better. This fact indicates that we all possess an intuition of "the good" an old idea in Western philosphy. In both religious language and the movement arts, the word "grace," points to the highest good in their respective spheres of influence; grace is a mark of the highest human potential and the mastery of any art.

The Somatic Approach to Grace People most commonly regard the state of "grace" in one of three waysas a goal, as our birthright, or as a myth. You may notice that children regard the state of grace as their birthright (though they may not think of it as that); only as "mature" adults do we come to believe that "grace must be (or cannot be) attained." An integration of these views brings us to the viewpoint of this essay: the state of grace is indeed our birthright, and we unwittingly and habitually interfere with it. This interference has three basic forms: sensory distortions, movement problems, and at the root of these, misdirected attention and intention. The basic lifework of all human beings is twofold: to direct feeling attention along appropriate lines and to master our responsiveness. From that, a human lifetime grows.

I believe it is safe to say that everyone who works somatically to improve human well-being deals with responses, whether glandular or neuromuscular, physical, emotional, or mental-intentional. We look, listen, and feel for a higher degree of grace—spontaneous right action or natural well-being-in ourselves and in our clients. Regardless of our approach—improving posture and movement, releasing trapped emotional impulses, freeing energy flow, clarifying cognition, or awakening the senses—progress always occurs as changes of responsiveness and of feeling, the two sides of the sensory-motor coin.

In these pages, I will consider the somatic approach to grace from the viewpoints of the two somatic disci-

Gaining Grace-A SOMATIC PERSPECTIVE

plines I happen to practice: Hanna Somatic Education ("Somatics") and the Rolf method of Personal Structural Integration ("Rolfing"). These two disciplines have the same intentions: freedom, balance, and the development of human potential. Though their techniques and frames of reference differ, I have found those differences complementary.

Somatic Integrity: The Unity of Mind and Body

From the Newtonian scientific perspective which still rules most of mainstream medicine, the body is a "marvelous machine" to be repaired, chemically treated, or strengthened. Healing remains a mysterious process caused by genetic chemistry; mind and subjectivity have little to say in the matter. This view largely informs the popular views of health and well-being, which remain "mind-over-body."

Thomas Hanna and Ida Rolf operated from an "Einsteinian" persective.

They recognized the unity of matter and energy that we call "body" and "mind." Just so, they recognized that the ability to sense and the ability to move go together. In other words, they recognized *mind-as-body* and operated accordingly.

Hanna stated, "It is fundamental to somatics that soma is seen as a synergized process which is exactly as active in all its behavior as it is sensorily receptive. . . . Acceptable models of human behavior must integrate into themselves a 50/50 sensory-motor view, describing the full scale of adaptive motor activities that are constituting the behavior."

Rolf stated, "Comprehensive recognition of human structure includes not only the physical person, but also the psychological personality—behavior, attitudes, capacities."²

A human being is a self-organizing, psychophysical process (a "soma") experienced as the sum of all physical,

by Lorenzo Gold

emotional, and cognitive processes. Somatic existence is *your sense of you as you are to yourself*, alive and responsive.

In support of the assertions of Drs. Hanna and Rolf, I intend to indicate how the physical body embodies (not merely contains) memory and experience. I will offer some ideas about the roles of two primal somatic functions, attention and intention, in the development of grace; how impediments to the state of grace become binding and chronic; and how these impediments exist not merely as physical liabilities, but as features of our most intimate subjective lives. Therefore, this essay describes the scope of somatic education as a way to evoke grace.

Attention and Intention: Human Structure and Human Functioning

Grace as Birthright and Evolutionary Destiny

At the outset, I indicated that we complicate grace, our birthright, by habitual (i.e., involuntary) somatic responses. Therefore, when I speak of somatic education, I am implying interaction with and modification of those responses and of *responsiveness*.

Now, if you think about it, you realize that every response starts with a movement of attention and the adoption of an intention. Let me translate these terms into somatic language: By "attention," I mean the act of directing the organs of sensation to keep a chosen experience within sensing range: a state of (sensory) receptivity actively maintained by virtue of the ability to move and to face experience. By "intention," I mean the impulse to get into motion, to change one's perceptions through action: a state of (motor) activity maintained by virtue of the ability to sense (be receptive to changing perceptions).

It so happens that attention and intention are basic to both Dr. Rolf's method and to Dr. Hanna's.

The Alignment of Intention

When practitioners of Structural Integration (as developed by Ida Rolf) speak of human structure, we think in terms of what we call The Line, a measure of ideal human bodily alignment that defines the directions, up and down. In such an alignment, the centers of gravity of the body segments (head, shoulders, thorax, abdomen, pelvis and legs) line up vertically. Dr. Rolf spoke of The Line as an intention, and in particular, as an evolutionary intention:

"The vertical in man's structure is the outcome of his proprioceptive, sensory appreciation of the gravity pull of the earth. Whether consciously or unconsciously, he feels this pull and responds to it. . . . The appropriate integration of the bodies of man in the gravity field is a long-term evolutionary project [In Rolfing] it is possible that we are seeing the first conscious attempt at evolution that any species has ever evidenced."

Thus having written, she placed body structure and function in the same realm: responsiveness (selforganization). Even though Rolfing addresses the physical person, the true value of the work shows up as the enhanced responsiveness of the individual. In Dr. Rolf's words, "The integrated [hu]man might be defined as a person capable of free flow, free exchange, free movement (which we feel as resilience) both in the physical body and in emotional expression."

In her interest in the development of human potential, Dr. Rolf posed the following questions: What happens when soft tissue and related bone structure actually function in the positions in space which their architectural design suggests as most appropriate and which contribute most effectively to establishing the vertical? And what will be the psychological characteristics, the behavior both of the individual and of a group composed of such individuals?5

To give a partial answer to her questions, let me summarize the intention and method of practitioners of Structural Integration (as Dr. Rolf called it) and of Hanna Somatic Education.

Somatic Integration

An examination of Structural Integration and Hanna Somatic Education reveals considerable overlap of intentions and results (though with differences of approach).

Practitioners of Rolfing work with the myofascial web, the network of connective tissue that gives the body its shape and determines how its parts fit and move together. The job of Rolfing is, through an informing touch, to free, encourage, and assist our clients to organize themelves somatically (i.e., with feeling-attention and through intentional movement) into physically balanced, vertical alignment. (In fact it is an intention communicated by touch, and not mere physical force, that initiates and assists tissue reorganization.)

This more balanced pattern of organization has consequences that may not be so obvious. For one thing, a person thus balanced and centered stands at easy rest; free of the need to compensate for imbalances that send a person into involuntary motion, the neuromuscular system quiets. A quieter nervous system permits the individual to sense subtler sensations, to make finer distinctions and to respond

with more precision. Thus, to live in The Line makes more of the person's functional potential available to him or her by steadying attention and developing a sense of unified intention (integrity).

The job of a Hanna Somatic educator is to guide and assist people, through their capacity to feel and to move (intentionally), to become more able actually to do what they intend to do and *not to do* what they do not intend to do. As they develop that self-mastery, they free themselves of compulsive, historical complications upon their natural grace.

Rolfers cultivate balanced movement through the myofascial web; Hanna Somatic Educators cultivate free movement through sensory awareness and mastery of movement. Both communicate intentions, verbally and through physical contact, to their clients; both ask their clients to direct their attention in various ways. Both rely upon the client's appropriate responsiveness to produce the desired changes. More than that, the two systems overlap: the physical changes evoked in Rolfing produce an ongoing, internal "coaxing" of the individual to let go of old patterns of responsiveness-hence, Rolfing is a form of neuromuscular re-education; likewise, the changes of neuromuscular function evoked in Somatics lengthen the myofascial web, and balance the tensions communicated through it. In my practice, I find the two approaches more than complementary; I find them synergistic.

Somatic Education and Grace

The Fall from Grace

Whereas a Rolfer might describe the "fall from grace" in terms of the effects of gravity upon the physical person, a Hanna Somatic educator might describe it in terms of habitual responses being made by the individual. An integration of the two views provides a more complete picture. Chronic contraction of the musculature drags the human posture down

> Lorenzo Gold gives Karen Hewitt a Hanna Somatic Education session.

from its full stature into misaligned (unbalanced) postures where gravity can take its toll. By implication, this view leads to a curious reversal of perspective: Our evolutionary destiny, the fully erect stance ("good posture") and grace described by Dr. Rolf is our birthright, our natural state. These ideas provide one good answer to the question sometimes posed to Rolfers, "Why does human structure break down to begin with?"

Dr. Rolf's own words indicate that she recognized more than tissue and gravity as shapers of human destiny; she spoke of behavior, attitudes, and capacities. If we look at behavior as responsive movement, we can develop a broader understanding of the impediments to grace and ways to recover grace.

Impediments to the State of Grace

"Misdirected attention and intention" are words that might serve as a definition of the "fall from grace." Behavior always expresses an intention; voluntary movement always starts with attention. If you want an orange, you usually look at it or feel for where it was the last time you looked before you reach for it. Both intention ("Grab an orange") and attention ("Where is the orange?") play their part in the act.

All responses involve the neuromuscular system; they are expressions of somatic intentions to do what is believed necessary or desirable for one's good, in some sense.

The question we might now ask is, "What form, somatically, does interference with responsiveness take?" And in particular, "How does this interference complicate the genetically programmed evolutionary intention to stand fully erect at balance?" Thomas Hanna summarized his answer in the term, "sensory-motor amnesia."

"Sensory-motor amnesia" (SMA) is the inability to clearly feel and control muscular activity. It is sensory-motor complication resulting from a kind of attention deficit. There is really nothing so mysterious about its origins. SMA begins as any response that, in its own moment, is functional and lifesupportive. However, when such a response persists past its useful term, as it inevitably does once it has become habitual, it becomes a maladaptation-and more than that, a compulsive maladaptation. For example, if you severely sprain your ankle, you probably want to minimize the pain, so you shift your weight away from the ankle. You do so quite naturally. Also naturally, you want to free your attention for other things, so you learn to favor your ankle automatically. After six weeks of healing, you have succeeded at making the favoringresponse automatic; you have learned it and forgotten about it.



Unfortunately, your neuromuscular system still remembers; certain muscles (in your hips and waist, for example) never quite relax any more. Perhaps, after ten years of joint overcompression and overwork, your hip is chronically sore, and your doctor has obligingly given you a diagnosis of "arthritis." And perhaps she is right; your hip joint may have broken down from long-term overcompression.

SMA is a product of habitual (longterm, learned, automatic) responses maintained without awareness. It is tragically true that many human beings set out in a deliberate manner to create the conditions for SMA. While this strategy has considerable adaptive value, as in typing or riding a bicycle, it is hazardous when conditions change and our responses do not.

In the preceding example, I described a purely physical form of SMA (which may be accompanied by emotional undercurrents) that Thomas Hanna called the Trauma Reflex. He also distinguished two other forms of SMA: the "Red Light" ("startle") and "Green Light" ("Landau") reflexes, which involve specific patterns of muscle tension. Habituation in any of these responses creates problems: chronic muscular fatigue (weakness), muscular overactivity (spasticity), poor coordination, and often, chronic pain.

Later in this essay, I will distinguish two other somatic responses subject to SMA: beliefs and attitudes. SMA of these responses can produce physical and emotional symptoms that are every bit as troublesome as those named above, for reasons I will explain.

As we consider compulsive functional patterns, one important question we might ask is, "Why do they persist?" We know that memories fade into the background of our psyches relatively quickly. Why do some memories seem to maintain a grip on us? Part of the answer seems to lie in the viewpoint of Rolfing: "Structure determines function"; another part lies in

Dr. Hanna's rejoinder: "Function determines structure."

"Muscle memory" is a phrase with which most of us are familiar. "Cellular memory" is another phrase I hear increasingly often. Both of these expressions refer to persistent somatic states. Both point to chronic muscular contraction and to chronic subjective distraction.

How does muscle memory persist? What is cellular memory? The following paragraphs offer two answers that may clarify the meaning of these otherwise vague terms.

Fascia, Feeling, Responsiveness, and the Sense of Self

The patterns of function into which we grow shape our physical structure; that is, we grow to become more fit for the demands we place upon ourselves. As we grow, we become used to feeling

Function and structure are circularly related.

a certain way and accept that feeling as normal for us; we tend to choose actions that reproduce that feeling of familiarity, and thus stability. We perpetuate past patterns of function and grow further into them.

In this way, function and structure are circularly related. Feldenkrais and Rolf both used the word "integration" to describe their work. Feldenkrais named his work "functional integration"; Rolf named hers "personal structural integration."

There are times when releasing tissue restrictions and providing the experience of balance, as in Rolfing, are sufficent to produce a stable growth in grace; there are also times when more is needed. That "more" is, in my opinion, the ability to let go of past responses and to respond (move) in a new way. To teach that ability is the job of somatic education.

Together, the two approaches, myofascial patterning and somatic education, can do what either alone cannot.

The Two Mechanisms of **Muscle Memory**

The central nervous system and the myofascial system are two seats of memory. The central nervous system receives and integrates new sensations and responses; the myofascial system adapts to the new responses that result by conforming itself to them.

The Myofascial System Remembers

During childhood and adolescence, typical family patterns of behavior affect growth. Behavior always involves movement and feeling. As people grow into the behavior (movement) patterns typical of their family and society, their physical forms reflect those behavior (movement) patterns. In some families, sexuality (pelvic feeling and movement) is repressed in fear; others may chronically be gripped in the (rigid spinal) tension of unresolved anger; and in others, sorrow weighs upon the heart, depressing breathing. This idea explains similarities in posture among family members by a mechanism other than heredity; it says that posture is learned by example and reinforcement. Let us consider this idea in more detail.

Since tissue grows to meet the demands of use, that which is used grows; that which is not used does not grow or shrinks ("Use it or lose it"). The fascia (soft connective tissue) in areas where movement has been suppressed, repressed, allowed to grow without structure (lack of discipline), or demanded excessively grows accordingly. To the onlooker with a trained eye, those places in the body may appear immature, under- or overdeveloped, thickened, hardened, collapsed, misplaced or otherwise distorted. To the person bearing them (and usually, to others), the body pattern most often seems merely to be "himself" (or "herself")—unless movement or posture have become too distorted or the client is in chronic pain. The usual approach is to treat the problem as if it were an isolated concern ("My hip hurts") rather than as a sign of a habitual response ("I'm afraid to use my leg freely").

SMA and Myofascial Disorganization: Persistent Obsolescence

Depending on habit, muscles may be tight and sore, overstretched and uncomfortable, or too loose and lacking sensation. In any case, two things happen: (1) one gets used to these sensations and they fade, with a corresponding loss of control (SMA), and (2) the fascia grows into that pattern. Practitioners of Rolfing commonly find that breathing is restricted by roughly 25% in virtually all of the clients who come to them. To stop or reduce breathing (as in the "startle" reflex) reduces feeling and movement; chronic shame, anxiety, or low self-esteem may motivate such a response, which often persists long enough for SMA to occur and for the myofascia to shrink to fit the pattern.

People grow into all varieties of structural (and postural) patterns. Generally, where impaired growth has prevented maturation and integration of an area, the individual is stuck with (and tends compulsively to enforce) a "standard" (or typical) pattern of movement (or behavior) that is less appropriate than it might be.

SMA impairs our ability to sense and to respond voluntarily; habitual, involuntary muscular responses pull us out of line. Restricted, contracted fascia does the same thing in a different way: disorganization of the fascia distorts the body sense and muscular coordination. Thus, not only is the person deprived of a clear sensory awareness of his or her actual condition; he or she is deprived of the ability to come into alignment and balance.

To summarize in terms of responsiveness:

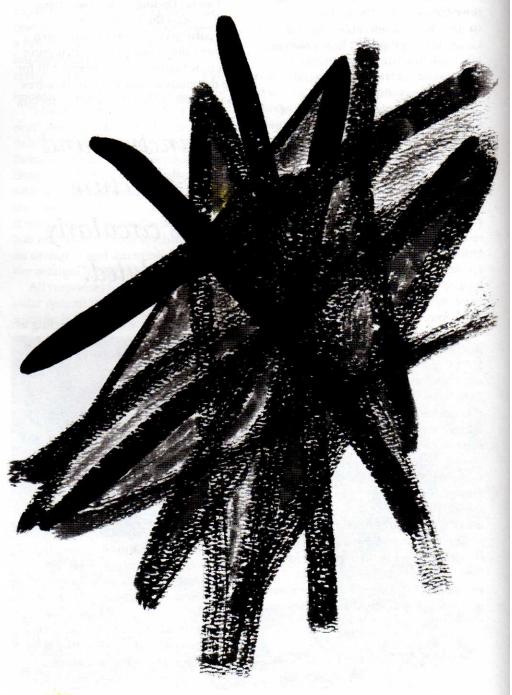
- The myofascial web communicates and distributes the physical stresses of support. Distortions of the myofascial web distort the pattern of support ("structure"), the body-sense, and the person's ability to respond, leading to SMA.
- The neuromuscular system monitors and controls sensing, responsiveness, and bodily self-support. SMA

distorts those functions and the pattern of myofascial tissue growth.

In an unbalanced body, the stresses of internal support do not pass continuously through the most sensitive core of the body. This condition produces two effects: (l) It chronically triggers the postural "righting" (correcting) reflexes, setting the stage for SMA, and (2) it defeats a person's ability to exercise easy and spontaneous self-control (the interference is too great).

These ideas may explain why some people who have had somatic education fail to gain easy control over muscular responses until they undergo Rolfing and why some who go through Rolfing fail to exemplify The Line until they have had somatic education.

So now we have a picture of how both Rolfing, and Somatics work in the realm of responsiveness. However, things are more complicated than that. Gross movement is one thing. Emotional expression and the more complex subjective life of human beings are another. The differences, I suggest, are only a matter of intricacy, not of domain; both are somatic expressions.



Somatic Expressions as Subjective Life

Moshe Feldenkrais observed, and Ida Rolf concurred, that emotional states and behavior in general express themselves through the musculature as particular patterns of tightening, or "self-contraction." Thomas Hanna identified two of those somatoemotional contraction responses as the "Red Light" ("startle") and "Green Light" ("Landau") reflexes, and linked them with negative and positive emotional responses, respectively.

However, mental states, such as beliefs, also manifest as chronic patterns of contraction. This makes sense if we consider beliefs as "sensingmotion response patterns," as states of readiness to act (heightened muscle tension). You see a scorpion and you believe that you are in danger, so you move in such a way as to keep yourself out of danger. You sense the scorpion, you move accordingly. (As an exercise, take a moment now to identify your emotional state and resume reading.) The same applies to attitudes: You hear a Republican politician (or a Democrat) and you're immediately disposed to a certain attitude. Attitudes are more complex than simple emotions because they consist of multiple responses held as one mindset. For example, if you think, "Republican," you may immediately have the impulse to check your bank balance; if you think, "Democrat," you may also have the impulse to check your bank balance. (Now identify your emotional state.) I suggest that if you examine any of your beliefs (or doubts), you will observe a certain feeling—the sensation of a somatic response that is as familiar to you as you are to yourself.

This makes sense if we consider that all responses to life consist, as Thomas Hanna observed, of arising from rest ("standing"), facing (toward or away from) experience ("gyrating"), and handling (or escaping) experience ("maneuvering").6 Even the experience of pain has been authoritatively described as "the motor intent to withdraw from experience."7 Since muscles (actively) do only one thing-con-

Doesn't it feel similar to have a belief challenged as it does to be shoved?

tract-it follows that feeling and behavior always involve contraction of the musculature, at first into a state of readiness to act ("attitude") and then into action.

Sensory-motor amnesia enters the picture when the individual forgets that he or she has adopted a belief or attitude, assumes it as a standing truth, and simply lives within its sphere of reference from that point forward. Consider: Doesn't it feel similar to have a belief challenged as it does to be shoved? Resistance is automatic. Beliefs and attitudes are neuromuscular response patterns, but of a higher degree of complexity (and subtlety) than simple emotions or gross movement.

So, to summarize:

 Emotions are rudimentary somatic movements:

> Positive emotions are the sensations of opening and movingtoward (Green-Light reflex).

Negative emotions are the sensations of closing and moving-away (Red-Light reflex).

Indifference is the absence of the foregoing responses.

 Beliefs are complex sensory-motor response patterns. They act as perceptual (sensory) filters and "standby" states of response that direct attention and intention. They are our vocabulary for managing change.

 Attitudes are orientations. They are states of readiness to respond based on beliefs, activated by attention upon a concept or perception.

Muscle memory and cellular memory reside in the fascia and nervous system as predispositions to feel, to move, and to register experience in a certain way.

Dispelling the Complicated Self-Sense

Habitual responses underlie and produce the "self-sense." People identify the sensations of those responses as "myself and my situation" for several reasons: because we are familiar with them, because we are in SMA and are unaware of the activity by which we create them, and because we have failed to recognize them only as the chronic sensations of chronic responses. "I" is a complex sensorymotor response pattern-a belief built out of other beliefs-made persistent and familiar by myofascial restrictions and remembered intentions.

In The Body of Life, Thomas Hanna observed that a person's "strategy of life," by which he or she maintains the self-sense, often shows up during the course of somatic education. This has also been my observation. Some people, for example, move suddenly before hearing complete instructions; they "jump the gun" in life. Others, when asked for a strong movement response, respond with a short, halfhearted pulse of effort. Others let go only so far, perhaps to maintain their sense of safety or control. Movement is behavior—and it is feeling. Responsiveness creates and reveals our sense of identity.

It has long been recognized that psychological change frequently occurs as a result of Rolfing; practitioners of Somatics also observe changes in disposition and attitude as a result of somatic education. Both approaches stimulate greater sensory awareness of one's responses, and both facilitate changes of behavior, attitudes, and capacities. Though these approaches seem to address the objective, physical person, they touch upon and involve the total subjective sense of life. As such, they can serve as valuable aids to psychological and spiritual growth; just so, psychological and spiritual growth can facilitate the release of habitual and outmoded physical tensions that interfere with free responsiveness. Once a person has caught on to the process, the very

attractiveness of the state of grace and the realization that he or she can voluntarily grow in grace may motivate that person spontaneously to maintain and expand upon it.

Summary

I began this essay by referring to the state of grace, the intuition of "good" that everyone recognizes. We can now understand how chronic responses produce chronic states of feeling that we identify as ourselves—until we recognize them as forms of habitual activity.

Ida Rolf said, "Rolfers are integrating something; we are not restoring something." Somatic education, as a process that assists the integration (or

reintegration) of our functional capacities, helps to make functional the state of grace that is our birthright. The entire range of subjective life attention, intention, beliefs, behavior, attitudes, and capacities—is subject to sensory-motor amnesia, and to awakening into voluntary control. As we gain or regain self-awareness and selfmastery, we discover that our feelings are our actions (or reactions). We can then effortlessly desist from those that no longer serve us and maintain those we desire. We enjoy more authentic freedom and balance, the good grace that is our evolutionary birthright and destiny.



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