



The Definition of “Somatic,” The History of Somatic Education, and Principles of Clinical Somatic Education

THE DEFINITION OF “SOMATIC”

The term “somatic” has become a bit of a buzzword in the health and wellness industry. The word somatic means “of or relating to the living body,” and it has long been used in medical terminology like somatic cell, somatic nervous system, somatic disorder, and somatic pain.

Due to its generic definition, the term somatic can be used to describe a variety of forms of movement and healing modalities. You may have heard of somatic yoga, somatic experiencing, somatic psychology, somatic therapy, or somatic dance therapy.

What is a somatic movement?

A somatic movement, generally speaking, is one which is performed consciously with the intention of focusing on the internal experience of the movement rather than the external appearance or result of the movement.

In order to be most effective, a somatic movement should be performed as slowly as possible. The human nervous system, which controls our posture and movement, must learn new things very slowly. With practice, we are able to gradually speed up and perform movements more quickly while still maintaining form and control. When we do movements quickly, we are not learning anything new – we are simply reinforcing existing learned patterns.

A somatic movement must also be performed consciously, with our complete internal focus and attention. Conscious attention is key to the learning process; we can't learn something new if we aren't aware of what we're doing.

Somatic movement is exploratory in nature. Even when we practice a somatic movement with the intention of improving our posture or movement in a specific way, we still need to be focused on the internal experience of the movement rather than on the end result. Focusing on the experience and process rather than the end result can be a difficult concept

for many people to grasp. It comes back to how our nervous system learns new things. If we practice a movement as if it is the first time we have done it, we will notice something new and learn something new each time, and the learning process will be most efficient and effective. Practicing somatic movements is quite different than doing sit-ups or push-ups; it's not about the quantity, it's about the quality.

In a general sense, any movement can be a somatic movement if it is performed slowly, consciously, and with the intention of focusing on the internal experience of the movement.

What is somatic education?

Methods of somatic education teach specialized somatic movement techniques in systematized ways that are specific to each method. Many methods of somatic education use both hands-on movements, guided by a certified educator, and self-care movements, which are practiced by the student on their own. One of the tenets of all forms of somatic education is that students should be responsible for their own learning and functioning. The role of a somatic educator is to empower students to take care of themselves by teaching them the tools they need to stay out of pain and continue to improve their posture, movement and function throughout their lives.

THE HISTORY OF SOMATIC EDUCATION

F.M. Alexander

Somatic education, as it came to be known, began with the work of Frederick Matthias Alexander at the end of the nineteenth century and beginning of the twentieth century. Alexander was an actor and reciter who struggled with vocal problems during performances. Alexander was not satisfied with his doctors' diagnoses, so he set about to figure out the cause of his hoarseness.

Since he became hoarse only during performances, Alexander decided that it must be something he was doing subconsciously while performing that was causing him to lose his voice. He spent hours in front of a mirror observing himself speaking in order to get a third-person perspective. Alexander noticed that as soon as he started reciting he would habitually pull his head back, compressing his larynx and causing him to gasp audibly as he breathed. After months of experimenting, Alexander found that he was able to prevent himself to some degree from pulling his head back while reciting. As he gradually changed his deeply learned patterns, he began to regain full use of his voice, and his tendency to become hoarse decreased. Doctors examined him and confirmed that the condition of his throat and vocal chords had improved considerably. Alexander's hypothesis was confirmed: the way he was using his body had directly affected the way he was functioning.

This discovery inspired Alexander to continue personally exploring the ways in which how he used his body affected his physical functioning. As he became well-known as a successful performer, many actors sought him out for vocal coaching. Local doctors heard about his success in working with functional disorders and began referring patients to him.

Alexander soon had a busy practice, with the majority of his students coming to him for treatment of medical conditions rather than vocal coaching. Demand for his work grew, and after years of people asking him to teach his methods, he launched a three-year teacher training course in 1931.

Alexander, known to his students as F.M., passed away in 1955 at the age of 86. His work continues to be taught in professional training programs that are held both in London and internationally, and there are more than 2,500 registered teachers of the Alexander Technique practicing worldwide. The method of education that Alexander developed inspired and contributed to the work of many other pioneers in the field of somatic education.

Moshe Feldenkrais

Born in 1904 in Russia, Moshe Feldenkrais became the next major figure in the burgeoning field of somatic education. Like Alexander, Feldenkrais was inspired to explore how subconscious muscular habits led to problems with physical functioning as a result of his personal health issues. He had suffered injuries to both of his knees, but did not want to get surgery to repair his damaged cruciate ligaments.

Feldenkrais approached his knee injuries as an engineering problem, experimenting with moving and using his body in ways that would not put undue force on his knees. He began to give lectures and teach movement classes in his experimental methods, and soon he began studying the work of F.M. Alexander and other somatic educators such as Elsa Gindler and Gerda Alexander. In 1949, Feldenkrais published his first book on his own method of sensory-motor education, titled *Body and Mature Behavior*.

Feldenkrais observed in his students how learned muscular patterns led to dysfunction and physical degeneration. He observed that when people attempted to correct learned muscular habits such as standing with rounded posture, they usually ended up hiding their faulty habits with new habits instead of going through a process of unlearning the faulty habits.

Feldenkrais set out to create a system which would allow people to directly address and correct dysfunctional movement patterns. He opened a studio where he taught group movement classes in the method he called Awareness Through Movement®. Later in life, he estimated that he had created over a thousand exploratory self-care exercises. The movements combined Gerda Alexander's proprioceptive explorations of sensory awareness with F.M. Alexander's approach of focusing on the process of one's movements. Feldenkrais's refined method was highly effective in improving posture and voluntary motor control. And while he was adamant that he developed his techniques solely for the purpose of sensory-motor education and not to resolve any specific pathologies, his students

experienced healing from many functional disorders.

In the 1950s and '60s, Feldenkrais traveled around Europe and to the United States to present his work. He began a teacher training program in 1969, and continued to teach until his death in 1981. Feldenkrais left a legacy which is carried on by nearly 3,000 Feldenkrais practitioners all over the world.

Thomas Hanna

Thomas Hanna was born in Texas in 1928, and in school he studied divinity and the philosophy of religion – despite being a self-proclaimed atheist. After spending years traveling the world teaching, writing, pursuing research, and doing social work, Hanna took a position as Chairman of the Department of Philosophy at the University of Florida.

While in Florida, Hanna studied neurology at the University of Florida Medical School. His study of neuroscience taught him that every psychological process occurs along with changes in the systems of the body. It became clear to him that issues of the psyche cannot be fully addressed without working with the functioning of the physical body, and vice versa. He began to refer to the interconnected living process as a “soma,” a term which in ancient Greece was used to describe “the living body in its wholeness.”

While studying neurology in Florida, Hanna wrote the book *Bodies in Revolt: A Primer in Somatic Thinking*, a survey of somatic philosophy which he published in 1970. After reading this book, an acquaintance told him about the work of Moshe Feldenkrais. Intrigued, Hanna read Feldenkrais's book *Body and Mature Behavior*, and attended his month-long workshop in Berkeley, California in 1973.

What Hanna witnessed at this workshop changed the course of his life. During the workshop, Feldenkrais demonstrated his hands-on techniques with a man who had suffered from cerebral palsy since the age of three. Within just half an hour, Feldenkrais helped this man begin to unlearn years of habitual muscular patterns which in the eyes of a medical practitioner would have been considered permanent.

At the time, Hanna was the Director of the Humanistic Psychology Institute (now the Saybrook Institute) in San Francisco, and he was able to bring Feldenkrais to the school as a Distinguished Visiting Professor for three years. From 1975 to 1978, Feldenkrais led his professional training program in the United States for the first time.

Feldenkrais's methods gave Hanna the means by which to work with people who suffered from functional disorders and chronic pain conditions. Hanna coined the term “somatic education” to describe methods of education which worked with both the mind and body to improve health and functioning. Hanna used his understanding of how the nervous system controls the muscles to develop advanced movement techniques and an entire system of movement education that was highly effective in retraining the nervous system.

Hanna's study of neurophysiology taught him that the changes we experience in our bodies as we age, instead of being the result of inevitable structural breakdown, are for the most part a result of learning and adaptation. Supported by the latest research which showed that cortical learning occurs throughout our lifetime, Hanna taught his clients that what they had learned could be unlearned. He showed them how to regain sensation and motor control, and they experienced what seemed to be miraculous recoveries from back pain, disc degeneration, sciatica, scoliosis, stooped posture, arthritis, frozen shoulder, and a host of other functional disorders.

In 1990, after years of people begging him to teach his methods, Hanna began his first professional training program in Clinical Somatic Education with thirty-eight students. Tragically, after teaching the first semester of the three-semester program, Hanna was killed in a car accident. His students worked with the clients who were on his long waiting list, and went on to create training programs for future students.

Hanna wrote a number of books on somatic education and theory, including the classic *Somatics: Reawakening the Mind's Control of Movement, Flexibility, and Health*. Hundreds of people attended the movement workshops he held in hotel conference centers, and people traveled across the country to do hands-on sessions with him. Hanna created a method of education which helped thousands of people get out of pain and gave them the tools with which they could take care of themselves and be truly self-reliant.

PRINCIPLES OF CLINICAL SOMATIC EDUCATION

1. Chronic musculoskeletal pain, dysfunctional posture and movement, and physical degeneration are most often caused by learned muscular patterns.

Our nervous system controls our muscles, and our muscles move our skeleton around. Our body does not move in any way unless our nervous system tells it to do so. Chronic pain, chronic stress, muscle tension, postural distortions, joint degeneration, and stress fractures are most often the result of how the nervous system is functioning – how it is telling our body to stand and move.

Chronic pain, physical degeneration, and posture and movement issues can also result from things outside of voluntary nervous system control. Nervous system diseases, genetic makeup, metabolic or immune system function, diet, activity level, and even a bacteria or virus can cause musculoskeletal dysfunction or pain. But if all of these possible causes have been ruled out, it is fairly safe to assume that learned, habitual muscular patterns are the cause of the issue, and they are what must be addressed in order for function to improve.

2. Active movement on the part of the client is necessary in order to create lasting change in learned muscular patterns.

CSE lessons are active on the part of the client, meaning that the client moves voluntarily during the lessons. An example of an active movement is a client lifting up their own arm. An example of a passive movement is the therapist lifting up the client's arm while the client remains relaxed. Massage, chiropractic, and most other bodywork modalities are passive.

While therapies which use only passive techniques are usually relaxing and enjoyable, the results of these therapies typically do not last more than a few days. Active movement on the part of the client is necessary in order to form new neural pathways and achieve lasting change in the functioning of the nervous system. CSE uses a combination of both passive and active movement techniques. The passive movements calm the client's nervous system and increase their internal awareness before they engage in voluntary movement, while the active movements are responsible for creating lasting change and retraining learned muscular patterns.

3. The underlying cause of a problem must be addressed.

Most pain treatments, whether they be medication or a form of bodywork, address only the symptoms of the client's problem. These treatments either focus on relieving the sensation of pain or use spot work, an approach which assumes that the problem is only occurring in the area of the body where the pain is being felt. Since these treatments address only symptoms, their results typically don't last.

CSE addresses the underlying cause of pain by working with the nervous system to address full-body patterns of posture and movement. No part of the human body moves independently; with every movement, adjustments and shifts happen throughout the body that allow the movement to happen. When pain or breakdown occurs in one part of the body, is it most often a symptom of a dysfunctional full-body pattern. In order for the problem to go away for good, the entire pattern must be addressed. In every CSE lesson, the educator teaches the client movements that address the full-body patterns that are causing their pain.

CSE also addresses the underlying cause of pain by working with the core of the body first, then moving outward to the extremities. All movement and postural patterns begin in the core of the body. Just as you must build a solid foundation before building a house on top of it, you must first work with the function of the core of the body before working with the function of the extremities.

4. Clinical Somatic Educators work with clients rather than on clients.

In CSE, the client is not viewed as simply a body to work on or manipulate. The client is a whole person whose thoughts, reactions, emotions and experiences have created the habitual patterns that have led to their dysfunction. The educator and the client work together in partnership throughout the series of lessons. There is verbal communication between the educator and client throughout each lesson, allowing the educator to understand what the client is experiencing and to adjust the movements based on the client's feedback.

5. Clients should be taught how to be self-sufficient instead of dependent.

Many treatments and therapies for pain are based on some sort of dependence, whether it be that the client must return on a regular basis for sessions or must continue to take medication. CSE gives people a way to take care of themselves. In fact, the method is founded upon the belief that people have the ability to and should take care of themselves instead of relying on others to maintain their health.

At every lesson, the educator teaches the client new self-care exercises which are to be practiced daily at home. The self-care exercises are slow and gentle, and most people find them to be relaxing and enjoyable. After completing a series of lessons, the client has learned enough exercises and has a deep enough understanding of the method that they are able to continue to make progress on their own at home.

The intention of a series of lessons is to make the client their own expert; to give them the tools they need to continue to improve their self-awareness, unlearn damaging patterns, and assess themselves on a daily basis. The purpose of this process is not only to help the client regain awareness and control, but also to teach them how to guide themselves through the educational process without a practitioner.