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SOMATIC PSYCHOTHERAPY-SANOTHERAPY AND CRISIS INTERVENTION (CASUISTRY)

Key words: Somatic psychotherapy-sanotherapy-psychotraumatic situation – crisis intervention (casuistry) – effects of somatic psychotherapy (lower level of actual anxiety, angry reactions and stronger adherence and congruence will lead to a higher emotional robustness, frustration tolerance and the ability to sustain integrity under stress)

Somatic psychotherapy is a part of intergrative psychotherapeutic school, in which verbal and nonverbal methods are combined. It is process-oriented. Basic techniques are centering, groundig, facing, sounding, focusing, adulting, methods of manual medicine, methods of emotional corrective experiencing. Somatic psychotherapy-sanotherapy deepens therapeutic procces and in order to achieve the reguired change reduces rigid defense mechanisms. The procedure is very affective in case of somatic, chronical pathological emotional states combined with acute psychosomatic and neuro-psychological symptoms. It releases spasms in skeletal muscles and indirectly also even tension in organ muscles. Weakening of "myself" defenses within the personality structure leads to experiences of relief from tensions and to repressions of hidden feelings and attitudes. Thus it gives a chance to get rid of false identifications, to relax sanogenetic processes and also to change the attitude one. It gives a chance to relieve from false odentifications, to open sanogenetic processes and thus to change attitude towardones own health. Its processes help patient to cutt from old pattens of motoric behavior, relief tension, to re-experience old traumas, to achieve emotionally corrective experience and to work with polarities. Simultaneous influencing of somatic and psychic functions by means of somatic psychology is an assurance of long lasting effects of the intervention. What was introduced above confirms following casuistry.

Crisis intervention – casuistry

After a phone agreement a 40-year-old man took his 37-year-old wife to me. He said that without being guilty himself, he had been an active particiapant of a

car accident at which a 5-yeard-old boy had been badly hurt. The police investigation had proven his innocence. There had been only his wife with him at the time of the accident. Their 12-year-old son had been at his granny's at that time. They have no more children. The accident happened a month ago.

At this psychotraumatic situation his wife has suffered a nervous shock and she doensn't go to work (she works as a teacher). She is taken care of by a psychiatric out-patients department (her diagnosis was given as F 44.7 according to 10th international disease classification) and she goes to the psychologist without any visible improvement. Her husband further said that he and his wife understood each other and that besides usual clashes of a married couple nothing serious had ever occured. They have married each other for love. Since "that accident" his wife has been sad, she has been weeping, she nasn't been speaking, she has ben seclluding from him and their son, she hasn't wanted to move as if she were paralysed and when he leads her, "she looks like a robot". When he seats her somewhere, she keeps the very position for a long time. Her body is cold.

The question how he would characterize her behaviour preceeding the accident, he answered: "We understand each other without long speeches. It is true that she is taciturn but it is to my taste. She likes loneliness and books. She is rather critical, she doesn't like a lot of things. In sex she is quite shy, she doensn't like touches very much, but she loves embracing. She is afraid of blood, I mean much more than people usually are. She says she feels chilly, and that she is stiff with horror. At some other time she likes to dance, but she does not want us to wath her. She is a bit theatrical in it." His wife, sitting beside him, nodded several times in approval with what her husband was saying. Then I asked her if she agreed to her husband's goig away and after she nodded I asked her husband to leave the room for an hour and half.

During all the preceeding dialogue the woman was sitting without any considerable movement, stiff, the way her husband had seated her into the armchair. She was looking into "the void", her eyes gleaming and being turned into a distance. Her response to a verbal contact included brief, simple sentences or complete silence. Because of the above-mentioned facts I made the following entry into a somato-therapeutic record.

PA : a woman, 37 years old, married, one child (12 years old), a teacher, up till now without any serious somatic or psychiatric disease.

SPP: her expressive verbal communication highly restricted; monotonous, one-sentence answers if she is asked; restrictions of spontaneous and purpurposeful movements and normal reactivity to external stimuli; psychomotoric inhibition, bradypsychism, hypobulia, extension of mimic muschles into the emotional configuration expressing "stiffness", inside frozen emotions, an effort to keep "a stonelike face".

SPS: her body is comparatively thin with regard to her height; her neck is long and tense; shoulders are narrow and constricted, stretched in contrast with her arms which gave the impression of hanging, pendulous arms of a marionette; her pelvis was stiff, "immobile"; lower limbs were long and slim, too much clenched and crouched in a sitting position; joints in movement are stiff, only a

little mobile and her walking, as a result of this state of joints, is mechanical and disharmonious; vasoconstriction of vessels at distal parts of the body physical scheme leads to the feeling of cold, and skin is objectively cold at this place (higher sympathicotonia leads to problems with relaxation).

Preliminary somstotherapeutical diagnosis: highly pointed schizoid defence character reaction to traumatic experience.

During the following dynamic therapeutical intervention I started from the fact that the client was prepared to be put into various positions and that she agreed to my touching her body. I asked her and at the same time I helped her to lean with the whole surface of her back against the wall and then to lower her centre of gravity by "sliding" down the wall with slightly stradled legs into the position of a "sitting man". There was a mattress under her. In this stressing possition she had to stay as long as possible. She took up her position without any problems and she was passive taking it as she was used to being helped by her husband. Without any words and touches I encouraged her to keep it and at the same time I wanted her to realize that the therapist was with her but that he did not interfere with her defence mechanisms. The growing tension led to a gradually increasing tremor or even shiver in particular muscle groups. At the same time this state based on biochemical processes brought the warmth. It was an important moment when a person with a schizoid defence character structure can go from perceiving mechanical manifestation of changes in the body to perceiving the sensation of the warmth and further gradually appearing geelings and experiences. It is the first step on the way from the defence against the external reality, from the defence against one's own feelings, emotional impulses to identification with one's own feelings, one's own body and reality. It is the way towards the connection of basal "self", the "experiencing" self with the role "self", the way to one's own identity and to a contact.

The growing stress and tention led the client to deepenning her breath which was quite shallow before. In this phase I asked her to close eyes and to stay with the feeling she had discovered inside. She opened her eyes several times and she said she didn't know, with her eyes closed, what was hapening with her. I delicately insisted on closing her eyes and I confirmed that her feelings were natural and that she was safe. At the same time I reassured her in her right to exist, to have needs and to exist. Her breath deepened and became quicker and energy started to flow into her limbs, as well as the warmth, and she started to show volitive activity to overcome the stress. We passed on to exploration: "What does the perceiving of trembling and the warmth mean for you... Don't answer in words but listen to your body and look for the answer just for you. Don't hurry with your answer, there is nobody more important than you here at the moment." In sanotherapy and general somatic psychotherapy everything that is going on is at the same time also a learning, it is the process of getting closer and away (with the aim to use intentionally and purposefully defences, to reduce tension, to decide on one's behalf, to perceive the feelings inside our body, the changes of breath, the movement between relaxation and tension, to feel pain, fear, anxiety, anger without "breaking into pieces", etc.).

In this phase the client tended to open her eyes again, to deviate from the direction of the process. I "turned away„ with her several times just only to get back together to the process. We proceeded step by step. There appeared sweat and the fear that "something" won't be under control. Then tears appeared. Being asked "What's happening now, what do you feel?" she answered "Nothing". Later she said: "I perhaps feel the fear that I will explode". I asked her to stay at that feeling. "What could happen?" "I would break up as an icycle against concrete". In this phase her greath became quicker and she started to cry. I encouraged her in it. She started to shout: "All of it is so terrible, so sad!: At that moment she fell down on a mattress and she sobbed. I offered her to lie on her back. With her permission I put the palm of my hand on her closed eyes. At the same time I encouraged her to take as much time as possible for herself. It is important to give the client the feeling that she has the right to exist, to be. A man with a prevailing schizoid defence character structure should have the possibility to relax, but it is necessary to see to it so that it should not be a quick process. She should have the feeling that the therapist is with her even during this terible period when the client is touching her own feelings. The main thing in this phase of the process is to do what the client needs, i.e. sometimes to go "out", sometimes "in".

Saddness is often covering, defensive superego experience behind which the fear of lacking selfcontrol is hidden. The saddness is accompanied by weeping as a response. In thiscase it is good to work with breath (centering). Often the fear is a "modified" anger. It is the fear of anger. Instead of a fight an escape follows. Fear is in a certain sense of the word a contraction and anger is an expansion. Therefore it is good to work with the client in a proper way so that she would feel safer with her fear (grounding).

At that moment the client sarted to explain contunuously that something was contracting her as if from inside, that her body was contracted. "Mind has it under control" she said. I kept in mind connecting of the mind and feelings, of mind and the body and I asked her how and where she was still feeling it. I perceived a growing tension, fingers on her hand were unchlenching and clenching again. I encouraged this spontaneous movement of hers. I put my hand away from her forehead. She started to beat with her fists to the mattress and she started to kick her legs. All htat was accompanied by her shouting, and an outburst of anger and a fit of temper followed: LI hate myself, my husband and you. You all are like my mother!" Then she remained lying slack and silent. She opened her eyes and she said she was ashamed of herself. She tried to make a joke. I asked her to close her eyes again and to stay with feelings inside herself, in her body. I was putting her back from her "head" and her evaluation of herself, promoting the contact of mind and body. I encouraged her, assuring her that she was accepted, and I promoted introspection towards what had happened. I put palms of my hands back to her eyes, then to her ears to assure her of the feeling of safety and security as well as of defence against noises. Then I took her head at her nape from the back into my palms. I slinghtly moved her head from side to side and then I followed the rhythm of her brath moving it up (she

took in breath) and down (she breathed out). The tension around the eyes, the nape and all her body ceased very quickly. I let her lie for a while and then I asked her to open her eyes and sit into the armchair.

After some time, without being asked, she started to talk continuously. She said that it had been such a terrible experience that after the car crash, even if nothing had happened to her body, she had not been able even to move. In fact she surprisingly had not even felt the horror, she only had had to withdraw into herself, otherwise she may have died. "She got stuck". Her husband is a decent man, but he recovered too quickly. She minds it. But she wasn't able to ask him what was happening inside him. She was afraid. She does not know why but she did not want to show her face before her nusband. Having been asked what could have happened, she said she didn't know. Paradoxically she sometimes felt angry with him and she had terrible dreams in which she was "cutting her husband into pieces with a big knife". So she, in fact, was afraid of her anger. She knows it from her childhood when her cold and tough mother "had driven her into the corner of her soul" where she had defended against. her. She also felt anger and was afraid of her anger against her mother. Besides, she felt quilty. I asked the client to close her eyes. We kept silence for quite a long time. Then she opened her eyes and said that she felt tired and sad and she wants to be alone. She asked me if she could come again, and then she left.

2nd session:

The client came alone and she wanted to continue the somatic psychotherapy – sanotherapy. And it was the very moment when the therapist should not start the therapy yet. It is a kind of a trap for both the therapist and the client who comes with such a request to start. The problem is that people with the schizoid defence character strukture (if they are not prepared enough) are able to exactly and earnestly do exercises but without any link with their feelings and without having the basic in their body. They are too much in their "head", they check themselves too much. In this case the method "through the body" would be worthless from the point of view of the therapy.

Therefore I told her to take off her shoes and to stand on a mattress. She straddled away her legs. the width between her legs was about the same as of her shoulders, she let her arms hang loosely along her body, she slightly bent her knees, she pushed her chin forward, opened her mouth and was slowly "breathing her whole body". I asked her to shut her eyes. She started to tremble, she opened her eyes in which fear appeared accompanied with a particular configuration of mimic muschles and the question how she felt was answered paradoxically to the state of the body – "OK".

I put the palm of my right hand between her shoulderblades and thus provided her support. I put the palm of my left hand on her forehead. I asked the client to lean. She got rid of the tension, her breathing deepened. She said: "I may have done it badly again. My mouth spoke but the heart was cool". She claimed that

when she had been at home, she "had frozen" again. I let her speak. Then I asked her what she would need at the moment to feel safe. She answered: "I don't know". I asked her to find there a position for greater comfort. She answered again she did not know how to do it. I continued to the effect that it might be good if she lay on her back and put a folded blanket under her head. I supported by that the Ego-function (because her "I don't know" meant that she was not able to think about herself and to do what would be more acceptable and convenient for her).

The client lay on her back, she underlayed her head, she took a deep breath and slowly breathed out. I helped the comfort of hers but I did not speak long because I had to use again the linking of the mind and the body, the mind and the feeling.

Only then I went down to the very therapeutical work. I asked: "How do you arrange it in your everyday life to feel safer?" She answered that she closed against feelings but also against the so called hardness of the world; she said that she had a little energy and thus she had to be in a "huddle" in herself. She needs to have control over the events in herself, it is easier if she is "in head" and not in feelings. I suggested she should undergo a dynamic movement therapeutical intervention. She answered she would welcome it. (Here the therapist has to be careful so that this therapy, this proceeding; should not be only his need but the internal motive of the client. E.G. if the client says "OK" but if it means in fact "If need be" it is not possible to continue like that any longer.)

I started by grounding. The client lay on her back, she bent her legs in her knees and she leaned then firmly against the thighs of the therapist who was kneeling and sitting on his heels. I let her "interpenetrate" with the feelings connected with her deepening breath. I helped it by delicate work with her ankles, which was reflected even into such a remote area as the nape is, where it removed the stiffness. (The same effect can be achieved also by a very delicate work with a wrist of the client.) I put the feet of the client to the mattress and I let them lie in a bent position. Then I worked with the wrist and I encouraged her in the sense that she was welcome there. The question what was happening in her and what she felt was answered that she was feeling sorrow and that she was looking for the way how to forgive herself and her husband for what had happened. I gave her enough space and time and I gave time to myself too not to get into the schizoid antitransfer. The things we did with the client afterwards were in fact exploring of what was happening just at the moment, what was possible to do for greater safety and security. Therefore I directed the client to be "hic et nunc". After a while she said that her head may not manage it all. I confirmed that it even did not have to.

Further she mentioned that her husband was not such "a wet blanket" and that he was unhappy about what had happened too. The client feels she can speak to him about everything without being "frozen". After a short relaxation we stopped the session. The client asked for another one.

3rd session:

The preceeding two sessions meant also the necessity to create an elementary symbiosis. This must be preceeded by disposing oneself favourably to the way of thinking and feeling of the client so that further steps should not lead to refusal of the symbiotic goodwill. If we succeed in building this goodwill, we have, in fact, an allien and during the crisis intervention we do not have to work with "a bad, emotionally cold mother and with a bad, punishing father" and others like that. Only then it is possible to offer the client the way towards her own experience, towards her feelings, the way how to strengthen the intentional work with selfdefence, the way for aggression, fright, and thus strengthen the identity and integrity of the mature "self".

This time the client came in tension, with an eye block, contracted mouth and short, intense breath. After taking off her shoes a wave of angry jerks appeared in her physical scheme. She stood on a mattress and was waiting with an absentminded sight what I would do. I asked her what had happened during the time we had not seen each other. She answered that "nothing". Being asked what she felt, she said she was not able to answer.The tension in the whole body and also in eyes grew up and mimic muscles formed the emotional configuration of anger.

I rolled up two mattresses and put a tennis racket into her hand. I asked her to kneel and to do, with her arms risen upwards, a large move behind her head and then to whip the mattress with the racket. First there were only isolated, not very hard blows. I encouraged her in doing it and I assured her that I accept her state. Then her moves became quicker, her strokes gained strength and she started to cry, weep and salivate at the same time. She beat into the mattresses until she was exhausted. Then she collapsed into "a huddle". I put my right palm on the top of her head and the left on her shoulders. I asked her to leave the eyes shut and to stay with her feelings. She let the energy and the warmth float and she stayed with the experience.

After a while she started to talk. She was not able to cope with a conflict with her husband. He told her she should go to the hospital with him to see the hurt boy. She said she did not feel like that. Her husband started to be unusually rude and he shouted at her that if she was attending the therapy, she had to stand it. It put her down into her previous defence pattern. But instead of "freezing" cold towards the external world she felt hot and angry but she did not dare to explode when being with her husband. She was also afraid that she would "cease" during the explosion and "nothing" would remain of her. Being asked about her feelings she said she felt saddness and hard breathing. That was why we started to work with her breath (centering) and then with grounding – we created the feeling that her feet are firmly touching the ground, that she can firmly stand on them, to lean against them and to go into risks.). Then, through relaxation using imagination I strengthened her mature "self".

In the end she told me she came to understand what her husband wanted to tell her, she could understand the attack of jelaousy, she could also understand

that as well as she has the possibility to go step by step into her maturity, she has to be patient and to talk more with her husband and find togetherthe way how to cope with the psychotraumatic experience. She said she felt armed enough for this journey.

Three days late the client phoned that they had agreed on many points with her husband, that they had put off the discussible ones, and that they had a common good will to solve the matters which are to be solved now. Her husband confirmed the facts stated above.

SUMMARY:

I dealt with a client with a high level of general intellectual capability, with a considerable need of selfcontrol, with the feeling of alienation of her own feelings, experiences, with a woman highly withdrawn into herself, emotionally "frozen" after a heavy psychotraumatic experience. An excessive need to "be in the head" nad thus to check what is going on in her, created the feeling of pressure in her head. Moreover the position of the head on her neck gave rise to the feeling as if the head was drawn "up" („separation" of the head from the body). At first her sight was directed into the void. She thought that if she went to her feelings she would lack selfcontrol, she would "shatter" and stop existing. My client had a prevailing schizoid defence character structure (I suppose that cold and refusing mother contributed to this defence structure coming into existence). Owing to the facts given above, I concentrated, according to the theory of object relations, on early impairment and not on oidipal period. In man with a shizoid defence structure the development of selt and stratifying the heart of personality did not go off satisfactorily (see corresponding chapters of this study). If there is any aspect of the separation process missing, the real heart of the personality cannot come into existence, only a kind of compensation or a basic of the structure. If there is something missing in the structure, then the oidipal phase naturally repeats corresponding disorders. The oidipal share will manifest then, but the further ones too, but there is always something decisive for the following stages of development which has the roots just in the early stage. If the mother is emotionally cold or even unfriendly and if there is noone nearby (the client did not consider to be important to mention her father/, there remains loneliness and the feeling of desolation. Man has problems with defining himself, with borders ...It is in general an important period in the first two phases of development of "self" according to the theory of objective relations:

1st phase: i. e. autistic phase (from the birth to about 6 – 8 weeks of existence of the being). During this undifferentiated "self" there is the pulsation between the delight and the pain, between the pleasant and the unpleasant and the child does not distinguish itself and the world. Everything happens automatically and without borders. Of course, the space is more or less omnipotent and autistic, and the skin contact, embracing and the haptic is important in general here. It was proven that children with satisfactory stream of these stimuli open their eyes more, they sleep less and they smile earlier, which is a signal of the oncoming second phase, the symbiotic period.

2nd phase: (symbiotic): the phase of distinguishing: It is the first form of differentiation. The smile represents the first form of relation. It is the distinguishing of the fact that "there is something outside". During this period the child has common borders with its mother. In this symbiosis, with the symbiotic poles mother – child, the heart of the personality is structured. It is a symbiotic organizing field. In this specific information net mother grounds the child in certain and safe reality. And only out of this primary security through which the child goes, out of this grounding, the self of feelings, a different quality of these feelings is constituted in the process of separation.

In symbiosis with mother the basic attitude towards life is developed (positive or negative expectations, basic confidence or mistrust, etc.). It is the mother who is deeply animated in this attitude. This attitude also partly decides if the world is perceived as predominantly unfriendly or

friendly, etc. At the beginning of the therapy the client, in fact, responded by the compensation patternces of behaviour which "covered" the gap between the mind and body, between the mind and feelings. She closed herself into the stress and activated thus the primitive autistic defence. The fear of "not being" was coped with by her false self (the consequence of insufficient symbiosis) and it also provided her with racionalization. Her mind responded differently than the body, which the client "did not know" because there was "an icy strait-jacket" around her experiences and feelings.

When finding the ways of contact with the client it is important to respect the false self at the beginning, because only through it it is possible to go through the body stressing interventions towards the contact and later to connecting mind and body, mind and feelings. To ask what is happening just now ? What she feels and where, what has changed in her feelings, etc. The aim is to warm the "icy strait-jacket", to release emotions, experience, to release blocks, to join, to lead to understanding, etc. Only then it is possible to go beyond compensation and racionalisation. The therapist, in fact, plays the role of "helping self" in this case, he builds bridges, grounding the client in safe reality. Only then it is possible to remove attitudes, etc. It is not possible to persuade the client, but it is possible to encourage him; it is not possible to explain, but to act and offer space for action. This helps the client to be better orientated in the real world, in the world of real attitudes, processes and people. Strengthening of the symbiosis enables the client to be subsequently active, to structure better his (her life space, to draw up and understand better his) her life-plan and the sense of his) her existence. It is the way of realization of the maturity, the way to responsibility for one s deeds, the way developing the substance of the man as the human being.

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SOUHRN:

Somatická psychoterapie – sanoterapie a krizová intervence (kazuistika)

Somatické psychoterapie-sanoterapie patří k integrativním terapeutickým směrům, v nichž se kombinují neverbální postupy a verbální postupy. Sanoterapie je výrazně orientována na proces. Jejími základními technikami jsou centering, grounding, facing, sounding, focusing, adulting, metody manuální medicíny a metody pro získání emoční korektivní zkušenosti. Somatická psychoterapie.-.sanoterapie svými technikami a metodami razantně prohlubuje terapeutický proces a v zájmu dosažení žádoucí změny v chování, podložené změnou „uvnitř" člověka, oslabuje rigidní obranné mechanismy. Samozřejmostí je zvýšená vnímavost a citlivost terapeuta k člověku v procesu v něm probíhajících změn, za současného respektování jeho autenticity a jedinečností.

Somatická psychoterapie – sanoterapie je velmi účinná i v případě somaticky vyjádřených chronických patických emocionálních stavů s akutními psychosomatickými a neuropsychickými

symptomy. Uvolňuje spasmy v kosterním svalstvu a zprostředkovaně pak ovlivňuje i míru tenze v hladké svalovině. Oslabení rigidních obran já ve struktuře osobnosti vede k prožitku uvolnění z tenze, k vyjádření původně skrytých pocitů a postojů. Somatická psychoterapie – sanoterapie tak dává šanci ke zbavení se falešných identifikací, k uvolnění sanogenetických pochodů a také šanci ke změně postoje k vlastnímu zdraví. Její postupy napomáhají odbourávat staré rigidní vzorce motorického chování, uvolnit tenzi, odreagovat starší traumata, získávat emoční korektivní zkušenost, pracovat s polaritami i s „inner child" při návratu k vlastní přirozenosti a spontánnosti. Sanoterapie klade důraz na porozumění vlastní dospělosti. Současné ovlivňování somatických a psychických funkcí pomocí somatické psychoterapie – sanoterapie je pak zárukou dlouhodobého efektu terapeutické intervence.

Výše uvedená fakta jsou podložena kazuistikou.