

Sensory motor body therapy against anxiety and depression

Dr. Helga Pohl

An explanation for affected persons

If you suffer from anxiety attacks or depressions, you will surely have noticed that in this connection a whole series of physical complaints occur.

In an anxiety attack, you feel a horrible sensation of anxiety in the front of your rib cage and perhaps also in your upper abdomen or in the front of your neck. You may also have difficulty in breathing, which can lead to breathing too rapidly and muddled speaking, heart palpitations and heart racing, wet and cold hands, a dry mouth, shaky knees and trembling hands; a blank head preventing you from thinking properly and from remembering the simplest things. The condition can be so bad that you think you will die or go crazy. You have no control over it and feel completely at the mercy of these occurrences. Your movements become jittery and uncontrolled. Probably, you also have other complaints which are considered “psychosomatic”, such as a nervous bladder, heart pains, inclination to diarrhea, etc.

In a depression, you feel a sensation of oppression on the front of the torso; it is like a stone on the chest, and you may also have a miserable feeling in your belly. You may also have a bad feeling in the back of your neck and/or head. You hardly breathe; your respiration is short, flat and often interrupted. Your whole body feels infinitely heavy; every movement requires a big effort. You don't feel like doing anything, even just getting up is an enormous exertion; you feel as if paralyzed, and your movements are slowed down. Everything seems gray or black to you. You prefer to retreat and brood, whereby your thinking constantly circles unproductively around the same thing. Your whole life seems senseless. Nothing gives you pleasure anymore. Probably, you also have other physical complaints which are commonly considered psychosomatic, such as all kinds of pains, stomach pressure, shooting pains in the heart region, heartburn, bladder ailments, etc.

No doubt you are suffering terribly – whether you are living with anxiety or a depression or both. Naturally, one must do something – but what? Relatives and friends have surely advised you to pull yourself together, not to take things so seriously, to distract yourself; they have told you that you have no reason to be anxious or depressed. Unfortunately, this hardly helps you because there is nothing you don't already know or haven't already tried.

If you still have a spark of hope that something can make it change, you turn to an expert. From a psychologist or psychotherapist, you hear that anxiety and depression are psychic disorders. This means that something deep inside us called the soul is provoking these complaints. The therapy often consists of trying to discover the “cause” of these complaints through talking. By becoming aware of these „causes“, which are usually

found in early childhood, one thinks the current anxieties and depressions can be resolved. The neurologists or psychiatrists, on the other hand, localize the soul in the brain and prescribe psychopharmacologic drugs to influence the brain chemistry so that anxieties and depressions disappear.

An alternative explanation of anxiety and depression

Here, a third way is described, the treatment with sensory motor body therapy according to Dr. Pohl. This third way is much more effective than the first, and much less destructive than the second.

Before I describe this way, let me first explain how, in my opinion, the development of your complaints is to be understood. If one touches the muscles and subcutaneous connective tissue of patients with anxiety and depression, as a rule one can identify hard spots and contractions which are sensitive to touch, exactly in the region where anxiety and depression is felt, on the front side of the body. This contraction can often already be seen in the posture of the affected persons: bent forwards. All appeals to “hold yourself straight” do not help at all, because this posture does not come from the back muscles being too weak or the affected persons being too lazy to use them. It comes from a chronic continual contraction of the abdominal, chest, and neck muscles. This pulls forward and constricts respiration. Respiration is carried out by muscles which are situated mainly on the front side of the body. The lung itself is a passive organ which is moved by muscles.

This constriction of respiration is the central event in anxiety and depression. In anxiety, the breathing difficulty is countered by hyperventilation, meaning that one takes rapid, shallow breaths. This in turn throws the whole body chemistry awry, which explains vasomotor disorders such as heart racing, wet hands, dry mouth, trembling, weak knees, blank mind, etc.

In depression, one breathes altogether too shallowly and too little. Thereby, the muscles are supplied with so little oxygen that they can hardly work. This explains the apathy and lack of initiative, the drudgery of existence. The inner demon is in the musculature. As the bent forward posture also causes contraction in the back of the neck and constricts the blood vessels, the oxygen supply to the head is further impaired. This causes the “black thoughts” and pointless brooding.

The continual contraction of muscles on the front side of the body also causes the development of the other complaints such as stomach and urinary pressure, heart pains, etc., because the organs suffer from being squeezed by the muscles.

How do we get such continual contractions? Like all organisms, we contract in negative experiences and dangers. Think of a porcupine or a snail whose antennae you touch. The unpleasant feeling warns us to avoid such situations in the future. If this reaction is provoked repeatedly or once very vehemently, a continual contraction gradually develops. We react with these continually contracted areas more and more sensitively to every further threat, even already in our imagination. If, for example, someone is afraid

of spiders, the illustration of a spider already suffices to provoke a stronger contraction of the abdominal and chest musculature combined with a feeling of anxiety and holding of one's breath, followed by hyperventilation.

The important thing is that in fact a physical cause can always be found for the complaints, namely a contraction in muscles and/or connective tissue which restricts movement. This contraction can neither be made visible by X rays nor by other imaging procedures. But you as the affected person can show precisely where these contractions sit; namely where you feel your distress like anxiety or depression. Only you can say what something feels like in your organism. For this, you have the only measuring instrument, the sensory cells for body sensations which are distributed as sensory organs over the whole body. You are the only specialist in this world for the feelings and sensations of your body, and you can't let anyone talk you out of them.

But what can one do to get rid of the agonizing sensations?

With Sensory motor body therapy according to Dr. Pohl I proceed as follows: First, I have the patient describe and show me his complaints in detail. This gives me indications as to the location of the tensions. Where the patient shows the center of his distress, that is exactly where his main tension is located. Then I examine the patient's posture, walk, and respiration in order to get indications regarding the entire tension pattern. Where the posture is not straight because the muscles are shortened; where the body parts are not moved in walking and breathing; where it feels constantly hard from outside; these are the contracted places. I tell and show the patient exactly what I have found out about his contraction pattern.

Then, I apply various procedures to loosen the contracted musculature of the abdomen, rib cage, diaphragm, and neck, thereby restoring mobility. I usually begin with Hanna Somatics. Here, one lets the patient consciously contract all the muscles, which he cannot voluntarily relax, even harder one after the other against the therapist's pressure. Then, one asks him to reduce the pressure slowly and gradually with correspondingly reduced counterpressure by the therapist until the muscle is finally relaxed. All the while, one requests the patient repeatedly to feel what he is doing with which muscle and also how it feels afterwards. As we can only feel what we can move and can only move what we feel, these directives promote body awareness and mobility.

I ask the patient again, where he feels what, and examine the muscle and connective tissue parts in question. Where the patient still feels a constriction I can generally still discern hardened spots in the muscle, so-called myogeloses, or hardened spots in the connective tissue.

In the manual muscle treatment I dissolve the myogeloses by working on them with shifting pressure of the hands. Due to the hypersensitivity of the muscle, this is at first painful. Only the patient can say how severe the pain in these treatments is, because the pain depends not so much on the strength of my pressure as on the still persisting

hypersensitivity of the tissue. Therefore, I ask the patient to say when the pain becomes too much so that I can reduce the pressure or make a pause.

The pain disappears as the contraction loosens. This means that the patient feels how the pain diminishes at the same time as the practitioner feels how the muscle relaxes under the treatment. Afterwards, the treated places feel pleasant and as if released to the patient, and one sees that they again move with breathing.

In the manual connective tissue treatment, I loosen the hardened spots in the connective tissue by taking one fold of skin after the other and working it through with my finger tips; this is also painful. Regarding the pain and its abatement, the same holds true as for the muscles. Here too, a feeling of well-being develops as well as mobility of the muscles which are no longer constricted by tight connective tissue.

Lastly, the patient is given exercises to be carried out at home. In most of these exercises, the contracted musculature is first contracted even more and then the tension is gradually reduced until the muscle is relaxed as much as possible. Here too, attention is directed toward body awareness in consideration of the mutual controlling between sensory and motor systems.

Here is an example to try out:

Please lie on the floor on your back, bend your knees, and clasp your hands behind your head. Continue to breathe normally (do not change anything) and count mentally with the breathing; separately for inhalation and exhalation (inhale 1,2,3,...; exhale 1,2,3,...).

Make a note of the numbers.

Now, while exhaling, slowly lift head and torso and move your elbows toward each other. Feel how your abdominal and chest muscles contract. Briefly pause at the top, continue to breathe normally, and then, very slowly, lower your head, torso, and arms back to the floor. Feel how the tension in abdominal and chest muscles gradually diminishes. When your head, torso, and arms are again lying on the floor make sure that everything is as relaxed as possible, also that your elbows are resting on the floor as far as possible. Then start a new contraction by again lifting head and torso with the abdominal muscles and drawing your arms together at the elbows by means of the chest muscles. Repeat the exercise 8 to 10 times, and feel whether you can now breathe more easily and further into your belly. Do the counting test with inhalation and exhalation again, and check whether you can count longer, and whether the proportion of inhalation and exhalation has changed. How do you feel?

Another example: Lie comfortably on your back, lay one hand on your lower belly and let the inhalation come naturally. Then, exhale very slowly, gently, and inaudibly. Pause at the end of the exhalation, and simply wait till the inhalation comes again by itself, etc. After a while you will probably notice that you feel quieter and more relaxed inwardly. Your heart will also be beating more slowly. One can always use this exercise when one is agitated, or to assist in falling asleep.

Finally, I advise patients to exercise in a relaxed fashion as much as possible; the best way is in endurance sports such as jogging, swimming, mountain hiking, dancing, and cross-country skiing.

With all these methods, one achieves a release of the respiratory musculature and enables a person to consciously control his musculature which previously was continually contracted involuntarily. Thereby, the emotional stagnation and the feelings of anxiety, agitation, and helplessness as well as depression, exhaustion, weakness and lack of initiative are relieved. The “psychosomatic” complaints disappear when one treats the musculature and connective tissue in the distressed places of the belly, rib cage and neck. The brooding with black thoughts can best be eliminated by a treatment of the head and neck.

Completely without medication and without mulling over problems, after a few hours of treatment, the patients usually become more cheerful and active and develop fresh initiatives and new ideas for their lives by themselves.

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