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Psychotherapy as Physical Labor

Q: Why do so many therapists have chronic back pain and how can we work in physical comfort?

A: Two years ago, Belinda presented herself in my office with complaints of lower back and neck pain and a numbness in her right leg—the beginnings of sciatica. She was in her early-forties and, until her aches got in the way, enjoyed swimming and walking for exercise after work and on weekends. Her job, I noted from her in-take form, was “psychotherapist”; I placed her in the “sits for a living” category along with my clients who work as administrators, copyeditors, executives, writers, etc. I told Belinda what the major misconception is about sitting: When you’re sitting, you’re not using muscles and therefore, you’re not *doing* anything. In fact, I continued, sitting is among the most disc straining activities there are—people whose jobs required constant sitting are second only to heavy weight lifters in incidence of serious low back pain and sciatica. “Which is why,” I concluded, “you’re now in a chiropractor’s office.”

I treated her with soft tissue work, a sacral and cranial adjustment and guided her through some simple stretches. The treatment provided immediate relief and Belinda referred two of her colleagues to me, one of whom referred two of his colleagues.

Two months later, I found myself with a new phalanx of clients—psychotherapists. The conditions of the older clients were more acute than the younger ones like Belinda—who, still in pain, had returned for more treatments—but all of them had the same

complaints: lower back pain often including the upper back and neck.

Perhaps, I thought, there was a mystery of sorts to solve here, and so the next time I saw my own psychotherapist, I carried into her office the secret intent of a private eye.

I'd been Edith's client for ten years. In that time, not much had changed in her Upper West Side office: same Persian rug, linen white walls and potted orchids. She sat in the same chair, too—a comfy chair, boxy and thick-cushioned, with matching ottoman.

During my session with Edith that day, I examined the vocabulary of her posture. It was, I noted consciously for the first time, a limited vocabulary. And perfectly effective. For 45 minutes, Edith leaned back in her chair with her head jugged forward—conveying, respectively, relaxation and receptivity and attention and empathy. She did not fidget: she was present and interested. Mid-way through the session, she placed her feet on the ottoman and there they remained until session's end. “Ah ha!” I thought. I'd begun to unpack the mystery.

Indeed, therapists are like office workers in that they experience the physical pain caused by sitting for long periods of time and the anatomy of their back pain follows suit. The spine, a flexible column of vertebrae which allows torso movement and protection of the spinal cord, has three major curves – in the neck, midback and low back. The healthy arch of the low back and neck curves are typically destroyed in sitting even for just twenty minutes: the curves flatten and, as is the case with the low-back, the curve may go beyond “flat” and bow outward in a “C-curve.” Our muscles hold up the spine like moveable guy wires, working harder on the long side of a curve to keep us from flopping forward or sideways. Ligaments are tight, inelastic rubber bands that hold the skeleton together. Unlike muscles, ligaments are not meant to be stretched and when they are, as in a C-curve, they do not return to shape. When the back is slumped, the front of intervertebral discs (the spacers and shock absorbers between the vertebrae) becomes compressed, resulting in a loss of thickness and “juiciness”. Improper sitting puts an extraordinary

amount of pressure on the lowest discs of the spine. Because discs and cartilage have no nerve endings, pain is felt when the shock absorption mechanism has been damaged to the point where adjacent structures and nerves are affected. This explains the “sudden pain out of nowhere” phenomenon. The nerves from the low back go all the way down the leg which is why sciatica is felt in the leg.

While shifting position is a necessary and therefore encouraged part of healthy sitting, a therapist doesn't have the freedom to shift and stretch at will. This is because the body language of a therapist is extremely important, a crucial aspect of the work. Herein lay the epiphany I had during my session with Edith.

A therapist's posture must convey relaxation and neutrality to help make a space for client sharing. It must convey empathy, openness and interest. A therapist's posture must allow him or her to observe the client, to catch the nuance of whole body language, to perceive tone of voice, to observe the client's visual focus. In order to do this, the therapist must be comfortable.

Because human beings *must* change positions while sitting for long periods of time, the therapist must find ways to shift position without conveying inattention and/or distracting the client. One viable way to do this is to alternately lean back or forward *slightly*, minutely tipping forward and back on the sitting bones and releasing weight through thighs into chair and through feet into ground while gesturing subtly with the face/head, chest and arms. While leaning forward try pressing into the ground with the feet and imperceptibly lifting the thighs off the chair. The occasional leg-crossed position is fine. Your chair must be shaped in a way that allows you to easily transition through these different positions during the session. Your chair must allow your feet to be in full contact with the floor, or a foot rest. This provides grounding and takes some of the weight off your thighs and buttocks. It also communicates grounding to the client. Your chair, then, must allow for the feet-on-the-ground position.

Experiment with pillows. Small pillows can be used for support under one or both thighs. A head pillow should be no thicker than a few inches when your weight is on it and should be appended to the top of the chair. Remember, *if you have to fool with it you'll never use it*. Avoid soft pillows which tend to take the support off the bones, which are designed to take weight, and shift it to the skin and muscles, which are not designed to take weight. With the exception of the fixed head pillow, move your pillows around and don't use them all day. The seat pan must be long enough for your thighs to take some of your weight. The back rest should be between 90 and about 105 degrees (of recline.) The back rest must support the natural arch of your lower back. A small pillow can help, here. The pillow should be no longer than your lower back. That's a small pillow. If necessary, place a small box or platform on the floor for your feet.

When choosing a chair, consider your height and the width of your body. Don't rely on immediate comfort. Like a too soft bed, a soft cushion seduces and then entraps you in one sitting position which leads to strain. Go for a firmer cushion. Sitting up straight cannot be maintained and puts great strain on the body. Your chair *must* allow you to recline. NASA, which has done the most extensive scientific study of back comfort, has found that a 128-degree recline is the best for lower back discs—think of a beach chair or “Barca-lounger”. But for therapists, who are not astronauts in space ships, no more than 105 degrees of incline is recommended—even ten degrees will help. Your arms and shoulders, which are 15% of your body weight, necessitate a chair with armrests at an appropriate height. If you like to use an ottoman to take the strain off the legs and improve circulation, try propping up one leg at a time so that the lower back doesn't slump. If possible, get a chair you can try for a week. By then you should know if it will work for you.

The next time Belinda came to see me we talked about her chair and the way she sits while working. Ergonomic counseling, I told her, might be very helpful. But simple observation done by a friend and/or colleague can also help. An objective description of your sitting posture can help you become more attuned postural tendencies.

Since coming to understand the sitting posture in the context of the unique demands of psychotherapy, I've significantly decreased the rate of chiropractic recidivism among psychotherapists. I am now able to treat therapists more effectively by talking to them not only about choosing the right chair but how to use their chairs. Therapists must not ignore the pain in their bodies for as we know, a retreat from pain is a retreat from sensation—and a retreat from sensation is a retreat from the body.