

1989.06A

Serving the Professional Physical Therapist

# PHYSICAL THERAPY FORUM

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Vol. VIII No. 24

WESTERN EDITION

Week of June 19, 1989

## Learning to Let Go—The Role of Somato Emotional Release in Clinical Treatment

By Steve Heinrich, PT  
(Special to the Forum)

Catherine Ponder once said that, "when you hold resentment towards another, you are bound to that person or condition by an emotional link that is stronger than steel." Nowhere is that more true than in healing.

Such is the nature of wellness that when we hold on to negative feelings such as resentment, anger, and frustration, we prevent the body and mind from working together to restore balance to the system. By becoming our own worst enemy in the healing of our bodies, it is progressively easier to expect our aches be "treated" rather than to be active participants in our own progress.

It is always easier to "blame" than accept responsibility for our ills and look for ways to regain control. While escaping may take the pressure off for the moment, it is only by looking at our lives in the context of restoring the balance between physical and psychological well being, that true wellness and healing can occur.

As a physical therapist, I take it as my responsibility to be a facilitator of change. I cannot "do" anything to change the facts for my patients,

either in their bodies or in their lives. But I can help them "see," sometimes for the first time, the relationship between their attitudes and their health.

That is not to say that therapy is ineffective on its own, but the techniques we have at our disposal take on a greater degree of power when they are coupled with a willing and motivated attitude on the part of the person receiving them.

Most therapists have come across situations where progress was stymied by closely guarded anger—as if the suffering could be walled up within the body, preserved somehow for periodic inspection. We see the frustration, pain and guilt of a lifetime held in private reserve by constant reflection. Some, caressing their pain like a worry stone, weave a net of physical and emotional dependency that becomes a darkening web.

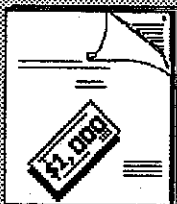
The changes in physical structure following an accident or illness can lead one to view him/herself as almost alien to the rest of humanity. Bound up with tightness, pain and a decreasing ability to function, we distance ourselves further from "who we were," and those around us. We hear and internalize com-

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ments like, "I'm getting old," or "I just can't do that any more," further destroying our ability to see ourselves as total beings.

The challenge for therapists is to break through the acquiescence to deterioration and help people take the risk of letting go. To risk wellness, whatever the cost to entrenched concepts and self image.

Taking the risk of wellness is often a very real and potentially frightening step. Helen Keller is quoted as saying, "*Security is mostly superstition. It does not exist in nature, nor do the children of men as a whole experience it. Avoiding danger is no safer in the long run than outright exposure. The faithful are caught as often as the bold. Faith alone defends.*"

It seems that the view of the mind and body as a *synchronous functioning unit* has been separated by deductive and empirical thinking into— a) Physical symptoms; and b) The realm of the psychological.

It is my assertion that if we are to gain real insights into the art and process of healing, we must take a deeper look at that very connection.

The tools available to help therapists deal with pain are diverse and varied, and every therapist has selected an assortment that *for them*, give the most consistent results.

*Inherent in any treatment plan should be the maxim "do no harm," but all too often by misunderstanding or ignoring the emotional side of injury, we in effect, "do no lasting good." In clinical practice, there should be ways to do more than spot-weld patches on already rusty frames, and I believe there are.*

I refer to a group of techniques that address the physical, emotional *and* mental arena, and if carefully applied, can provide a bridge to the healing of both.

Under the general heading of *myofascial release*, the specific process of *somato emotional release* or *myofascial unwinding* gets

the most varied reactions from observers.

Sometimes it is seen as only a sensational showpiece designed purely to generate controversy. Other times it is written off as charlatanism and voodoo.

Both reactions are understandable, but unfortunate when the real value of the process is understood.

Through a field of study called "body work," unwinding has tenuous connections to such luminaries in the healing areas as Moshe Feldenkrais (Feldenkrais method), Elsa Ginder (Sensory awareness) and others.

More specific to this article, somato emotional release is an outgrowth of research begun by John Upledger, D.O., and continued by John Barnes, PT, and many others.

What appears from the stage as disconcerting emotionalism, can in fact be powerful treatment for chronic pain.

In his excellent book, *Somatics*, Stephen Hass, Ph.D., speaks to the topic of "Somatic Motor Amnesia," the process of slowly becoming unaware of bodily responses to stress and pain to the extent that the body no longer recognizes itself for the flexible, resilient, self-healing entity it once was. Instead, the body becomes ever more tightly wrapped in a web of physiological and psychological responses to the tension inherent in a modern industrialized society.

One of Hass' approaches to releasing this build up is through the application of daily exercise designed to reacquaint both body and mind with the natural state of being; a state where one's accumulated stress is dissipated by specific learned activities.

In some ways, this approach has much in common with the technique of *somato-emotional release*.

By using specific methods of positioning the body, and then following unobtrusively its in-

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ternal rhythm through a dynamic series of motions, therapists can assist patients in releasing restrictions in their musculo-skeletal system as well as barriers to emotional healing.

An example of this may better serve to illustrate the concept. A patient being treated for an injury to her right shoulder sustained in an automobile accident was having difficulty returning to her occupation as a violinist and teacher, even though her R.O.M. and strength tested out as equal to her uninvolved side. She would be able to play for short periods of time and then feel an increasing level of pressure and a "crushing" sensation along her right shoulder and cervical spine. These sensations would be accompanied by an unconscious internal rotation of the shoulders and a forward head posture which added to her discomfort and pain. Traditional massage, modalities and strengthening exercises were helpful, but only temporarily relieved her symptoms.

A combination of myofascial unwinding, coupled with dialogue was then used, which allowed her to get past fears of permanent injury and to relive the accident. By letting go of her fear and re-experiencing the trauma in a "safe" environment, she was able to go through the physical motions of the accident and release the remaining stress associated with it. Within minutes of treatment, her pain was gone and she was able to resume all of her activities without restriction.

The process of myofascial unwinding or somato emotional release is difficult to describe, and it is better understood in the context of personal experience.

Illustrating the compatibility of traditional treatment with somato emotional release, we were recently referred a very perplexing and difficult case involving a woman with a ten-year history of cervical and dorsal pain who had been evaluated and/or treated by several specialties including neurology, orthopedics, and chiropractic treatment.

She demonstrated mild hypermobility at the upper cervical segments, a history of cervical

"self manipulation," significant TMJ pain, and well over a year of frequent "adjustments."

Her symptoms included severe headache, constant suboccipital pain, left TMJ pain, periodic clenching and crepitation in the jaw, a pronounced anterior head posture, and extreme tightness in her abdominal muscle tone.

After examination, a treatment plan based on the myofascial release approach was designed to reduce fascial restrictions at the occiput, the anterior chest and cervical regions and to address psoas and abdominal tightness. Treatment was aimed at reducing painful patterns which had been reinforced by years of stress and "holding her stomach tight" to have good posture.

As layers of fascial restrictions began to release, the patient experienced reduced head and neck pain, and an increase in flexibility throughout her entire body.

Changes began to occur at the suboccipital junction and anterior chest which allowed for a more balanced head position, which in turn reduced her jaw pain. Freeing up the occiput decreased her headaches, and by adding isometrics and home traction, her cervical hypermobility came under control.

Myofascial unwinding was initiated after the patient indicated a desire to reinforce her progress.

Addressing her psoas and abdominal tightness with unwinding brought an immediate emotional response of anger and frustration—not only with her pain, but more significantly towards other stress' that had been building in her life for years. She was then able to look at her natural coping mechanisms and see that she needed to let go of the emotional barriers in much the same way she was letting go of the physical restrictions in her body.

Dr. Upledger describes the unwinding process as the release of "energy cysts," physical or emotional blocks to our well-being through *enlightened movement* (my words). It would

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stand to reason then, that reactions to the process would vary depending on what was being dealt with and the state of mind of the patient.

Questions invariably come up regarding the appropriateness of uncovering deep emotional issues within the context of physical therapy. In my opinion, unwinding as treatment is like any other well-chosen tool. Understanding that a technique is powerful and may bring hidden issues up for inspection by the patient, does not preclude its use. It merely enjoins the therapist to greater care in its application.

*I believe myofascial unwinding is a tremendously powerful tool, and as such should be applied carefully, with respect and training. It is a tool that is gaining respect from many disciplines and will continue to help thousands of people suffering from chronic pain.*

Myofascial unwinding techniques combined with a sound treatment plan and appropriate team management including the physician, family and when appropriate, counseling can provide wonderful results for those patients with deeply entrenched pain patterns.

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