Free Yourself from Back Pain
	nine weeks or fewer
to a comfortable back
you can trust

Hanna Somatics Gold

Lawrence Gold, Hanna somatic educator
Look forward to the Whole Body yawn.

This is a book to help you work smarter rather than harder, to reclaim your body from the tyranny of pain and stiffness.

The instruction comes from outside.
The learning comes from within.
INTRODUCTION

Did your back pain start mysteriously one morning? Did it start suddenly, when you lifted something? After an accident?

A large percentage of people with back pain have nothing more than tight back muscles. Tight muscles are tired muscles, and tired muscles are often sore. Tight, tired muscles are also more prone to cramping than relaxed, refreshed muscles. Very tight back muscles may pull neighboring vertebrae together closely enough to pinch nerve roots that exit the spinal canal, causing pain and numbness in the extremities. When vertebrae are pulled closely together, discs between the vertebrae may get compressed and even break down (bulge or rupture) from long-term pressure.

Many symptoms of back trouble and their underlying causes can often be corrected, or their progress stopped, by the movements shown in this program.

Here’s the simple premise of this approach: Muscular tension is controlled by the brain. Some muscular activities, such as ordinary movement, are controlled by the part of the brain dedicated to voluntary control; other muscular activities, such as reflexes, are controlled by the part of the brain and nervous system dedicated to involuntary bodily functions; still other muscular activities, such as coordination, result from deliberate learning and become automatic, even involuntary. After injury, long-term performance of a movement, holding of a position, or stress, tension habits form and some freedom of movement is often lost. Control has shifted from the voluntary to the involuntary centers of the brain. The movements found in this book retrain the voluntary part of the brain to take back control of those muscles from the involuntary parts of the brain.
Freedom of movement and comfort quickly improve.

I am a certified somatic educator who, by using the methods of somatic training, has had consistent success with clients who have back trouble. The results I get with the methods I use are highly reliable, even with difficult cases.

Because not everyone can get to see me or my colleagues (usually for geographical reasons), I have created this self-help book. Although not nearly as fast to produce results as clinical sessions at my office, the methods found in this book do bring relief to people with back trouble, results that are durable enough to stand up to all of the activities of daily living. All that is required is to do the movements I describe in the manner I describe, which is slowly, with awareness of the sensations of movement, and within your comfort zone.

Your days of guarding a bad back can be over.

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MODULE 1A

Spine Waves
Special Technique: Muscle Equalization

Why Equalize Muscular Efforts?

The procedures that follow have a very interesting feature: they involve equalizing the tension and sensation of muscles in two or more areas at once.

Why equalize tensions? It unlocks habit patterns.

A very odd thing happens when muscle groups that ordinarily work together get conditioned to maintain unequal degrees of tension. They get stuck in unequal degrees of tension!

That means that as soon as one group goes below its usual degree of resting tension, its co-worker group, which may already be at too low a level of tension for postural stability, goes even lower. For the sake of stability, the brain brings the too-low group back up to a higher level of tension, which brings its co-worker group back to where it started.

It’s a stuck situation.

The solution is to link the two groups together in a single action and to bring them to comparable levels of tension and sensation.

That’s what the following coordination patterns do.

By so doing, they produce some remarkable changes of muscular control, posture, and balance, for which there is no adequate substitute.

The effect on back spasms? Permission to relax!

All of the coordination patterns in this book consist of a contraction phase and a slow relaxation phase. As you do these coordination patterns:
Hidden Connections

Among the body’s parts, there are hidden connections, in which movements of one part elicit responsive movements of other parts. By moving both parts together and feeling the effort, we can reset muscular tensions that are otherwise habitual.

The following coordination pattern, Spine Waves, makes use of such hidden connections.

- Always regulate your effort to be within your comfort zone: the amount of sensation you can experience without fear or cringing.
- Follow the instructions, but breathe when you need to!
Spine Waves

STARTING POSITION:

- lying on your back
- knees up, legs balanced, leaning neither in nor out
- arms outstretched, hands in line with shoulders

IF NECESSARY FOR COMFORT,

- place your hands on your belly
- place a pillow under your head.

Find the place behind your nose whenever you see ☀.

If your condition makes you want to cringe in this movement, use less effort. If you still tend to cringe involuntarily, go to Module 2A (page 101), then come back to this coordination pattern.

1. Turn chin up, press your head down, and hold.
Go slowly enough to notice the first sensation of effort. Always work within your zone of easy effort. Never cause yourself to cringe. If a movement hurts, use less effort.

2. Inhale, lift your breastbone and hold.

Feel the back of your neck and the muscles of your mid-back tighten. Feel your breastbone lift.

3. Slowly exhale and relax all efforts. Breathe freely.

Feel the back of your neck relax, your chest sink and your low back flatten.

Repeat until you feel the muscles of your mid-back contract as you lift your breastbone (at least three (3) times at decreasing levels of effort) until you can feel the movement as described.
The following movement improves your control over the muscles of your mid-to-upper back, resulting in relaxation, there.

1. Turn chin up, press your head down, and hold.
   
   *Feel the back of your neck tighten and shorten.*

2. Inhale, lift your breastbone, and hold.
   
   *Feel the back of your neck and the muscles of your mid-to-upper back tighten. Feel your breastbone lift.*

3. Equalize tensions at the back of your neck and mid-back.
Go slowly enough to notice the first sensation of effort. Always work within your zone of easy effort. Never cause yourself to cringe. If a movement hurts, use less effort.

4. Slowly relax the back of your neck until tension moves in a wave to your mid-to-upper back. (Breastbone stays lifted.)

As you relax your neck, stop at a position where you feel the tension or sensation in your back the most. Hold that position until you feel the sensation change.

⇒ 2nd level ⇒ Shrug your shoulders evenly toward the tight place in your neck, without changing the position of the tension in your neck, and hold. Compare and equalize the effort in your two shoulders.
Go slowly enough to notice the first sensation of effort.
Always work within your zone of easy effort. Never cause yourself to cringe. If a movement hurts, use less effort.

5. Slowly and together, lower your breastbone and relax your neck. Breathe freely.

You may notice that your back feels longer and flatter.

Repeat until you feel the muscles of your mid-back relax as you lower your breastbone (at least three (3) times at decreasing levels of effort) until you can feel the movement as described.
Appendix A

Some Comments on Typical Terms Applied to Back Pain
Some Comments on Typical Terms Applied to Back Pain

Degenerative Disc Disease

Refers to breakdown of the intervertebral discs -- the fibrocartilage spacers between vertebrae.

The discs consist of two layers: a tough, fibrous outer ring (annulus fibrosus) and a gummy core (nucleus pulposus) -- something like a Tootsie Roll Pop.

Disc breakdown may range from mild disc bulge, to more severe disc bulge (herniation), to rupture of the disc with extrusion of disc material, to conversion of the disc into bone (fusion). This phenomenon may occur anywhere in the spine, including the neck.

While defined as a disease, Degenerative Disc Disease is no more a disease than a blowout of an overloaded tire is a disease of the tire. The breakdown comes from mechanical causes -- overcompression.

Tight muscles of the back (the spinal extensors) pull neighboring vertebrae closer together, compressing the discs in between. Over time, the combination of overcompression and movement cause discs to break down, leading to the range of breakdown described above.

The breakdown process can be stopped by restoring normal pliancy to the spinal muscles and normal space between the vertebrae. Then, the healing process can restore disc integrity.

Added note: chronic dehydration due to insufficient water intake affects the discs adversely. As discs lose water, they lose plumpness and lose their ability to maintain space between neighboring vertebrae. Nerve entrapment, such as sciatica or tingling and numbness in the hands (including carpal tunnel syndrome), may result.²

Spinal Subluxations

The term, originating in Chiropractic, refers to misalignments of neighboring vertebrae. Such misalignments adversely affect posture, movement, and organ function by affecting nerve signal transmission.

Bones go where muscles pull them. Abnormal (habituated) tensions in the spinal muscles pull vertebrae out of alignment. As muscular functioning normalizes, spinal alignment often normalizes spontaneously.

Without normalization of muscular functioning, spinal misalignments tend to return; with normalization of muscular functioning, chiropractic adjustments, if needed, tend to be long-lasting and are needed less often, if ever.

Injury vs. Spasm

People commonly confuse spinal injuries with muscle spasms.

Spinal injuries involve changes in bone structure or soft-tissue consistency: fractured vertebrae, degenerating discs, nerve damage. Spinal injuries require substantial healing time -- or may never heal.

Muscle spasms -- painful muscular contractions -- though painful, do not constitute an injury. Though symptoms of nerve impingement (tingling, burning, numbness, loss of muscular control) may accompany muscle spasms, these symptoms often disappear nearly instantly, once muscle spasms relax. Muscle spasms can often be induced to relax through somatic methods relatively quickly.

Muscle spasms often follow traumatic accidents, such as falls or motor vehicle mishaps, shocks to the nervous system that prompt the muscular system to tighten up. For that reason, muscle spasms may be confused with spinal (not “spinal cord”) injuries. In persons with chronic muscular tension, muscle spasms may also occur when lifting heavy loads or even when bending forward, leading persons to speculate that they have injured their back.