Sensomotorische Körpertherapie
nach Dr. Pohl®

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Psychosomatics: a new view leads to a new treatment

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***Summary**: "Psychosomatic illness" is the most common medical diagnosis in modern-day Germany. One would hope to be able to evaluate this as an encouraging indication that the medical establishment has begun to recognise the extent to which psychological factors contribute to the development of physical illness. Unfortunately, however, this is no more than an exclusive diagnosis, declaring simply that no medical explanation for the complaint could be determined. The patient affected often feels totally misunderstood, since the complaint from which he suffers is a reality and is experienced physically.*

The solution in such cases is a new way of considering physical and psychological processes. Contrary to perceived wisdom, in the case of psychosomatic illnesses there is also a physical diagnosis to be made.

The sensory motor concept contradicts the separation of body and mind

„Psychosomatic illness“ is by now the most common medical diagnosis in Germany. This can be considered a positive sign that medicine is finally recognizing what a

large share psychic factors have in the development of physical illnesses. In reality, it is a purely eliminatory diagnosis, meaning that no medical explanation could be found for the patient's complaints. Most patients with this diagnosis feel thoroughly misunderstood. This is because each of them experiences his or her complaints as completely real and entirely physical. The solution could be a new view of physical and psychic processes, because there are also physical findings in psychosomatic illnesses.

Medicine without findings – psychology without a body

After receiving a psychosomatic diagnosis, a patient will usually begin an odyssey from one doctor and clinic to the next, with the hope that perhaps the next doctor will finally find the cause of the continuing ailment. With each new examination, feelings of fear, desperation, rage and helplessness churn within the patient. For example, a patient has back pains. He feels that his back hurts and not his soul! The next patient writhes with abdominal pain and feels ridiculed if one tells her that it is all only psychic. Another is so dizzy that he can hardly stay on his feet. Is this all supposed to be purely imagined? That cannot be true. The same reaction is experienced by the patients with a constant urinary urge, with a lump in the throat, with heart pain, with head-aches, with sleep disturbances etc. etc. Statements by physicians such as "It is nothing" or "Nothing there can be painful" reflect the prevalent idea that every physical process can be grasped with modern methods of diagnosis, with sophisticated apparatus and elaborate laboratory analysis. If these methods do not provide any findings, it must be the psyche.

If the patient ultimately turns to a psychologist or psychoanalyst, he will often still not feel properly understood. Here he is told he has a psychic problem which he does not see, does not want to acknowledge, and which therefore manifests itself physically. Physical complaints interest the psychoanalyst little, for he endeavors to transform them back into psychic problems. This kind of patient also feels poorly understood by behavior therapists. In the face of the severity of their ailment, it must seem very cynical to them to assume that the advantages they gain from the role of being ill outweigh the disadvantages and they thus maintain their physical complaint.

Neither medicine nor psychology can answer the patient's question; how his immaterial psyche is able to provoke all kinds of distress in his material body. As an alternative to the theories and diagnoses of both camps, I suggest to listen precisely to the patients and to take everything they say literally.

Precise tension diagnoses

If we ask the patient to tell us unabashedly, we hear completely individual complaints, which are combined very variedly of other complaints: a sharp, stabbing pain in the belly; like an iron ring around the rib cage; an ache from the right shoulder to the head; a cough reflex, which one patient feels in his throat, the other in his upper chest. Every patient describes different complaints and combinations of complaints. The patients can show very precisely where they perceive their physical distress, and this again can vary widely. One for example points to a headache in his forehead, the second to the back of his head, the third to his ear. Contrary to what we are used to from medical diagnoses, there apparently are completely diverse abdominal pains, back aches or headaches or other pains and complaints.

If instead of apparatus one uses one's sensory organs for the further examination, one can make the following finding: pressing on the places where the patient has localized his complaints, one can regularly feel hard knots in the muscle and/or connective tissue. The patient will jerk, because the hard places obviously are very sensitive to pressure. Looking more closely, one can even see the complaints from the outside. An aching belly does not move with breathing, the sore back is held stiff while walking, or one sees that the patient has a swayback posture. All this indicates that there is a continual muscle contraction and/or that, due to hardenings in the connective tissue, muscles can no longer move sufficiently in their surroundings. Stroking with a hand over a body, one also frequently notices that some parts feel colder than others. Thus it is indeed possible to make physical findings, but beforehand the wrong instruments were being used in the wrong place.
The patient's otherwise very precise perception is only deceptive in one point: He frequently localizes his complaints inside the body, although they come from outside. Thus, pain is frequently perceived inside within the joint, although it comes from

muscle insertions on the outside of the joint. With a headache, one imagines feeling how it bores deep within the skull, but it comes from contracted head and/or neck muscles. The same holds true for “stomach”, “liver” and “kidney pain” with healthy organs.

Psychosomatic occurrences with ill as well as healthy persons

If we ask the patients, what according to their observation worsens the complaints, they name conditions, under which healthy people also react with increased contraction of their musculature: cold, particularly damp cold weather, atmospheric disturbances, morning stiffness after the night’s immobility, noise and bad odors, sudden movement against the contracted musculature, excessive exertion, stress, hurry, performance pressure, burdening circumstances like divorce, and expectation of negative events. If we ask on the other hand, what improves the complaints, they name conditions under which healthy persons also react with relaxation, namely positive sensory impressions like warmth, light, pleasant music, furthermore gentle touch, harmonious, playful movement, positive expectation, holidays.
Psychic and physical contraction and relaxation are evidently the same. Therefore it is best to leave behind entities called “soul or psyche” and “body” and instead speak of an organism which, as long as it lives, has certain functions, such as feeling, moving (thus contracting and relaxing), thinking, imagining, all of which are closely interlinked.

The whole organism evidently contracts in response to all negative things which it experiences via sensory organs or even only expects to experience; whereas it relaxes and expands in all positively experienced or expected things. During a visit to the dentist the imagination of what is to come often already suffices to make us sit tensed up in the chair. On the other hand we feel as relaxed as floating on pink clouds when we are in love. That we even perceive something at all as positive or negative depends on the perceived condition of muscle tension. One grows rigid from fright or fear, one trembles with anger, one withdraws distrustfully into oneself. On the contrary, musculature loosens in feelings of faith, love, hope, trust, etc.

All these emotions are not the mere expression of an inner state of being, but rather the sensation would not exist without the movement. Feelings are felt movements and movement restrictions in our body. The sensory cells in our sensory motor system transmit to us the message “pleasant” or “unpleasant”. For example, not the frightening event itself is unpleasant, but rather the sudden contraction of musculature is perceived as unpleasant. We cannot say whether the fright is a psychic or a physical occurrence. Surely, we also need the brain to initiate and register emotions, but the movement and sensation themselves take place in the body, just as we need the eyes and not only the brain to see.

Also, all our intentions and motivations take place in the neuromuscular system. I.e., one only needs to want to raise an arm, and already a small, measurable tension is there in the arm. Every action connected with “I would like to” is automatically executed with looser, more harmonious movements than actions linked with “you must” or “make an effort” or “get a grip on yourself”. With the latter we create a muscular resistance, a surplus of tension which is noticeable in the movements. Contraction as withdrawal, self-protection, self-armor and linked with an unpleasant feeling; and relaxation as expansion, opening up and being interested and linked with a positive feeling, do not only occur in humans, but are basic mechanisms of life. A cat feels soft and cuddly when it is comfortable, but in pain or danger it becomes hard and contracted. The same can be observed of a snail, a porcupine, even of an amoeba. Even plants close their flowers in the cold, damp, dark, and, in the reverse case, they stretch towards light and warmth. Each of these organisms evidently already possesses rudimentary feelings and ability to act. I.e., it has sensory and motor systems that can tell whether certain stimuli are beneficial to its organism or not, and what it therefore should do. Thus, life from the beginning is organized psychosomatically, and in the course of evolution becomes successively more differentiated. It is always our entire organism which acts and reacts, and not a “psyche” here and a “body” there. One can observe this not only according to the condition of muscular tension but also in a multitude of physiological variables, which are linked to certain emotions, actions, and motivations. Thus, it is nonsense to say someone is “somatisizing”, because we act and react psychosomatically from the beginning.

Continual contraction leads to continual pain

What then is the difference between people with complaints and those without? The answer is very simple: the difference lies in the duration of the muscle contraction. Feelings and sensory perceptions, including pain, are felt contraction patterns of musculature. They are generally short-lived and temporary and are related to momentary dangers or advantages. If the danger signals, which cause us to turn rigid, are very intense and/or do not cease or the prepared movement (e.g. escape or attack) does not take place, we cannot help keeping the musculature continually contracted. Certain body parts become completely or partly rigid and the movement ceases. As a consequence, the blood and lymph circulation in these body parts is not as thorough and they are not as well nourished nor cleansed of metabolic waste products.

Continual contractions often develop in the aftermath of injuries and operations, or through bad posture, movement deficit, or biochemical factors. If tensions exist already, the addition of these factors exceeds the pain threshold. This leads to a hypersensitivity of the tissue, which can be understood as a learning process: in the spots where negative experiences have taken place, already light negative stimuli cause strong contractions and pain reactions. Depending on the position of the sensitive spot, one person will have abdominal pains under stress, whereas another will tend to react with a head-ache. Thus, if e.g. the neck has already suffered damage in advance through continual fearful expectation, through a whiplash injury or through a wrong working posture, and is continually contracted, it will react all the more sensitively to a draft of air, to a change of weather, to anger, etc. Furthermore, continual contractions unfortunately have a tendency to spread. This is because every pain causes us to contract, not only at the directly affected spot, but also in the environment of this spot. This means that a continual pain automatically leads to a raised muscle-tone and to the restriction of mobility in the whole body. In addition, pain and distress over a long period cause a protective posture. In this way, new continual contractions develop, which at some point permeate the entire body and lead to new complaints. This shows up as multiple and varying complaints, which are considered characteristic for the “psychosomatic patient”. Tensions are considered

harmless, which is completely wrong. They can cause not only very severe pain and distress but can also become the starting point of chronic illnesses. Through tensions asthma, heart disturbances, colitis, hemorrhoid ailments, and many other diseases can develop. In such illnesses, a muscular tension can always be detected in the surroundings.

We see that the differences between “psychosomatic”, functional, and organic illnesses disappear, because nearly all illnesses – as long as they are not congenital defects – begin as functional disorders. Psychosomatic illnesses without somatic findings do not exist. There is also no difference between an organic and a “psychosomatic” pain. Every pain is transmitted physiologically by pain receptors and the nervous system, every pain corresponds to damage in the body tissue, and every pain is always psychosomatic. The so-called “psychosomatic” diseases should rather be named “tension illnesses” or “rigidity illnesses” or “sensory motor illnesses”.

The psychosomatics of anxiety and depressions

In the classic psychic complaints, anxiety and depressions, one can also always find physical processes. Every anxiety patient will point to the front side of his body, in trying to localize the anxiety, often near to the heart, sometimes to the abdomen, more seldom to the neck, sometimes to the entire front side. It is exactly where the patient points to, that one finds his main tensions. He will not feel the anxiety in his back, knee, or head. Depression patients as well show the central feeling of depression on the front side of the body; mostly the upper thorax is the center. This is the spot where nightmares are felt. Our front side, especially the front of the thorax, can be considered the center of our emotional life and is therefore usually the center of tensions in psychic complaints.

At the same time, one feels the anxiety and depression in the whole body, as the entire flexing musculature is contracted, which is sometimes visible and perceptible as far as the fingers and toes. The extension musculature, mainly in the back and neck, has to contract additionally to hold us more or less upright in this bent condition. Anxiety and depression can cause further distress and malfunctions in the

whole body, through a change in breathing, which is limited in volume due to the contraction of the respiratory musculature. In the condition of anxiety one breathes much too rapidly, and vasomotor disorders result, due to hyperventilation (with the simultaneous feeling of not getting enough air): heart racing, trembling knees, vertigo, cold, damp, and trembling hands, a blackout in the brain, etc. Everyone who has had an acute anxiety attack will confirm that anxiety is an eminently physical process. Some do not even recognize the event as anxiety but feel only an extremely threatening physical process.

In a depression, the breathing volume is also limited, but the breathing is very slow and flat, altogether much too scant. Thus, the muscles are undersupplied with oxygen to such an extent that every movement, every enterprise becomes infinitely difficult. Thinking is just as slow, difficult and uncreative as all movements.

It is immediately visible that anxieties and depressions occur relatively frequently in connection with “psychosomatic” diseases, as both are based on excessive tension. The physical complaints are in no way only the “symptom” of an “underlying” depression or state of anxiety.

What one can do against excessive tension

Rhythmic movements of the whole body have proven to be especially useful in stimulating the respiration and thereby also the circulation and loosening of the musculature. Also, all gentle, slow, careful forms of movement are good ways to let go of tension and regain the flow of movement and well-being. These natural and simple processes often do not suffice, because they are very unspecific. It is possible for the person to move and to still hold the regions, which are centrally contracted, in excessive tension without noticing it. In this case he will be reinforcing his malposture. The pain is often so severe that these movements cannot be carried out. In these cases one must work with a more precise therapeutic focus.

In my experience, the most effective are body therapies, which directly work on the muscles and connective tissue, to loosen them and retrieve mobility and draw

attention to perception of the whole body. In removing the blocks, the natural self-organization of the organism reasserts itself. It learns a different way of moving, a different way of handling itself, and more body awareness develops. In the future, the patient notices by himself what is beneficial and what is harmful for him.

In order to remove the basic excessive tension and the hypersensitivity of the tissue in the long run, I work with a combination of Hanna Somatics, an advancement of the Feldenkrais Method according to Thomas Hanna, and a treatment of geloses (hardened spots in muscles), which originally was already described in German by Lange in the 1920s, which I have further developed. With Hanna Somatics one has the patient first contract tensed muscles even more, and then very slowly relax them, with exact sensory motor feedback by the therapist, i.e. the therapist provides a

counter-pressure, which he also slowly reduces. With this method one works through the whole individual contraction pattern (one does not only treat the spots where problems have already made themselves felt).

If, after this precise, active, functional relaxation, hard spots in the tissue are still perceptible, this means that chronic structural changes in musculature and/or subcutaneous connective tissue have developed. These so-called myogeloses and fibrogeloses can be felt as hard spots that are extremely painful under pressure, usually in areas of muscle insertions. With purposeful, precisely adapted and shifting pressure, one can release these hard spots. The basic excessive tension is thereby permanently released and the hypersensitivity disappears. Momentary stimuli such as pressure, cold, weather changes, threatening situations then no longer provoke exaggerated reactions and ailments.

Moreover, the patient learns exercises which he can carry out at home to keep himself flexible. Also, changes of posture and movement in daily life take place whereby the patient learns to feel and observe himself and acquires new, more pleasant daily movements. In this way the therapeutic success is stabilized.

This type of sensory motor body therapy* is much more successful than the types of psychotherapy which I know (I myself formerly was a psychoanalyst), especially in “psychic” and “psychosomatic” disorders. A question I am often asked is whether one can successfully treat someone without handling the early childhood experiences. One can! The early childhood experiences are not “the cause” of the present complaints. They may have been the trigger of continual contractions connected with certain thoughts and feelings which still exist today and probably have been reinforced during life’s course. One can release these continual contractions on which the present complaints are based, and thereby the feelings and motivations change. A patient who originally consulted me due to testicle pain and abdominal cramps (it soon became evident, however, that he also suffered from constriction of the heart, sleeping disorders and depressions) described it thus at the end of therapy: “My mood is much better. Now it is a pleasant restlessness: I still want to do this and that. Previously, it was: I still have to do this and that and that. The work load is the same, but on the positive side.”

Further Information

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