



How to Describe Clinical Somatic Education

YOUR PROFESSIONAL TITLE

After completing CEI Level 1, you are technically an **SMC® Certified Exercise Instructor**.

Certified Somatics Exercise Instructor is also a fine term to use. You may also say that you teach “Somatics in the tradition of Thomas Hanna.”

Somatic Systems Institute used to hold the trademark for “Clinical Somatics” and “Clinical Somatic Education” but they do not anymore, as far as I know. In theory, you could say that you are a **Clinical Somatics Exercise Instructor**; however, I am not officially recommending that you call yourself that.

You should not use the word Practitioner or Educator in your professional title. These terms are reserved for people who have completed the full 2-3 year professional training program that teaches the hands-on methods of Clinical Somatic Education. You are also not allowed to say that you teach Hanna Somatics, because that is trademarked by the Novato Institute.

HOW TO DESCRIBE CLINICAL SOMATIC EDUCATION

Describing and marketing Clinical Somatic Education pose unique challenges because most people have never heard of it. Before teaching any movements, you'll need to be able to describe what Clinical Somatics is and what it does. When talking about Clinical Somatics, remember to always emphasize how it is unique—because the things that make it unique are what make it so effective!

You can adjust the way you talk about Clinical Somatics to suit your audience and the situation. A quick elevator encounter will demand a concise, one- or two-sentence description that includes the important, unique aspects of Clinical Somatics. A casual conversation with a chatty, interested person will allow you to be more relaxed and long-winded in your description, and will give you the opportunity to tell them how Clinical Somatics could help solve their particular problems.

Written communication and marketing materials will require that you be clear, precise and

grammatically correct – while at the same time being interesting and exciting so as to draw people in and get them to sign up for a lesson or class with you!

FIRST, WHAT DOES CLINICAL SOMATIC EDUCATION DO?

You may find that the simplest way to describe Clinical Somatics is that it “retrains muscle memory.” Most people have some understanding of what muscle memory is. And while the term is scientifically incorrect because muscles have no memory of their own, muscle memory is how most people understand and refer to the learned muscular patterns that dictate our habitual posture and movement.

If you want to be more precise, you can say that Clinical Somatics “changes habitual posture and movement by retraining the nervous system.”

SECOND, WHAT IS THE INTENTION OF CLINICAL SOMATIC EDUCATION?

I typically say something like, “Clinical Somatics retrains the nervous system to release involuntary muscle tension and relieve pain by retraining damaging posture and movement patterns.” That’s a mouthful, and it can be rephrased in many ways. The point that you want to get across to your audience is that the way they habitually use their body is most likely causing their pain. And by changing the way that they stand and move, they can get out of pain and avoid doing damage to their body.

THIRD, BY WHAT METHOD DOES CLINICAL SOMATICS IMPROVE FUNCTION AND RELIEVE PAIN?

Some methods of pain relief are painful on their own, and many are expensive and require many sessions or treatments. It is important to communicate to your audience that:

- Clinical Somatics exercises are slow, gentle, and suitable for all ages and physical abilities.
- After you have learned Clinical Somatics exercises, they are to be practiced on your own at home – so you can relieve your own pain, keep making progress on your own, and not have to come to sessions forever!

*You don’t have to make these three points in the order above! You might say, “Clinical Somatics uses slow, gentle exercises to relieve pain and improve your posture and movement by retraining your nervous system.” There are many ways to talk about CSE – just remember to communicate the important points.

HOW IS CLINICAL SOMATICS DIFFERENT THAN OTHER METHODS OF PAIN RELIEF?

If you've been clear in your communication of the previous points, your audience may not even ask how Clinical Somatics is different than such-and-such. If your audience does not ask, you don't need to bring it up. Comparing Clinical Somatics to other methods of pain relief can easily end up sounding as though you are insulting the other methods, and this adds a negative tone to your conversation. So, if you need to compare CSE to another method of pain relief, stick to the facts and be as objective as possible.

There are many methods of pain relief and movement therapy out there, and I still encounter new ones that I haven't heard of. There's no shame in saying that you are not familiar with the method that your audience is asking about. Ask them to describe it, or look it up online and learn about it so that you can tell your audience how CSE is different.

Two important differences that you should mention:

- **Clinical Somatics is active.** Many healing modalities are **passive**, meaning that the client stays relaxed while the practitioner manipulates their body. In contrast, Clinical Somatics is **active**, meaning that the client is actively engaged in the movements. **This active engagement allows learning to take place in the nervous system, and is one of the key reasons why Clinical Somatics is so effective in creating lasting change in bodily function.** (Of the methods described below, physical therapy is the only active one.)
- **Clinical Somatics uses pandiculation**, which no other method of pain relief or movement therapy does. Pandiculation results in lasting release of involuntary muscular contraction because it retrains the nervous system, resetting the resting level of muscle tension.

Physical Therapy

A physical therapist may prescribe exercises which are designed to improve strength, range of motion, flexibility, and balance, depending on the needs of the patient. While there are many benefits to physical therapy, there are two main reasons why chronic pain patients might not have success with it.

The first reason is that strength-building exercises are often prescribed in order to fix imbalances in posture and movement. Lack of strength is typically not the issue for people in chronic pain. Most often, it is chronic tightness and dysfunctional muscular patterns which are causing pain and doing damage to the body. Strength-building exercises can result in increasing the resting level of muscle tension, which can increase muscle soreness and pain. What people in chronic pain most often need is for chronically tight muscles to be released, not strengthened.

The second reason why physical therapy may not work for people in chronic pain is that it typically does not address full-body movement patterns. Strength-building exercises are usually focused on the site of the pain; so, a person with shoulder pain will be taught exercises to build up strength in the muscles around the shoulder joint. This approach is helpful after an injury or surgery, but it doesn't address the full body pattern that likely caused or contributed to the pain in the first place. Chronic pain, degeneration and injuries rarely occur in a vacuum. In other words, they are most often the result of the way we use our entire body. Clinical Somatic Education retrains full-body movement patterns, effectively relieving pain and preventing future pain, degeneration and injury.

Stretching

As you learned last week, stretching typically doesn't have long-lasting results due to the myotatic reflex. When you pull a muscle farther than it can comfortably lengthen, your stretch reflex kicks in, contracting your muscles to prevent you from overstretching and tearing your muscles, tendons and ligaments.

Clinical Somatics uses no conventional stretching techniques. Instead, Clinical Somatics exercises pandiculate muscles, gently contracting and very slowly releasing them, reducing the resting level of muscle tension and restoring voluntary control.

Massage

Massage is one of the oldest physical healing modalities, appearing in written records from several thousand years ago and likely predating recorded history. Massage therapy uses various techniques to apply pressure on muscles and connective tissues in order to lengthen tissues and relieve pain.

Massage has many benefits such as relaxing the nervous system and stimulating the circulatory system. The sensation of touch also stimulates the release of "human growth hormone," which is critical for cellular healing and growth.

Unfortunately, the benefits for which most people get a massage – muscular release and pain relief – are short-lived. Massage, like stretching, is a passive way of lengthening muscles. A gentle massage should not activate the stretch reflex, but a deep massage will, often resulting in soreness afterward. And regardless of how gentle or deep the massage is, it will be passive, not engaging the nervous system in an active learning process and not achieving any lasting change.

Chiropractic

When chiropractors perform spinal manipulations, often referred to as chiropractic adjustments, they apply controlled force into a joint which moves the joint back into proper alignment. It is believed that bringing joints back into alignment restores mobility, alleviates muscle tightness and pain, and allows injuries to heal.

Chiropractic adjustments, or any movements which pop a joint back into alignment, often provide an enjoyable sense of release and relief from pressure or pain. Unfortunately, simply manipulating the structure of the body does not change the way it is functioning. Within a few days or even just a few hours of an adjustment, your learned movement patterns and habitual level of muscle tension will typically cause your joints to become misaligned again.

Our bones do not move unless our muscles, which are controlled by our nervous system, tell them to move. So if our skeleton is out of alignment, it is because our muscles have pulled it out of alignment. The only way to create lasting change in our skeletal alignment is to engage in an active learning process that releases involuntary muscle contraction and retrains posture and movement patterns.