

# **Outgrowing Back Pain, Arthritis, Asthma, and Depression: The Somatic Paradigm**

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Individual differences in the way people breathe, sit, and walk are obvious to all of us, but almost totally ignored by medical models, which typically prescribe one-size-fits-all treatments for back pain, arthritis, asthma, depression, and other conditions.

More effective treatments and lower treatment costs may be readily attainable if we recognize the importance of individual differences. We can do that with a “somatic paradigm.” Before I present it, here are brief reviews of the current situation with these four common conditions.

Back pain is supposedly caused by muscles that are too tight or too weak, pinched nerves, bulging or herniated discs, arthritis, stress, or some combination of these. Common treatments include anti-inflammatory drugs, exercises to strengthen weak abdominal muscles, massage to relax tight back muscles, chiropractic adjustments, acupuncture, and surgery. But even with so many treatments available, 65 million adult Americans have chronic or occasional back pain.

Arthritis seems to be an inevitable consequence of aging, with some involvement from genes and diet. People over 30 often assume that pain in a hip, knee, shoulder, or other joint is due to arthritis, and doctors and scientists usually concur. But age, genes, and diet can't be the whole story. After all, the other hip, knee, etc., is the same age, has the same genes, and receives the same nutrients.

Asthma is epidemic among children in inner city neighborhoods, presumably caused by ozone and other types of air pollution, second-hand cigarette smoke, dust mites and other allergens, lack of exercise, and poor diet, perhaps interacting with genetic factors. But it is usually impossible to identify any one of these or any specific combination as the cause of someone's asthma. Moreover, especially with regard to air pollution, identifying the cause does not offer any readily available treatment.

Depression is usually treated with Prozac, Zoloft, Elavil, or some other drug. Explanations about the effect of the drugs on serotonin and other neurotransmitters are persuasive. But neurotransmitters also change when depression is treated successfully – as it often is – with cognitive-behavioral therapy, regular exercise, and other interventions, and when depressed people improve with time or changing circumstances.

Current medical models, as these summaries show, are inadequate. The models are based on the logic of cause and effect, diagnosis and treatment, but we human beings are more complicated than that. Medical science rejects individual differences so insistently that treatments are not considered acceptable until their efficacy is tested and proved with double blind placebo controlled studies that are carefully designed to screen out individual differences.

The somatic paradigm starts with acknowledging the fact that everyone is breathing and moving all the time, from the first moment of life to the last, even when still or sound asleep. Breathing and moving are the foundation for perceiving, feeling, thinking, and relating to other people and the environment. The unique way someone breathes and moves is central to the sense of self, the processes of making meaning and forming intentions. The unique way someone breathes and moves affects the functioning of organs, tissues, and individual cells. Variations in breathing affect the amount of oxygen that is available. Variations in movement affect the blood supply and nerve activity.

As an example of the somatic paradigm being applied, consider Don, a 53 year-old executive who likes to ski and play basketball with his teenage sons. Don, like the rest of us, has various habits of breathing

shallowly at some times and in some situations; habits of sitting too still when driving, using a computer, and performing other tasks; and habits of standing and walking in particular ways. Don struggled with back pain for most of his adult life. He had been treated and helped by sports medicine specialists and other doctors and therapists, and he was very good about following their prescriptions. Yet he had some nagging pain almost all the time. The pain was sometimes intense, even disabling.

It was during one of the intense pain periods that an osteopath referred him to me. “The pain and muscle spasm were markedly reduced on my first visit and subsided completely with my second lesson.” Now, after more lessons, he’s pain free most of the time, doing more of the things he enjoys and enjoying more of the things he does. When he has pain he can usually relieve it for himself. He stands taller and moves more freely and spontaneously.

What I did with Don was apply insights into the way very young children learn to crawl, walk, run, skip, and so on. That process is motivated by avoiding discomfort, seeking comfort, and expressing curiosity. As very young children learn to walk they outgrow crawling. I helped Don outgrow his back pain.

Specifically, I taught him FlexAware® exercises that work with each person’s particular structure to make movement more comfortable. *FlexAware* explicitly educates people about efficient movement, what it is, what it means, and how to do it. Even more important, the exercises increase awareness of how every movement involves the whole person. Awareness is vital. It’s what allows Don to relieve minor discomfort before there is significant pain. *FlexAware* is also helping him form new habits of breathing and moving in ways that prevent pain.

Outgrowing arthritis happens the same way. As someone learns to move more comfortably and efficiently, muscles around the arthritic joints relax and work more harmoniously, and the bones are moved through more of their complete range. With a somatic paradigm that recognizes individual differences, it’s easy to see that arthritic changes occur in specific joints – the left hip, for example, but not the right or worse than the right – according to the person’s unique configuration of excess efforts, asymmetries, and other inefficiencies. As a person learns to move more efficiently, it must be the case that calcium deposits and other arthritic changes reverse.

Asthma, from this somatic perspective, is primarily an acquired pattern of extremely shallow, inefficient breathing, whether generally or in certain situations. That does not rule out genetic or environmental factors, it just deemphasizes them. Instead of focusing on the apparent cause or trigger of the asthma, I teach people to breathe more fully and freely. *FlexAware* exercises are remarkably effective for that. Breathing gets easier, deeper, and more spontaneous even in situations that were stressful in the past.

Depression also involves habits of shallow breathing, with limited movement in the chest, upper back, neck, and shoulders, typically with the head tilted somewhat downward and the eyes looking toward the floor. As people learn to breathe and move more easily, there’s a natural tendency to stand straighter and taller while facing more directly forward. The changed posture means changes in sensory activity, emotional experience, and cognitive functioning. Outgrowing depression can be facilitated by changes in diet, exercise, and sleep patterns, and these behaviors fit neatly with the somatic paradigm.

These ideas about outgrowing depression highlight another feature of the somatic paradigm: the unity of body and mind. The somatic paradigm recognizes the whole person, the unique way someone breathes and moves, eats and sleeps, perceives, feels, thinks, and relates. And the unique way someone integrates all aspects of experience into a meaningful whole, a sense of self. Whenever someone is experiencing stress, anxiety, or other emotional or psychological disturbance, there is some disruption of breathing and some excess tension in muscles in the abdomen, chest, neck, or face.

Regarding causes, the somatic paradigm is not so concerned with identifying anything genetic, environmental, or in the past. Instead, the emphasis is on the present. Somatic diagnoses focus on habits and patterns of breathing, sitting, and walking, habits that may be inappropriate or dysfunctional. Treatments start with increasing awareness, which brings the capacity to learn and change. The somatically-oriented doctor, therapist, or healer is therefore also an educator, and the ability to relate effectively to the patient can be a key to successful treatment. Somatic diagnoses also consider the future, inquiring into what and how people anticipate regarding their problem conditions and generally.

For back pain, arthritis, etc., there are many problems or anomalies with medical models, anomalies for which the somatic paradigm appears to provide useful explanations. The somatic paradigm also suggests many possibilities for research. Outcome studies to compare conventional treatments with somatic approaches – *FlexAware*, Qi Gong, the Feldenkrais Method®, Alexander Technique, and others – are simple to conduct and inexpensive. Researchers might also study people who have improved using some somatic modality, looking for changes in strength, range of motion, calcium deposits, neurotransmitters, and other variables. If somatic approaches prove to be even marginally more effective, such research would pay for itself many times over. The somatic paradigm can also facilitate successful treatments for cancer, heart disease, diabetes, multiple sclerosis, Alzheimer's, and other conditions.

It is important to note that a somatic paradigm does not negate the value and validity of current medical models, which must be respected and can be incorporated. Indeed, incorporating all that is useful in current medical models is completely consistent with the somatic paradigm. Incorporating previous experiences is fundamental to the process through which very young children learn to walk, run, skip, and so on.

Let us learn.

Steven Shafarman  
FlexAware Learning Corporation  
Washington, DC  
202-640-1373  
steve@FlexAware.com

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