

Decompensating Compensations Safely

by Lawrence Gold, CHSE

Sometimes (rarely), a client with whom you work “reverts” to a prior state of contraction. Sometimes, they just don’t let go of a contracted area during pandiculation. You may be working with postural “compensations” out of the sequence that would permit their release. This paper helps to see our way out of the predicament.

THE THIRD-PERSON (OBJECTIVE) VIEWPOINT THAT HELPS

The overriding imperative for physical bodies moving in three-dimensional space is to maintain balance. The objective aspect of somas, the physical body, is only one aspect of somatic existence, but it is as important as our first-person, somatic awareness. For humans, our upright, bi-pedal stance – standing, walking and running -- depends upon balance.

Balance is a physical state, as well as a sensory experience. Our sensory appreciation of that physical state is the feeling of easy steadiness at rest and grace-in-movement.

To understand the physicality of balance, a model is helpful. It is only a model, and it gives only an approximate view, but it can get us to a useful way of seeing. Here’s the model: Standing at rest, balance depends upon “alignment” – a symmetrical, vertical spatial relationship among the major weight blocks (masses) of the body: head, arms and shoulders, thorax, abdomen, legs. These blocks can be seen (in a mirror or in others) and they can be felt, somatically.

Each of our “body-blocks” has a center of gravity. By “center of gravity,” I mean the place within each of our body-blocks from which the mass (weight) is equally distributed on all sides: our head has a center; our chest has a center, etc.; overall, we have a center. We also have various kinds of mobility that move our “blocks” into or out of alignment with the rest of our center of gravity. We move our weight around. Whichever way we move the sum total of our body-blocks, we, as a whole move. In movement, our balance depends on our ability to return from off-balance asymmetry to balanced symmetry, to pass freely from activity to rest.

Off-balance, we feel awkward; we feel the need to correct ourselves or to hold on; we feel tense. Our tension is our effort to return to balance. Our effort to return to balance may be impaired by involuntary muscular tensions (that distort our alignment), by a lack of feeling of what we must release to return to balance. With that impairment, we feel we must add effort to find balance. This state of tension and effort is the typical underlying state of a person in S-M-A.

This matter of balance is all-important when guiding our clients through sequences of pandiculation. So, this essay talks about somatic education from the viewpoint of balance.

BALANCE AND COMPENSATIONS

The term, “compensations,” is a bit of jargon from bodywork. It generally refers to patterns of muscular contraction that form after injury. Unfortunately, the term has a vagueness about it: “compensating” for what? How do we get “compensations” to stop compensating? So I will attempt to clarify.

“Compensations” don’t compensate for “injury”; they compensate for states of physical imbalance (standing or in movement) that result from asymmetrical muscular tensions. These asymmetrical muscular tensions exist as habituation (a state of being stuck) in any of the three muscular reflexes of stress (Landau, Trauma, Startle). Sensory-motor amnesia (S-M-A) starts out asymmetrically (involving one aspect of the body, but not its opposite counterpart); compensations – chronic muscular tensions that persist throughout all kinds of movements and all kinds of positions – often follow. Sometimes, not. Sometimes, the person is just asymmetrical, off-balance. But often, compensations do form and become part of the pattern of S-M-A.

Asymmetrical muscular tensions create asymmetrical posture. Asymmetrical posture is off-balance. “Compensations” are an attempt to compensate for the state of “off-balance”; we compensate (automatically and involuntarily) to maintain balance in movement. Off-balance, no rest is possible. To return to balance-at-rest, freedom from habituated tension is necessary, but something more is also needed: a somatic feeling for balance is needed; a somatic feeling for how to move from off-balance to balance is needed. (I say more about the role of the somatic exercises, in this context, later.)

Understanding compensations in terms of balance helps to explain the difficulty we sometimes encounter when guiding a client through assisted pandiculation. Hoping to help a person release involuntary muscular contractions, we guide them through a pandiculation. Most of the time, it works; sometimes it doesn’t. When it doesn’t, maybe we are guiding a person into a state of release *toward being off-balance*.

It is easiest to release that which, when released, would take us toward balance, hardest to release that which, when released, would leave us feeling more out-of-balance. It is easiest to release tensions that pull us off-balance (the original S-M-A of injury), hardest to release tensions that preserve our balance (compensations for the asymmetrical S-M-A of injury). Get it? So, deal with the greater S-M-A, first; deal with the lesser S-M-A, second.

The model of vertical postural alignment used by chiropractors and rolfers thus has a utilitarian value for us. It informs our application of the pandicular response. We sequence pandicular maneuvers so that the person comes to a better vertical alignment-at-rest (rather than by postural effort). In general, the three basic lessons of Hanna Somatic Education® come first (in order: Green Light, Trauma, Red Light), but informed seeing may sometimes have us re-arrange which of those lessons we do first. Informed seeing also

helps us devise sequences of maneuvers for patterns of trauma reflex not cleared up by the standard lesson.

AFTER THE RELEASE, THEN WHAT?

Freedom is one thing; balanced functioning is another. We want free and balanced functioning.

The person is used to an aberrant pattern of movement, used to an aberrated feeling of him-or-herself. They are used to the aberration plus the compensations. They are used to an inefficient (unbalanced) pattern of movement and have forgotten (or maybe never knew) the more efficient (more balanced) pattern. They have, to some extent, forgotten (or have never known) what it feels like to feel like themselves-at-ease. They have been buried in S-M-A.

So we help them unbury themselves from the aberrant pattern. That's only half of dispelling S-M-A.

The other half is to remind them of (or acquaint them with) a more balanced, more coordinated, more integrated pattern. That's the job of the somatic exercises (and body-image training). Without the exercises, people are left to their own devices in the hope they will find their way toward balance. Remember, they have been amnesic. Help them find their way. Give them the exercises needed to guide them toward balance, in the literal, three-dimensional, physical sense. Remember, that third-person, three-dimensional, physical body experiences its physicality *somatically*. Subjective and objective correlate.

HELP FOR THE BAFFLED

As an aside, sometimes, people may come to you with complaints of pain or malaise, but show little or no evidence of involuntary muscular contraction-at-rest and have no relevant history of injury. Don't be baffled. Just guide them through somatic exercises. These people probably never developed a very high degree of coordination or integration; now they're feeling it. Help them find it. You (and they) may be amazed that the solution was easier than you thought.

Finally, the viewpoint of this piece is a bit reductionistic. It considers S-M-A as only a sensory-motor condition. However, emotional states (nervous tension) may also exist in the person. Their muscular tension may reflect fixated states of mind and emotion, the consequences of disorderly behavior patterns, habits of life. These aspects of somatic existence can be pandiculated, but only on their own terms. Habits and states of mind can be exaggerated, then released. But this kind of pandiculation is a bit outside the scope of HSE training. There is a way. Contact me if you want to know more.