vagus nerve—which controls the social engagement system.<sup>4</sup>

The ventral vagal complex mediates a sense of well-being and a willingness to connect and cooperate with others. However, chronic stress disrupts this system and prevents us from accessing these beneficial effects.<sup>2</sup>

### Co-regulation as an antidote to isolation

When humans are isolated, we miss out on crucial opportunities for healthy interactions. While isolation is not new in our culture, it has been exacerbated for many of us as we learn to live with COVID-19 and adapt to physical distancing and mask-wearing protocols.

“Co-regulation” refers to the way our

nervous system has further developed to pay attention, or attune, to the nervous systems of the people (and animals) around us. As we look for signs of friendliness and safety, we subconsciously take our cues from rapid changes in a person's facial expressions, vocal tones and body language.<sup>4</sup>

As RMTs, there are techniques we can use to facilitate better coregulation with our patients, including a model known as “contact nutrition”—a concept I learned from Carmen Spagnola ([www.carmenspagnola.com](http://www.carmenspagnola.com)), an attachment and trauma-recovery therapist.

### What is contact nutrition?

“Contact nutrition” is the label Spagnola gives to five simple and profoundly effective techniques that foster human connections and healthy social engagement. These are intentional practices that support a healthy social neurological response and coregulation, and can be used with most patients.

- **Kind eyes:** Making warm and respectful eye contact.
- **Vocal prosody:** The deliberate variation of tone and volume to signal friendliness and safety.
- **Shared rhythm:** Moving our bodies in rhythm with others (e.g., by dancing, doing yoga or walking together).
- **Safe touch:** Intentional and consensual touch to establish and foster a connection.
- **Shared ingestion:** Sharing food and drink.

As an RMT, there is a very good chance you are already using these principles to some extent without even thinking about it. Here are some suggestions for their intentional use in your practice:

- Kind eyes is probably the simplest and most impactful practice we can pay attention to. In particular, with masks as part of our everyday life, remembering to take a moment for intentional, warm eye contact can set the tone for an interaction that feels safe and reassuring for our patients.
- Our vocal prosody changes when we are in a rush or feeling anxious ourselves. It can be easy to speak in what my children

refer to as my “business voice,” where my vocal tones are less varied and there is a flatness to my delivery. Our nervous systems have adapted to interpret a flat, low or dull voice as signalling a potential threat. By incorporating warmth and variation in our speech we signal friendliness and safety.

- Shared rhythm can be integrated into a treatment plan by using supported breathing practices, where we either breathe in rhythm with our patients or we count their breaths. It can also be incorporated into stretching and other forms of remedial exercise as we demonstrate and mirror exercises.
- Finally, shared ingestion used to be as simple as offering our patients a glass of water or tea, and slowing down to enjoy one ourselves for a moment.

### Remembering good habits

Because of COVID-19, it might be some time before we return to these practices. Nonetheless, there are some things you can do right away. On your next work day, before your first patient arrives, take a moment for yourself and consider how you are feeling. If you are aware of some background anxiety, remind yourself that it is a normal, reasonable response to the current situation. Rather than ignoring it, or willing it away, we can practice self-care by acknowledging our feelings and using our resources to take care of ourselves. Ways to do this might include having a glass of water and taking a few slow breaths while focusing on the exhale or looking at something inviting (such as a painting or a vase of flowers) and really noticing the beauty. These might seem like small actions, but they can shift your awareness enough to encourage you to continue seeking similar small opportunities for self-care throughout your day. As your patients arrive, welcome them with a warm, personal greeting, a smile in your eyes and warmth in your voice.

While you might already do some of these things most of the time, the last few months have been unusually challenging for many and our regular habits may have slipped. It might feel supportive to visualize this sequence in your mind and then slow it

down, imagining the connection and warmth between you and your patient percolating for a moment before moving to intake.

And, as you develop a treatment plan for your patient, consider how consciously implementing the principles of contact nutrition can lay the groundwork for a somatic, or embodied, feeling of safety for our patients, the benefits of which cannot be overstated.

While the five practices of contact nutrition are simple, there may be times when stress and our rushed schedules mean we miss the opportunity to create a safe, welcoming and health-promoting environment for our patients.

As RMTs, we are uniquely positioned to offer both physical and mental care to our patients, within our scope of practice. All it takes is a bright smile from a passer-by to remind us that genuine human connection is a powerful medicine. 🍵

References available upon request.

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