

EPILOGUE

concluding ideas

Why Somatic Education is a Body-Mind Thing

Just as our actions demonstrate our intentions, our bodily state demonstrates our mental state.

This statement applies to states of dis-ease as well as to states of health. Stress level has been linked to susceptibility to disease through its adverse effects upon muscular tension, body chemistry, vitality, and immune-system functioning.

These scientifically-validated observations open the way for more profound implications that can be observed in ones own case: beliefs and attitudes affect our physical well-being. Consider how you feel coming home from a grueling work-day or during a life-crisis.

But this is “tip of the iceberg” stuff. Much more exists, unnoticed, below the surface.

In this case, the “surface” is the limit to our self-awareness, and the invisibility isn’t due to concealment, but to familiarity.

Our familiar attitudes, expectations, desires and refusals persist in us as states of readiness to feel and act in certain ways about and toward certain things. They persist as states of tension that never relax, but that are so familiar to us that we consider them to be “ourselves” and never notice them.

They are the “non-negotiables” of our existence.

They are states of body and mind that persist through time.

They are the “who we are” that is taking action.

They are the “foothold” from which we act.

They are our sense of “right” and “wrong”.

They are our sense of “problem” and “solution”.

They are what we feel we know.

They are our feeling of knowing.

To test these statements, recall how you feel when someone earnestly tells you something you know is wrong. You don't generally relax and laugh with delight!

Somatics deals with just those kinds of responses. It is the art, science, and self-study of feeling and action. It is not analytical; it is observational. It is felt.

Those who are involved in the body-mind arts and sciences, particularly in the healing professions, sometimes run up against conditions in their clients (and in themselves) that don't resolve as expected with treatment. Something has been missed.

That "something" is often the mass of attitudes and responses we call "the client" -- "who" they are. The roots of the problem *are* the person at the level of *personal* existence -- the personal attributes considered non-negotiable and socially untouchable in polite society. The problem is untouched because it exists in and as "the doer" rather than in what the doer/client or therapist is doing. It is the person's subjectivity, not the problem as they have conceived of it. Somatic education is about more than what a person is sensing or doing muscularly; it includes what they are *being*.

The client may notice these attitudes and qualities surfacing as emotions, confusion, or resistance during therapeutic (or educational) interactions. The therapist or somatic educator may notice them as the sense of difficulty in working with the person, as unusual difficulty in communicating with the client, or as feelings of overwhelm or fatigue.

When this is the case, the limit of therapeutics has been reached; a growth of awareness and a change of intention are necessary. No substitute will do. As a rule of thumb, what works is to place attention on the sense of difficulty (or resistance) and then alternate deliberately feeling it, and then releasing the effort of feeling it, just as one would tense and relax a tight muscle. Very often, the difficulty will dissolve. When that occurs, the body changes.

That is why somatics is a body-mind thing.