



What Happens in a Hanna Somatics Session?

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Hanna somatic educator

To begin with, the person coming in the door usually comes with a host of symptoms and a story. The symptoms are the places that hurt and the story involves the kinds of things that made them hurt.

What I find, by looking, is usually that the person holds him-or herself differently on one side than on the other side. One shoulder may be higher or pulled down and back, the breathing doesn't expand the ribs equally on both sides, one foot may point differently than the other, the head may be tilted or turned to one side, the back may be arched, the head forward, the shoulders rounded, etc.

What I find, by having the person lie down, assume various positions and let me move them is that they are looser in some movements than in others. Lying on their back with their knees up, feet planted, I may find that one leg tends to flop to the side automatically unless held in by the person, or perhaps both legs are held in, knees together, by tight inner thigh muscles. The fronts of the hips may be ticklish or sore, the muscles below the collar bones may be tight, with the shoulders lifted off the treatment table.

The neck may be tight on the sides or in front or along the neck in back or up behind the windpipe. The muscles of the low back may be tight, one side tighter than the other. The shoulders may be held from the back. It goes on.

Whatever I find, there tends to be a pattern, a host of muscular contractions that prevents the person from standing fully upright, from standing balanced, or from moving fluidly freely when asked to walk across the room.

So, what do I do? I take that person through a procedure wherein they let go of those patterns of muscular tension. Shoulders let go, legs move more freely, balance feels better, movement feels smoother and easier, etc., etc.

Now the question that everyone wants to know the answer to is, just how do I do that?

That's a hard question to answer to the satisfaction of someone who has never experienced the process. Why? Because people tend to liken new things to things they already know, and this process is very different from almost any common

therapeutic process or form of bodywork.

But I'm going to answer it to the best of my ability.

First, a little background.

Every person who walks in the door with tight, painful muscles has one thing in common: They don't feel in control of those muscular tensions. In most cases, they aren't even aware that they have them. All that they know is that they have pain and restricted movement. In fact, they may not even know they have restricted movement; they may only know that they hurt. And in fact, they may not even be aware of all of the places in them that are sore. In fact, they rarely are.

So I've got to show them. This showing is part of getting them mobilized to do the procedures that we do. It happens as part of the process of my discovering what is going on with them. I described that earlier. As I touch each place or move them this way or that, I describe what I'm observing and ask them if they notice it. It doesn't take much. Then, I have to inform them that the reason those places are sore is that the muscles are contracted and tired, and I then have to introduce for (what is, for many) the first time the idea that when those muscles relax, the pain will disappear.

The next step is to decide on a starting point. Where in that pattern of tension do we go first? Which place

do I teach the person to control, first? To decide that, I have to discern what action they are doing by tightening up. Are they ducking something? Twisting (or twisted) away? Shifting to one side as if to avoid the pain of being hurt? Avoiding breathing fully on one or both sides? Again, it goes on. The point is, by using my knowledge of their history of injury, by observing their postural stance, and by feeling their musculature, I can generally recognize their habitual way of holding themselves tight.

So I decide on a starting point and we begin to disarm the situation.

By "disarm," I mean to remove pain and to bring the tight areas back to a comfortable, rested condition. Muscles soften and lengthen, ticklishness or pain fades away, and my exploring hand now finds the involved places comfortable. Places that were sore, jumpy or ticklish now feel quiet and at peace.

I haven't told you how I do that, yet.

The fact is, if I'm to be a stickler for accuracy (which I am), must say that "I" don't do anything to my client that causes it to happen; I don't "fix" people. Rather *we*, you and I, do it together.

You see, it's a participatory process. My job is to coach the person through a kind of movement action that frees them from painful, reflexive muscular tension and teaches normal,

fluid control of muscles and movement.

About those kinds of actions, I have coined a term: "the whole-body yawn." It's whole-body because the movement patterns we are working with generally involve or affect the whole body, the way a yawn results in whole-body relaxation, even though it involves characteristic patterns of muscular contraction. In fact, it's a process in which my client retrains their own brain to control the muscles better.

Let's take a shoulder, for example.

The person is lying on their front, face turned to one side. One hand is in front of their mouth and nose, elbow bent and lying on the table, the other arm is by their side.



By my examination, I have discerned that the muscles that adjoin the top of the shoulder to the neck are what I call, "a trifle tight." That means, if I lift the elbow of that arm from the table, like a wing, it tends to stay up by itself. It's not anti-gravity; it's tight shoulder muscles holding that arm up.

I point it out to the person. I say, "Do you notice that? Watch," I say. I push the arm gently back to the table and then lift it again. It stays up. "See? It stays up." The person may often say, "But I didn't know you wanted me to relax." So I say, "Okay. Just let your arm stay relaxed." Then, I lift it, again. It usually stays up, again.

So now, I have the person do something a little unusual. I begin by explaining, "I going to have you do a movement, now, that uses those tight muscles. I'm going at resist that movement. So, I'm going to be resisting you; it's not that you are resisting me. I'm resisting you." Then, I place my hand on their elbow and ask them to lift.

I keep in contact with her elbow lightly enough to allow her to lift, and then at a certain point where I feel she has lifted high enough, I resist her motion with a force equal to hers. The movement stops there, but the effort continues with us balanced against each other.

I then ask her to bring her arm very slowly down to the table surface, or I might ask her to decrease her effort slightly, which has the same effect. As I maintain the original counter-effort, she uses less effort, and her arm moves slowly and smoothly to the table surface. "Let go all the way," I say.

Then, a very unexpected thing happens – unexpected, that is, to my client. I lift her arm and let go, and it flops down freely. No more holding up.

"Look," I say. I lift and drop the arm several times.

What has happened? She has relearned to relax those tight muscles. More than that, she's learned to control the amount of effort she exerts through those muscles. She's learned to regulate her own tension to the degree of complete relaxation (which she could not do, before).

What did it feel like to her, as we did the maneuver? She first felt the effort of lifting her arm with my light touch riding on her elbow. Then, she felt me slow her movement down with resistant pressure until movement stopped. She continued to feel her own muscular effort. Then, she heard me say, "Slowly bring your arm down to the surface." That gave her permission to decrease the amount of effort. The feeling as her arm comes down is of a progressively decreasing amount of effort until she comes to complete rest. She has recovered her ability to relax.

So her arm is floppy.

There is generally another step, called a "quick reverse lock-in." It goes like this. She person raises her elbow as before; I resist as before, then I count aloud, "three-two-one-zero." At zero, she slams her arm down into my soft, receiving hand, waiting below. I catch her arm and feel her downward pressure. She gets the experience of rapidly switching from one muscle group to its opposite in a reverse movement. The action gives

her the feeling of agility and control. It also wakes up the muscles that had long been overpowered and given up to the tight muscles.

I have given an example of a simple shoulder maneuver, one we commonly do at the beginning of a session to resolve back trouble (the shoulders are usually part of the contraction pattern of back trouble). Such a session involves a series of maneuvers that methodically follows along the pattern of tension present in the person.

Some of the maneuvers used in this work require me to adopt a working position sitting on the treatment table to have adequate leverage and position to get a good result. I generally notify you when that's the case and if you don't feel comfortable with the idea, we can work in a different (but generally less efficient) way with me not on the treatment table.

Other techniques exist than the whole-body yawn (which has another name: assisted pandiculation).

For example, a person may have no sense of moving their shoulder a certain way, say, to shrug their shoulder. They may have no "up and down"; they may only know "forward and backward" or diagonal movement. So I have to teach them. I do so by moving their shoulder for

them, so they can feel the movement. I then ask them to create that same feeling by moving their shoulder themselves. I may continue to help move their shoulder until they get it and can take over. This is an entirely new learning for the person and it adds to their overall fluidity of movement. They like that because it makes them feel smoother, as if the movement is now lubricated. They actually have more command over themselves. This kind of move also has a name: "Means-Whereby" – meaning, learning to feel the means whereby we do a certain kind of movement. The term comes from a phrase coined by F. Matthias Alexander, who employed the technique in his approach, now known as The Alexander Technique.

Another technique sometimes

used involves doing the work of a tight muscle for it. In the neck, for example, muscles of the sides of the neck pull the neck and head sideways. If I move their neck and head sideways, the person may get a sufficient sense of the involved muscles to be able spontaneously to relax them. We call that technique "Kinetic Mirroring," a fanciful term coined by Thomas Hanna, who had a thing about looking-glasses. Other names exist: "Strain-Counterstrain," "Substituted Effort," and possibly others.

Finally, after the hands-on work, I teach a person a coordination pattern that involves doing a series of specific movements with different body parts and then combining them into one overall, coordinated pattern. This is something I tell them to do for

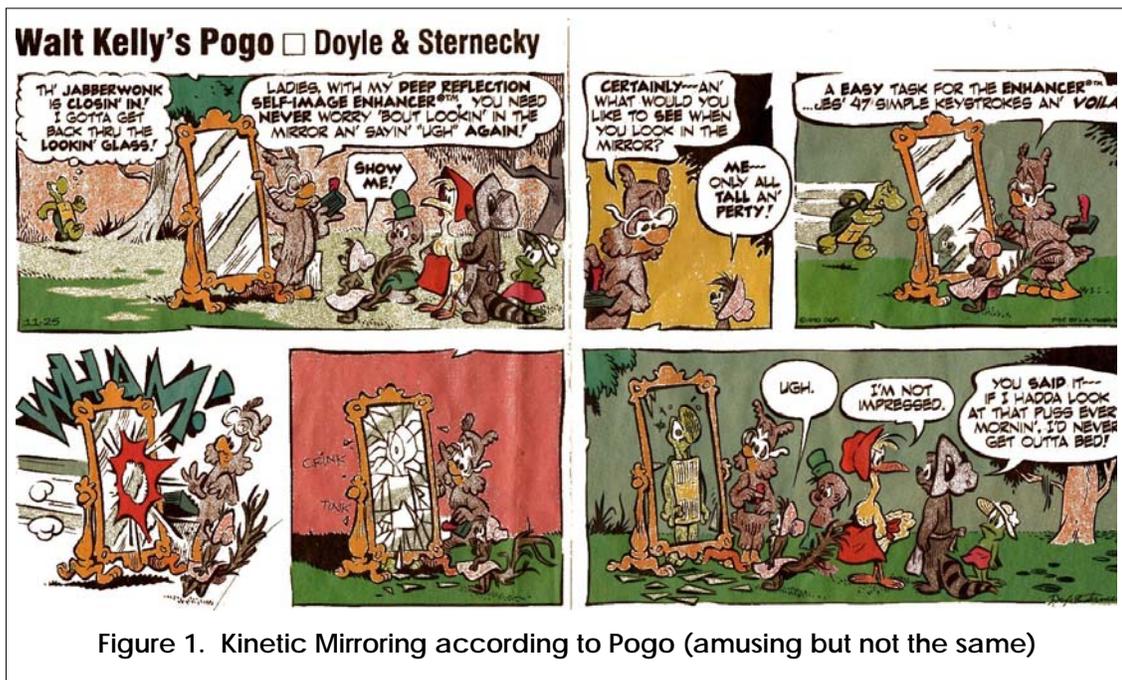


Figure 1. Kinetic Mirroring according to Pogo (amusing but not the same)

themselves when they get home and then over the next few days. I also suggest avoiding any kind of manipulative therapy or extreme physical activity until they have had a few days to get used to being the new way they are. This is a way of consolidating their new sense of themselves through familiarity.

All that said, the general outcome of a session like this is a state of relaxation such that many people say things like, "I feel like I could take a nap." In fact, some people "check

out" in the middle of a session, leaving me wondering if they've fallen asleep, fallen into a trance, don't understand what I've just said to them, or just didn't hear me. If they don't move for a while, I just wait and they come back by themselves.

In any case, this is a relaxing experience that often leaves people feeling a kind of euphoria, in which the world may seem more colorful, bright and alive. It's just that the person has come more alive.

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