

Vašina, Lubomír

Somatic psychotherapy-sanotherapy in treatment and prevention of the consequences of long-term excessive stress

Sborník prací Filozofické fakulty brněnské univerzity. P, Řada psychologická. 2006, vol. 54, iss. P10, pp. [21]-29

ISBN 80-210-4144-7

ISSN 1211-3522

Stable URL (handle): <https://hdl.handle.net/11222.digilib/114203>

Access Date: 16. 02. 2024

Version: 20220831

Terms of use: Digital Library of the Faculty of Arts, Masaryk University provides access to digitized documents strictly for personal use, unless otherwise specified.

LUBOMÍR VAŠINA

SOMATIC PSYCHOTHERAPY-SANOTHERAPY IN TREATMENT AND PREVENTION OF THE CONSEQUENCES OF LONG-TERM EXCESSIVE STRESS

Abstract

The article offers framework for use of a somatic psychotherapy-sanotherapy at stressed people whose psychic problems are manifested through the psychosomatic and the neuropsychic symptoms. Somatic psychotherapy-sanotherapy is part of an integrative psychotherapeutic school, in which verbal and non-verbal methods are combined. Generally speaking, somatic psychotherapy-sanotherapy combines on purpose biophysical and psychotherapeutical techniques. Techniques and method of somatic psychotherapy-sanotherapy give among others a change to vegetative nervous system to return from hyperirritation to physiological state and thus to renew natural flow of previously blocked emotional reactions.

The article presents a somatic psychotherapy-sanotherapy in the treatment and prevention of the consequences of long-term excessive stress.

Key words: long-term excessive stress, somatic psychotherapy-sanotherapy, treatment, prevention

Introduction

There is a large number of publications dealing, from various angles and on various levels, with the issues of stress, excessive stress reactions and their impact on the state of mental balance, the level of frustration tolerance and emotional stability of an individual. They offer programmes which may help an individual to cope with psychosomatic, vegetative and neuropsychic manifestations associated with the excessive stress reactions. However, trends showing a decrease in the number of people suffering from the so-called civilisation diseases in the population as well as trends towards a higher percentage of people subjectively enjoying a good quality of life failed to occur. People suffer from a “lack” of time, poor relations, absence of joy in their every-day lives, etc. Psychologists try, in good faith, to offer help but they are not in a position to appeal to and inspire people, their egos and it is the individual's ego which is the only element capable of changing one's view of oneself, the people and the world so that this change will simultaneously initiate a process which would retain it permanently. The Alpha and Omega of any considerations related to a therapeutic change must be the focus on the essence of the personality, of the ego of any individual in the role of a client.

The article presents the somatic psychotherapy-sanotherapy in the treatment and prevention of the consequences of long-term excessive stress.

Long-term excessive stress

In the course of human life, an individual is exposed to a permanent pressure of stressors interfering with the homeostasis on the somatic level and the harmony on the mental level. However, not all stressors and not in every circumstance lead to excessive stress reactions. The fact whether the physiological reactions will become pathological or whether the organism will adapt to the load is determined by genetic predisposition including an efficient immunity system. Further, it is determined by age, gender, nutrition factors, physical condition and the psycho-pathogenetic factors negatively interfering with the psycho-somatic relations. On the level of the psychic, the ego and its prevailing defences decide on the neurotic processing of the load and its psycho-somatic consequences, the ratio between the protective and risk factors in the personality structure, further the level of intellect and capabilities, knowledge and experience “of how to handle this” (coping strategies). Of the same importance are the relations with other people, i.e. social support and a certain level of emotional stability (supported by positive emotions in relations) and also a necessary amount of optimism and belief in one’s own life philosophy.

The most frequent reaction to long-term stressors indicating excessive stress reactions are mental tension (fear, worries, uncertainty, apprehension etc.) and anxiety and related tendencies towards aggressive behaviour. The aggression may be turned outwards or inwards (if the individual must not show that he feels that things “are happening to his detriment”). This is followed by feelings of hopelessness, helplessness, depressive reaction and feeling of depression. All of this is accompanied by psycho-somatic disorders, vegetative signs and neuro-psychic symptoms. A very serious circumstance is that the negative emotions, particularly the anxiety, anger, depression (similarly to the negative conceptual emotions – envy, hatred, jealousy etc.) not only reduce the efficiency of the immunity system but also cause a poorer cognitive performance. This is the effect of the hyper-irritation by amygdalines which blocks the activity of the hippocampus. A long-term excessive stress may result in irreversible changes in the hippocampus in which case the individual’s behaviour will display signs of dementia.

Somatic psychotherapy – sanotherapy

As name suggests it is in the first place a nonverbal psychotherapeutical method based on the simple fact that body is present in any type of communication.

This therapy at the same integrates nonverbal and verbal approach if it is needed for the client and the treatment of his problem.

Generally speaking, somatic psychotherapy-sanotherapy combines on purpose biophysical and psychotherapeutical techniques. It is a concrete example of a holistic approach to a patient-therapeutical relationship which is considered as a connection between one integral human being (therapist) and an equally integral human being (client). The character of this relationship is pulsative— during therapeutical sessions body and mind are active as well as one's feelings, reactions, experiences, actions, ideas and decisions. Ecological variables are also taken into account.

Holistic approach in therapeutical relationship means to proceed in a synthetical manner via analysis. Target is an integrated and stable personality, someone who is actively taking part in his self-realization process. Such a person is prepared to take responsibility for his life, consider it and the world around meaningful. That enables him not to give up in the face of arising conflicts, problems and overload. For him this presents a challenge to be dealt with and in case he can't find a solution he is able to step back and mobilise his potential.

Somatic psychotherapy-sanotherapy speeds up regression and ensuing restructuring and weakens protective mechanisms of one's ego for therapeutic purposes. It has great efficacy in cases of somatically expressed chronic patitic emotional disorders combined with acute psychosomatic and neuropsychological symptoms. Techniques of somatic psychotherapy at the same time release spasms and complete blocks in different muscle groups showing in material form a protective mechanism against overloading being acquired by people in evolution. This method of somatic psychotherapy gives among others a chance to vegetative nervous system to return from hyperirritation to physiological state and thus to renew natural flow of previously blocked emotional reactions. It is a way to indirectly influence smooth muscle tensions that manifest certain elements of emotional mood through striated muscle activity. These techniques concurrently decrease rigid protective mechanism of one's ego in the personality structure, which can lead to the experience of tense relief and expression of hidden feelings and attitudes. It also enables the patient to get rid of false identification, release of sanogenetic manifestations etc. These steps then signalise that psychic field is open for deeper introspection with concurrent release of content showing possibly unprocessed preodipal problems (understanding of these can help to get an insight into later identification problems but never vice versa) as well as problems from later stages of development which enables to understand status presens psychicus et somaticus of the client.

The client becomes more self-confident and self-content during somatic psychotherapy-sanotherapy but that can't be considered self-complacency. It is more a path from uncertainty rooted in the attempt to avoid direct conflict even in case

when one's personal boundaries are overstepped. It is a path from neurotic perfectionism to self-respect, self-confidence and self-assuredness, which can be expressed as knowledge of one's worth built upon realization of one's own potential. That is all at the same time within a frame of respect to other people's boundaries. To know one's worth means to carry out realistic self-assessment and self-evaluation. It naturally nurtures client's need to help other people and concurrently is a necessary prerequisite of self-realization path. That is all in harmony with the inner world of the individual and is not a mere hypothesis in his mind. It can be expressed as being authentic and ingenuous, not a guise, being affiliative and emphatic towards others. To know our worth help us to accept without neurotic reactions that not all people find us nice and lovable. Despite this fact, we have to treat such people in a cooperative way and not as enemies we hate.

Research shows that chronic and acute emotional disturbances significantly correlate with hyperirritation of sympathetic or parasympathetic, with increased level of corticosteroids, noradrenaline etc., decreased level of neuropeptides and some neurotransmitters as well as decreased level of T-lymphocytes and B-lymphocytes. Therefore inner stability of a person is based not only on strengthening of mental integration but also on renewal of links between motoric behaviour structures, neurohumoral, vegetative, neurophysiological and immunological reactions on one hand and bioelectrical reactions on the other hand. From the outside above-mentioned processes manifest themselves by changes of muscle tension, breathing and pulse patterns, blood pressure and metabolic changes (e.g. movement speeds up degradation of purine substances from at first flaccid muscle groups, then follows degradation of lactic acid substances and other semifinished products of metabolism of muscle fibres that were in prolonged spasm). Same significant changes can be seen in hypothalamic nuclei activity (representing centre of vegetative nervous system), in decreased level so-called stress hormones in blood test, in decreased electrical conductivity of skin and wave frequency changes in EEG. Admittedly relief of blocks and emotional let of brings about relaxation and elimination of some symptoms but not temporarily. And so it is important to focus on change in the top regulatory mechanism of these reactions and that is personal control and in its core ego as initiator of long-term changes.

If it is needed somatic psychotherapy-sanotherapy deals with gender differences and level of gender acceptance in male and female clients. It also focuses on "inner child" area, polarity acceptance, self-acceptance, "keeping up" and "resignation", on self-identity problem, limits of one's ego, relationship between "I" – "YOU", "WE" – "THEY", protective mechanisms of "I", on shadow, archetypes, area of blocks, resistance and defiance, on the issue lie, guilt, shame, loneliness, desolateness, fear, anxiety, aggression as well as laterality and spiritual dimensions of human psychic. As was mentioned before it works with transmission and contra transmission, with area of relationships and protective character structures where psychodynamic approach plays important role. Somatic psychotherapy-sa-

notherapy is a technique suitable for people who suffer from symptoms produced by prolong information and psychosocial stress.

Special movements sets are used in somatic psychotherapy-sanotherapy which can be according to context (type of problem and sanogenetic process phase) combined with relaxation and meditative techniques, therapeutical music sessions, imaginative methods and manual medicine techniques (especially crani-osacral therapy with some shiatsu techniques) and method of physiatric treatment. Sanotherapeutic movement sets increase blood supply of muscles and thus speed up waste products removal and on the other side bring nutrients as source of energy, improve thyroid activity, balance (back to physiological level) neuro-humoral activity, through physiological means influence body metabolism, open again blocked points and finally relieve emotions. They initiate sanogegetic and healing mechanisms (breath and pulse balance, blood pressure decrease, circulation resistance decrease), decrease brain bioelectrical waves frequency and increase their amplitude. They prepare retuning of organism from the state of emergency (attack-defence) into the above mentioned state that can be simply called as well as well-being, relaxed state capable of prolonging of rehabilitation and sanogenetic reactions.

General structure of the somatic psychotherapy-sanotherapy meeting (diagnostic and therapy)

CONTEXT:

Name, age and sex of client. First, second, etc. therapy and what type of the therapy?

Presenting problem: reason for seeking therapy?

Mental and somatic health:

Life history: background information and resonances:

Basic patterns:

Character and rights:

Summary: Client's life situation and symptoms:

CONTACT:

BODY READING

SCOPE

Reading of the other's desire organization

(Body reading = Analysis of a form /structure/ and a body movement)

Diagnosis: Character – Embryology
and

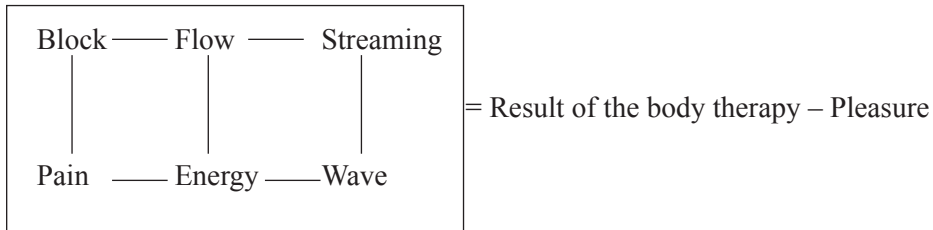
Transference: Energy – Flow (process, rhythm)

Countertransference: Personal history of therapist

Clinical moment: Grounding/Vibration/Breathing/Centering, ect.

Synchronicity: Moment of intuition “here and now”

Contact: Inside the clinical moment – Resonance



(Basic pulsation: Expansion and contraction are united processes. Basic rhythm of life-pulses, flows, vibration, etc.)

REAL CONTACT:

Interaction (impuls distribution):

Bonding (phases and transference /countertransference phenomena):

Contact channels:

Elements of touch:

Attitudes to touch:

Assertion and defense structures:

CONNECTIONS:

Posture (and structure):

Motorfields:

Space (Focussing/Facing):

Flow (Boundaries. Containment/Release):

Mass (Weight/Force. Alpha/Gamma. Grounding.):

Time (Quick/Slow. ANS-Rebound):

Charge/Discharge. Breathing. Centering.):

Energy reservoirs and modification:

Energy flow (cortico-centrifugal/petal):

Bridges:

BODY

Body-type or build: brief description of physical appearance

Muscle tone – try to grade on the following five point scale:

very tense – tense – normal – slack – very slack

- Breathing – which is more: tendency to inhibit out-breath, tendency to inhibit in-breath, generally flattened breathing, chaotic breath without much rhythm. Some other pattern.
Which segment shows more movement: abdomen or chest?
4. Impulse quality – Time: is the client over-speedy or slowed-down in response?
Force: is the client tending to over-use or under-use power?
Space: is he/she mostly direct and focussed or indirect not focused?
Flow: is there a trend to be over-contained or over-releasing?
5. Posture: how would you describe the clients bodily attitude, typically when LYING, SITTING or STANDING? (Note any preference for: flexor attitudes, extensor attitudes, adductor or abductor patterns in legs, rotatory attitude in arms and legs etc.)
6. Touch: attitude to touch– moves away, fights against, moves towards
7. Spectrum of interaction: does the client mainly seek to lead the session or waiting usually for impulses from therapist?

EMOTIONAL

(conceptual emotions)

Emotional state of the client's *characterological position* (In: Johnson, S.M., 1995, Vašina, L., 2002):

Schizoid: "I am scared, I didn't have a mother who loved me."

Oral: "I am needy. My fundamental human need for love and caring was never fully met."

Symbiotic: "I am trapped. I can have love or freedom but not both."

Narcissistic: "I am very insecure and easily hurt. I am not sure I'm OK as I am."

Masochistic: "I am caught. I keep defeating myself because I don't know how else to survive."

Hysteric: "I'm stuck, being seductive to get love but never able to accept it."

Obsessive-Compulsive:

"I'm tense, living all my life trying to stay out of trouble."

THE CHARACTEROLOGICAL EFFECT

Effects of history on intimate relationships:

Characterological expressions: In love, work and play.

MENTAL

- mental processes
- language (explanatory/exploratory, motorfields)
- ego functions
- sub-personalities
- images and symbols
- myths and archetypes
- belief systems

SPIRITUAL (inner ground/essence):

PROCESS (Steps of reorganization):

1. Character tendencies – note briefly the predominant character tendencies in relation to:
 - a) issues of existence and the right to be
 - b) issues of orality and the right to need
 - c) issues of autonomy and the right to independence
 - d) issues of will or control and the right to freedom
 - e) issues of sexuality and the heart and the right to love
 - f) (If there are any typical script-statements, briefly note these,
2. Core process and source situation:

PROGNOSIS

1. What qualities, potentials or resources does your client have, in open or hidden form, which can assist him in confronting his problems? What does he/she bring to the therapeutic alliance?
2. Briefly describe your therapeutic strategies for working with:
 - a) the client's affect system –how do you work with emotional life
 - b) the client's behaviour system –how can you help him act differently
 - c) the client's cognitive system –how can you challenge his beliefs, scripts
3. What are the principle feelings, positive and negative, which come up in you when working with this client?
4. What problem areas of your own can easily be triggered by this client?
5. What personal qualities of yours could be particularly valuable to this client?

COMMENTS:

References

- Boadella, D. (2000): Somatic psychology and somatic psychotherapy. *Energy & Character*. 30, 2, pp.95–106.
- Vašina, L. (1999): Somatická psychoterapie-sanoterapie. Vyd. MU, Brno.
- Vašina, L. (2002): Somatic psychotherapy-sanotherapy and crisis intervention. SPFFBU, P6, pp.55–64.

SOMATICKÁ PSYCHOTERAPIE-SANOTERAPIE V LÉČBĚ A PREVENCI NÁSLEDKŮ DLOUHODOBÉ NADMĚRNÉ ZÁTĚŽE

Souhrn

V léčbě následků dlouhodobě působících stresorů se v poslední době uplatňuje i somatická psychoterapie-sanoterapie. Jak již název napovídá, jedná se především o nonverbální psychotherapeutický směr, který mj. vychází z elementárního faktu, že tělo je vždy fyzicky přítomné, ať se jedná o jakoukoliv formu komunikace. Současně tento směr integruje terapeutické postupy neverbální s postupy verbálními, vyžaduje-li si to zájem klienta, tzn. řešení jeho terapeutického problému.

Somatická psychoterapie-sanoterapie urychluje regresi a následnou restrukturuaci intrapsychieho prostoru. V zájmu terapie oslabuje obranné mechanismy **já** a je velmi účinná v případě somaticky vyjádřených chronických patických emocionálních stavů, které jsou kombinované s akutními psychosomatickými a neuropsychickými symptomy. Postupy somatické psychoterapie-sanoterapie současně uvolňují spazmy a celé bloky v různých svalových skupinách, které představují materializovanou podobu převažujících rigidních forem obran člověka vůči důsledkům zátěže, získaných během jeho ontogeneze. Tento postup somatické psychoterapie-sanoterapie dává mj. šanci i vegetativnímu nervovému systému k návratu od hyperiritovaného stavu k fyziologickému stavu a šanci k přirozenému toku původně blokových emočních reakcí. Výše uvedené postupy usnadňují vyjádření skrytých negativních postojů k sobě i k druhým lidem atd. Otevírá se psychické pole k hlubší terapeutické práci a uvolňují se tak obsahy signalizující možné nezpracované preoidipální problémy (jejich pochopení může napomoci k porozumění pozdějším identifikačním problémům a falešným identifikacím, získaným během vývoje) i problémy z následujících vývojových období.

Součástí předloženého článku je i konkrétní struktura sanoterapeutického sezení, včetně diagnostických postupů.

Klíčová slova: chronický stres, somatická psychoterapie-sanoterapie, léčba, prevence

