Sensomotorische Körpertherapie
nach Dr. Pohl®

Helga Pohl:

The Concept of Sensory Motor Body Therapy according to Dr. Pohl®

Summary

This text contains a short summary of the following:

1. *The neuro-biological foundations of Sensory Motor Body Therapy according to Dr. Pohl®*
2. *The individual methods applied in the practice of Sensory Motor Body Therapy according to Dr. Pohl®*
3. *The symptoms and complaints, in the case of which the application of Sensory-motor Body Therapy is suitable*
4. *The characteristics and prospects of success of the therapy's application*

Sensory Motor Body Therapy according to Dr. Pohl is based on the neurobiological fact that senses and motor functions influence one another within the body and together form a single system that comprises all our voluntary and involuntary actions and reactions. We are aware of this sensory motor connection concerning our sensory perceptions of sight, hearing and smell. We naturally move our head and body toward where we want to see, hear or smell something; i.e. by means of motor

function, we bring the corresponding sensory organ in the direction of the stimulus' source. Vice versa, we utilize these sensory organs to control our movement: e.g. the eyes to thread a thread through a needle; the ears to speak, sing or play the piano etc. Less known to us than sight, hearing, smell and taste this connection is feeling, the **somatic senses,** meaning we perceive with the help of minute receptors which are part of the nervous system and located in the skin, muscles, tendons, bones and joints. Among these are sensations of warmth, cold, pain, touch, as well as proprioception; that is the self-perception of the body which is registered in movement. Most of us take proprioception so much for granted as the background music of our life that we hardly register it. Just in order to lift a hand, grasp a cup and guide it to the mouth, an immense stream of information flows from these somatic sensors to the spinal cord and brain and back, most of it not registered by our consciousness. Among these proprioceptive sensations are also what we generally call feelings or psychic processes. The receptors for this must be located in the area of the respiratory musculature. The organism reacts toward everything which is destructive or threatening to it by contracting muscles and connective tissue, turning away from the stimulus and closing. This contraction, which restricts free movement, is felt to be unpleasant and has a negative feel to it. Toward everything that is advantageous to it, the organism reacts with a physical opening, a release of muscles and connective tissue, which leads to free movement and is felt to be pleasant. Via receptors and the nervous system, a positive mood is transmitted to the brain.

That leads to the following view of „body and psyche":

Our sensations and feelings are based on physical processes. It is always the whole organism which reacts to an injury (sometimes also to an operation), as to every other threatening or troubling event, even just imagined: the organism contracts in certain places (motor function), and in these places we experience an unpleasant feeling, for example pain, fear, nausea or some other distress (senses). Body and psyche cannot be separated here.

Vice versa, the whole organism reacts in cases where an event or an imagination pleases it, and promises to be good for it. A relaxation of the muscles and connective tissue occurs, and we feel relief, joy, love, hope etc. The motor function as well as the sensorial processes naturally takes place via the brain and nervous system.

However, the localization of feeling, rigidity or movement is not the brain, because the brain itself has neither sensorial nor motor cells. Rather, the brain processes sensory information from the periphery and directs motor impulses, which are executed in the periphery. Therefore we can indicate the place in the body, where we feel happiness, fear, pain, etc. **Positive as well as negative feeling have a (physical) location as well as rigidity resp. free mobility.** We have feelings in those places where receptors react. Of course, with all these sensory motor changes in the body; chemical processes are evident, on which, for instance, the effect of pain-killers or psychopharmacological drugs is based.
On the other hand, one can assume that changes in motor function and sensation are accompanied by changes in chemical processes.
In the case of a healthy person, all the changes, i.e. distress and heightened tension, including chemical processes, are temporary. That means, we feel pain, anger, stress, fear, depression etc., and introduce corresponding actions via our musculature. Then we relax and again feel OK. Nothing remains behind. In a problematic case, however, if the strain was too heavy or too long or was repeated too often, involuntary continual contractions develop, which are not released even in sleep or through positive experiences. Localized at the place of continual contraction, a type of memory develops, which is dynamic, not static. This means that the continually contracted place becomes more sensitive to all negative stimuli, and even small irritations can provoke strong reactions. For example, just a trace of cold air or the imagination of a painful or fearful situation in the past can lead to an intensified contraction at this place, and cause or amplify the corresponding distress. At this place, a hypersensitivity and exaggerated reaction occurs, which is evident as the continually contracted place feels hard, and reacts very painfully to manual pressure. A healthy person would feel no pain at all with the same pressure at this place.

At these contracted and hypersensitive places, chronic pains as well as “psychic” and “psychosomatic” complaints develop. This means that chronic pain, fear, depression, panic attacks, dizziness, nausea and all other complaints, for which no organic cause can be found (such as respiratory disorders, nervous bladder, heart pains and heart rhythm disorders, stomach pains, diarrhea and intestinal cramps) can be construed as **disorders in the sensory motor system.** If the respiratory musculature reacts as

well, the whole organism goes on guard. This appears as negative expectation and defensive and withdrawal strategy.

All these complaints are marked by a sensory disorder, a distress (which can be either pain, a feeling of fear, or something else) and a motor disorder. This means that with all these complaints, one can find (through touch) contractions in musculature and/or subcutaneous connective tissue which restrict movement at this spot. At the same time one also finds a tangible physical alteration. **Thus, in all psychic and psychosomatic complaints there is a physical finding which can also be detected by others.** What seems to be entirely inside, in reality comes from outside. With a heart ailment, for example, at the spot where the patient indicates his distress, one can find contractions in the respiratory musculature, and one can see that the rib cage does not move along with breathing at this spot.

Also in all chronic “orthopedic” complaints, i.e. mainly chronic or recurring pain in the “locomotor system”, as well as movement restrictions, such continual contractions in musculature and/or connective tissue can be found. The radiologically detectable alterations such as curvature of the spine, arthroses, disc degenerations, meniscus lesions etc. are not the cause of pain, but like the pain, the consequence of permanent tension, which can even increase under corresponding strain.

Indications
for Sensory Motor Body Therapy according to Dr. Pohl®**:**

Chronic pain (any location, thus head-ache, facial or jaw pain, tooth-ache without finding, pain in the arms, legs, hips, neck, or back pain, chronic neck pain, abdominal pain without medical finding, stomach pain, etc.

Movement disorders such as insecurity in walking and grasping, lockjaw, movement restrictions (e.g. one can no longer raise an arm or sit on one’s heels), torticollis (stiff neck), writer’s cramp, voice and speaking disorders, tics, disorders of muscle tone, tendency to lumbago and muscle cramps, deformations of the feet such as pes valgus, fallen arches, splay-feet, and flatfeet, etc.

Depressions (depressive moods, exhaustion, “burn-out”, weakness, state of being slowed down, and inertia, lack of initiative, retreat from social life, “black” thoughts up to suicidal tendency

States of fear and panic (also phobias and diffuse fears, inner nervousness, etc.)

Functional illnesses such as respiratory disorders, cough, hay fever, heart complaints, dizziness, bladder problems, stomach pain, heart-burn, intestinal cramps, nausea, eating disorders, dry or teary eyes, hay fever, stuffed nose, the feeling of a lump in the throat, and other sensations of pressure such as chest pressure, concentration and memory and thinking disorders, chronic fatigue and sleeping disorders, discomfort such as numbness, tingling, itching, etc.

These five groups of **complaints** occur very often in varying **combinations**, as every practitioner will confirm. For instance, one will hardly find a depressive person who does not also have fear, pain or some psychosomatic complaints. Also, one can hardly have bad pain over a long period of time without somehow becoming depressed and restricted in movement. Fear often is accompanied by functional heart complaints and/or dizziness. Individually, there are completely diverse disorders (for example, no head-ache is the same as another) and combinations of disorders, so that every patient has his own illness, depending on his own individual history.
The occurrence of such combinations of complaints is easily understandable in the concept of Sensory Motor Body Therapy, since all these disorders are based on involuntary, continual muscular contractions. Furthermore, in many of these complaints there are malpositions, which have developed e.g. to evade a pain and which themselves lead to new complaints. Thus, it is not seldom that several complaints come together which cannot be attributed to any common disease pattern.

The significance of early childhood in the development of all these disorders should not be overrated. One can assume that with extremely negative childhood experiences, the persons concerned have contracted so much, that the contractions have become continual. This basic status increases the vulnerability for corresponding illnesses during strain as adults. One will not assume that the

depression, fear, psychosomatic disorder will cease, if the affected person realizes how it developed. Neither would one expect a painful spot on the leg to go away if someone realizes that it stems from a bruise from an accident many years back (which often occurs).
Naturally, also events at an adult age – with or without previous damage in early childhood – can cause depression or leg pain. A depression can be caused by anything that contributes to a contraction of the respiratory musculature, for example also abdominal operations or whiplash. In leg pain the following causes should be considered: malpositions, “bad habits” like standing with weight on only one leg, old and new injuries such as bruises or fractures, inappropriate shoe-wear, etc.
In the case of both depression and leg pain, what ultimately helps is to release the continual contractions, which began in early years and still exist today, or which have only recently developed. The spots that have to be treated for depression and leg pain are of course entirely different, but the principle is the same.

The significance of age is also relative. It is not advanced age itself which causes so many complaints, like sore hips, unsteady legs, a stiff back, and lacking “joie de vivre”. Rather, the older we get, the more opportunity we have to acquire continual contractions, which cause these complaints. All the sorrow, stress, strain, accidents, injuries we have experienced in the course of our life; all the lack of exercise and bad habits we have acquired, is deposited in our body as continual contractions. Generally, this is to a greater extent and more chronic in an older person than in a young one. But since the mechanism is in principle the same for old and young, age does not matter for treatment. It is quite possible to treat even 90 year old persons successfully with Sensory Motor Body Therapy, although it often takes somewhat longer than with younger patients.

Elements and Function of Sensory Motor Body Therapy

Sensory Motor Body Therapy is based on the assumption that all the above mentioned complaints – sensory, i.e. discomfort, as well as motor, i.e. movement disorders, can be corrected by releasing the continual contractions in musculature and connective tissue, by means of the following five different complementary procedures:

1. **Pandiculations** according to Thomas Hanna. Involuntarily contracted musculature is voluntarily contracted more intensely. With help of feedback from the therapist, the patient goes through all the degrees of contraction and relaxation up to complete relaxation.

2. **Treatment of myogeloses:** the (painful) treatment of pressure-sensitive, hard spots in the musculature, which is thereby also released from continual contractions.

3. **Treatment of connective tissue:** Here one works on the connective tissue at affected spots with rolling movements between the fingers (which is also painful). This leads directly to softer, more flexible connective tissue and indirectly to softer muscles with better capability to react.

4. **Physical awareness training:** Here we assist the patients to feel, how and what they involuntarily keep contracted in their daily lives, and how they can let go of such contractions resp. avoid them altogether.

5. **Somatic exercises:** These exercises, which the patient is to do at home, are also done very consciously; and help to maintain the flexibility and awareness of the patient.

The result of all these measures is that the continual contractions are released, and their reoccurrence is prevented. Thereby, at the corresponding spots, the negative body memory is deleted, the complaints as well as the negative expectations disappear; and free mobility and pleasant feeling is restored. The discomfort (pain, fear, dizziness, nausea etc.) ceases, the oxygen supply improves; and the concerned persons feel relieved and of their own accord think of things they could undertake. They begin to enjoy moving more, and become more enterprising and communicative. The natural self-organisation is restored.

What is special about Sensory Motor Body Therapy according to Dr. Pohl® is

1. hat it is very **individual.** One treats every patient precisely according to his individual complaint pattern. No generalized treatment schemes are utilized.

2. that it is very precise (much more precise than the procedures Rolfing, Feldenkrais, Craniosacral etc, which it in some ways resembles). One can say exactly why, for a given patient, one does exactly this and that, and not something else. The precision is based on exact knowledge of **functional anatomy**. The practitioner must know which muscles contract in which daily movement (e.g. walking, grasping, breathing), in which phase and under what condition of gravity, and especially, which muscles must relax in the said movement; and not only single muscles, but the whole chain throughout the entire body. Knowledge of general functional anatomy leads to recognition of the movement disorder in the individual case. The muscles not included while walking, grasping, breathing etc., although they normally would belong to this movement, are in continual contraction. This is what one must work on.

3. that the success in treatment is very well **verifiable**. Practically after every treatment session, patient and practitioner can see and feel the results; and also persons not directly involved can confirm the improvement. One can see whether and how the movement pattern has changed, which muscles are now moving, how large the extent of the movement now is, how deep the breathing motion goes, etc. Naturally, the patient can feel whether and to what extent his complaints still occur, and how his general condition is.

4. that is very well **accepted by patients**. Due to the fact that the practitioner concentrates very precisely on their individual complaint pattern, takes it completely seriously and honestly believes them that they really have physical complaints which one is attending to; the patients finally feel understood and accepted. Instead of trying to press them into a diagnosis scheme, the practitioner considers them the only competent specialists for the sensations of their body, on whose information he is dependent. Since the treatment also quickly shows effects, most patients soon collaborate actively.

5. that the **effect is symptomatic as well as holistic**. One works on the spot, where the malaise and/or movement disorder is indicated by the patient (e.g. the dizzy head or the stiff toe), and furthermore, also on the entire posture and movement organization, in the connection of which the complaints have occurred in the corresponding part of the body. Therefore the effect assists for the specific complaints as well as the whole person, who will then walk with a clear head, flexible toe and good mood.

6. that it is very **successful**, which results from points 1-5. From my own practical experience of many years, I calculate a success rate of 90 to 95%. The duration of the treatment differs a lot individually, and varies between one and fifty hours. As a rule, we assume 10 to 20 hours. That is very efficient and fast and entails no negative side effects.

Further Information

Körpertherapiezentrum Dr. Helga Pohl

Tassiloweg 2 82319 Starnberg-Percha Germany
Tel. 08151-78171 E-Mail: info@koerpertherapie-zentrum.de
www.koerpertherapie-zentrum.de