

Working with the Body in an Educational Environment

by Rick Rosen, MA, LMBT

An Excerpt from Chapter 2 of
**TEACHING MESSAGE: *Foundation Principles in Adult Education
for Massage Program Instructors***

© 2008 Lippincott, Williams & Wilkins. Used with permission. All rights reserved.

Chapter 2: Massage Students and Body Centered Education Section C: Working with the Body in an Educational Environment

The role of the body varies greatly in different types of educational environments. In traditional academic institutions, students spend the bulk of their class time sitting in chairs and listening to an instructor lecture; there may or may not be opportunities to offer verbal feedback or participate in discussions. Requirements outside the classroom generally involve reading and writing. With the exception of physical education courses (which are on the decline), it is possible for students to earn a diploma without using their bodies in any appreciable way. The emphasis is on cognitive and rational learning, and the other aspects are generally ignored.

There are a significant number of programs in health care and personal service careers that train students to work with the bodies of others. In the health care domain, the body is observed and touched in the process of examination, diagnosis, and treatment. The focus is on parts of the body that are exhibiting symptoms, or systems that require intervention to restore normal functioning. In the area of aesthetic services, the skin, hair, and superficial tissues of the body are addressed to improve physical appearance and enhance self-image. In these kinds of programs, students study the structure and function of the body and learn technical skills that are specific to their chosen discipline. For the most part, the body is treated in an objective, and even detached manner. Students are not encouraged to bring their own physical or emotional experiences into the learning process. Whether it's giving an eye exam in an optometrist's office, or a pedicure in a day spa, the effectiveness of the service relies on

the provider's ability to handle the body of the customer, client, or patient in a competent manner. This takes a blend of cognitive knowledge and physical capabilities.

Massage therapy schools represent a dramatically different environment for education. In this realm, the objective body, as well as subjective bodily experience are foreground elements. Students not only learn about the systems of the human body and how they interact, they are called upon to engage their bodies in new and novel ways. They practice movements and manual skills, palpate musculoskeletal structures, and explore the intricate relationship between psyche and soma. Much of this learning occurs through direct, and very personal experience. During the ongoing process of skill development, massage students are learning about themselves by paying attention to the nature and quality of the sensations, feelings, thoughts and other phenomena that are happening within them in the present moment. This process of self-discovery helps them develop the skills and awareness needed to track their own bodily experience as well that of the person they are treating on the massage table. This is a *somatic*, or body-centered approach to learning.

RECOGNIZING OUR FUNCTIONAL UNITY

“As our ability to peer into the intricacies of the body have advanced, it seems clear that it is virtually impossible to separate the mind from the body and that there is an indivisible whole where the mind and body exist on a continuum.” So wrote David Riley, MD, Editor in Chief of the journal *Alternative Therapies in Health and Medicine*.¹⁰ The process of teaching students in a massage therapy classroom shares a crucial element with the treatment of clients in a massage therapy practice setting: it is all based upon the *functional unity* of human beings. Modern science is catching up to what has been known in traditional cultures for millennia. The physical, mental, emotional and spiritual aspects of the individual can be described and contacted separately, but they exist as a unified system that functions as an interconnected whole. In Chapter 5 the *Cycles of Learning* model provides detailed explanations of these four aspects, and how they can be utilized to optimize a student's classroom experience.

The Traditional Paradigm of Holism

There are healing systems in the world spanning 5,000-10,000 years that recognize the functional unity of these components of existence. These include Chinese and Ayurvedic medicine, and the methods used by traditional peoples in Australian Aboriginal, African, and Mesoamerican cultures. They are based upon holistic paradigms that view health as more than a balance of factors within; it is a state of being that is also influenced by the web of relationships between a person and their family, community, nature, and the divine.

Mind-Body Duality

The system of medicine that has been dominant in European and American cultures for the past century actually has its roots in a two-thousand year old paradigm of mind-body duality¹¹. From this perspective, body and mind are regarded as separate and distinct entities, with the mind and its thought processes believed to be primary. The body is regarded as a more mechanistic entity that simply follows orders from the brain, and the domain of spirit or soul is typically ceded to the clergy. The French philosopher and scientist René Descartes (1596-1650) articulated this ideal with his famous proclamation *Cogito ergo sum*, or “I think, therefore I am.”

The Emergence of a Modern Integrative Paradigm

Coming out of this long history, the medical mainstream has been in the midst of a paradigm shift over the past 50 years. It began with the emergence of psychosomatic medicine, which first ventured into the gap between mind and body. This gave rise to psychoneuroimmunology, a more comprehensive field of study that has demonstrated the existence of these biological relationships down to the cellular level. Most recently, the disciplines of “integrative” or “mind-body” medicine are working with leading-edge research that validates, in many ways, the healing paradigm of traditional cultures.

One of the scientists who opened this path of inquiry is Candace Pert, PhD, a neurophysiologist whose groundbreaking work on the brain’s opiate receptors in the early 1970’s led to her discovery of the body’s own (endogenous) pain-moderating chemicals.¹² From this finding of what came to be known as *endorphins*, scientists around the world have identified hundreds of different informational substances that flow through the body and bind with receptors at the cellular level. These micro-messengers that Pert has termed the “molecules of emotion” are the literal bridge between physiology and psychology. What was once thought of as a hierarchical system of command and control from the brain to the body through the nervous system is now observed to function as a global network of communication where emotions connect the intangible aspect of “mind” with the more tangible, palpable “body”.

According to Pert, the discovery of this psychosomatic network “has provided the physiological basis for observations, from Hippocrates to the modern age, that conscious and unconscious feelings are root factors in health and healing”. She emphasizes that this paradigm represents “a vision not only of mind-body interactions, but of dynamical mind-body unity”.¹³ And from her perspective as both a research scientist and an ardent experimenter of alternative therapies, Pert offers, “It’s the emotions, I believe, that link us as physical entities to the divine, making it possible for us to both *feel good* and *feel God* at the same time”.¹⁴

This research has vast implications for teachers and practitioners of all touch-based modalities, because the myofascial system regulates the flow of fluids, neuronal

impulses and bioenergy.^{15, 16} Chronic patterns of hypertonicity in the soft tissues, whether from physical usage, injury or stored emotional memories, can impede the movement of informational substances through the body and affect their behavior at the cellular level. Properly applied, massage therapy is perfectly crafted to address these physical and energetic holding patterns, as the work can release both local areas of restriction and bring greater balance and integration to the structure as a whole.

ROLE OF THE BODY IN LEARNING

In body centered education, this paradigm of functional unity can help to create a more open environment for learning that embraces all aspects of students' experience. While it is common in some schools to view massage as a treatment done to the physical body solely for physiological improvement, the data shows that the human organism is not so one-dimensional. Within the palpable structure also lives the emotional body, the thinking body, the etheric (or energy) body, and the spiritual body. No matter what treatment philosophy an individual massage program may emphasize, it is important to provide students with the framework to recognize and understand the multiplicity that exists within themselves and their clients. This information can literally transform a student's learning process and better enable her to use her intrinsic resources both in school and in professional practice.

The Objective Body and Subjective Soma

300 years after the Cartesian theory of mind-body duality was set forth, another French philosopher entered the conversation with a radically different view. Maurice Merleau-Ponty, PhD (1908-1961) was an existentialist (a colleague of Jean-Paul Sartre) who published his concepts about embodiment in *The Phenomenology of Perception*.¹⁷ In stark contrast to Descartes, Merleau-Ponty regarded the body not as a machine, but as a living organism that contains and expresses a person's consciousness. He made a key distinction between the *objective body*, which is the body as a physiological entity, and the *phenomenal body*, which is the subjective perceptual experience one has in their own body.

Following this phenomenological path, the American philosopher and author Thomas Hanna, PhD (1928-1990) expanded the concepts of Merleau-Ponty and developed a comprehensive approach to movement education that could address chronic pain and improve neuromuscular functioning. After a career as a professor of philosophy, Hanna's curiosity about human potential led him to study movement repatterning. He began exploring the inner workings of the sensory-motor system and the role that kinesthetic awareness and consciousness played in learning and healing. Like his existential predecessor, Hanna made a clear differentiation between the literal

body that is observed from a third-person viewpoint, and the *soma*, which is the first-person viewpoint of one's proprioceptive senses. He coined the term *Somatics*, which he adapted from the ancient Greek language and defined as "the art and science of the interrelational process between awareness, biological function and the environment – all of these factors being understood as a synergistic whole". Hanna believed that "Living organisms are somas: that is, they are an integral and ordered process of embodied elements which cannot be separated either from their evolved past or their adaptive future".¹⁸ The principles of Somatics have been taken into a wide range of applications in the fields of health care, education, psychology, movement, and touch therapy.

Embodiment: Both a State of Being and a Process of Becoming

The daily act of inhabiting a body is something everyone shares. It's an utterly common experience, with six billion variations. The term *embodiment* refers to the current state of being within a person's body. This state is the cumulative result of all the shaping factors, including genetics, family, culture, usage patterns, traumas, illnesses, habits, activities, thoughts, and emotions that have occurred in that person's life from the embryonic stage to the present moment. At the same time, *embodiment* refers to the ongoing process of working with one's somatic, or lived experience, to increase levels of awareness, vitality, adaptability, and balance. All humans are *embodied*, but every individual is at a different place in their lifetime journey of *embodiment*. Past history and present choices come together to shape the opportunities of the future.

The Impact of Cultural Factors, Habits, and Choices

Activities and attributes of everyday life have very specific effects on one's state of embodiment. While people may respond differently to the same influence, most choices are either embodying or disembodimenting. Factors such as high or constant levels of stimulation, fast pace living, restrictions on movement, noise, crowding, and external mechanisms of control tend to have a disembodimenting effect. They trigger stress by elevating activity in the sympathetic (fight-or-flight) branch of the Autonomic Nervous System, and can also cut off awareness of one's body and surrounding environment. Some of the most pervasive influences in the mainstream of today's culture fall into this category. For example, the use of technology is at an all-time high, with computers, television, personal music systems and electronic communication devices fully woven into the fabric of people's lives.

A generation ago, social forecaster John Naisbitt predicted the megatrend of "High Tech/High Touch". He observes now that America has transformed into what he calls a *Technologically Intoxicated Zone* noting, "We feel that something is not quite right, but we can't put our finger on it. Technology feeds our pleasure centers physically and mentally, but its intoxication is squeezing our human spirit, intensifying and accelerating

our search for meaning”.¹⁹ In many ways, the rapid growth of massage and other body-oriented therapies over the past twenty years has been a culture-wide homeostatic response to chronic disembodiment. Over time, the sum total of negative cultural factors and patterns of disuse can also cause a numbing or loss of body awareness. Thomas Myers, a Rolfer and author, who developed the concept of kinesthetic intelligence or “KQ”, uses the term “kinesthetic dystonia” to describe this endemic phenomenon.²⁰

The counterbalance to these trends may be found in activities and environments that call people to pay more attention to the subtle sensations and information within their bodies. Embodiment in general is supported by the parasympathetic mode of resting and healing. This autonomic response is facilitated when one makes a conscious choice to slow down, take in peace and beauty, relax, or engage in quiet reflection. Massage therapy fits the bill here, but there are countless ways that people can bring more embodying influences into their lives. Strenuous physical activity can be just as embodying as a stroll through a meditation garden; the key factor that makes the difference is a focus on somatic awareness.

Activities that Facilitate Embodiment in the Massage Therapy Classroom

The process of embodiment doesn’t happen automatically; it takes intentional design of curriculum and the careful guidance of instructors to make it an explicit part of the program. To be an effective facilitator of this process, instructors need to: 1) bring an embodied presence to their teaching, 2) have a comprehensive understanding of functional unity, 3) know the historical development of treatment paradigms that are being taught, and 4) recognize the influences and effects of lifestyle choices and cultural influences on their students. Whether a class involves lecture, discussion, or practical application, instructors can bring embodiment to the foreground whenever students are directed to pay attention to their somatic experience and learn more about themselves from a subjective viewpoint. This process may occur quite naturally for some students, particularly if they have experience with body-oriented disciplines prior to their attending massage school. For others, this may be the first time they are being invited to go within to notice what they are feeling and sensing below their clavicles.

In this field, the therapist, in the totality of their body and internal resources, is the primary instrument through which massage therapy is delivered to the client. The hands alone do not perform the techniques because massage requires one person in her wholeness contacting and interacting with another person in his wholeness. It is more of a dance than a set of mechanical procedures, and it can only happen in real time. Here are examples of activities that can be readily incorporated into a curriculum to facilitate the process of embodiment for students:

- Before students perform a hands-on exchange, guide them through 3-5 minutes of whole-body movement that develops grounding and centering functions.
- Ask students to explore how changing the breath cycle (for both giver and receiver) alters their experience of giving and receiving touch.
- Direct students to make contact with another's body in a focused and mindful manner, while maintaining a connection with their own somatic experience.
- In Anatomy & Physiology, have students track and name the felt sensations in their respiratory, circulatory, and muscular systems after 60 seconds of aerobic activity.
- Take students through a sequence of primary emotions, such as anger, fear, love, grief, and joy. Working with one emotion at a time, have them recall a memory or situation where they had that emotion. Ask them to bring that into their present experience and direct their attention to how their bodies manifest that particular state (through muscle tensions, changes in heart rate or breathing patterns, temperature, images, impulses to movement).
- Guide students through a detailed internal exploration of their body, noticing the current state and qualities of each area (see Body Scan exercise).

Following exercises such as these, it is important for students to have the opportunity to describe their experiences. This can occur in pairs, small groups, or in full class discussions.

Instruction in Action: Body Scan

This exercise guides students into their own kinesthetic experience to give them an opportunity to identify the nature and quality of sensation in each area of their body, as well as their felt sense as a whole being. Information gathered in this way creates a baseline that students can use as a reference point to assess the effects of virtually any activity they do as part of the training program. This Body Scan takes between three to five minutes. Once students are facile at going inside to check their state, a quick scan can be performed in fifteen to thirty seconds. It can be utilized at the beginning of a class to quiet the mind and increase somatic awareness, or after a particular learning activity to identify and anchor the changes that occurred as a result of that activity.

Directions for Students:

1. Stand in a relaxed posture and place your feet about a shoulder width apart, knees unlocked, arms resting at your side, eyes are either closed or open with a “soft gaze”.
2. The focus of this exercise is the state of your body and somatic experience. When thoughts or other distractions come into your mind, notice them and allow them to move into the background.

3. Take a few deep, clearing breaths. With each inhalation, fill up your abdominal and chest areas, and release any surface tension as you exhale.
4. Begin the scan at your feet and ankles and notice the sense of connection to the ground where the soles of your feet meet the floor. Notice whether you have more weight on the balls of the feet or the heels, or more weight on one foot than the other.
5. Move up to the lower leg and knee and notice all the qualities of sensation that are present there. Pay particular attention to muscle tension, aches, or discomfort, areas of numbness, lack of sensation, pulsation, temperature differences, and energy flows in or through that region.
6. Students are directed to move up sequentially through the entire body, stopping at each region for twenty to thirty seconds to gather information. Pay attention to the thighs, hip joints and pelvis, abdominal region and lower back, diaphragm and mid back, chest and upper back, shoulder girdle, neck and throat, mouth, jaw, and eyes.
7. Now that you have witnessed each area of your body, find a word or two that describes the overall state of being you have right now. Speak this word to yourself, and notice how it resonates with your experience.
8. Finally, take all of your observations and store them as a kind of “somatic snapshot”. You can use this information to help identify what has changed with each new aspect of the program.

Issues of Intimacy, Touch and Body Image

By its very nature, massage therapy is a personal and intimate act. All the body-oriented activity in a massage program presents a wonderful opportunity for growth and change, but it can also evoke a considerable amount of challenge and discomfort for students. Within each new group, there are students who have never received a massage before they applied to massage school. Without a base of tactile experience to inform them, these individuals may be quite surprised by how and where they are touched in class, and what feelings may emerge as a result. A significant proportion of students enter the program with physical and emotional issues in their backgrounds that can powerfully influence their learning experience. Factors that can influence how students give and receive touch may include:

- Age, gender or sexual orientation
- Body shape, size, and self-image
- Current or past illness, injury, or trauma
- Family or religious beliefs
- Personal biases or prejudices
- Overall health and nutritional status
- The conditioned ways in which a student views the bodies of others

It is up to the instructor to establish an atmosphere of respect for all body types in the classroom. This is modeled through all the ways the instructor interacts with students in class, as well as the language they use to talk about the body. Along with showing a positive example, the instructor needs to monitor for signs, both subtle and obvious, of students who may be disparaging others' bodies or their own. This can show up verbally, in a touch, a look, or a posture. Biases can also surface when students have to choose partners for hands-on exchanges. Some may have a tendency to avoid working with classmates who have physical characteristics they find aversive or unattractive; gender biases may also come into the picture.

Issues can show up in hands-on classes involving areas of the body where students (and instructors) may not want to be touched. This often involves the anterior torso and gluteal regions. As a result of these biases it is commonplace for massage therapists to omit those regions in treatment, which fails to address the muscular and energetic holding patterns that are carried in the soft-tissue structures. When certain areas are bypassed, there is a tendency to over-treat other regions. Massage therapy cannot facilitate balance and wholeness if key areas of the body are chronically excluded from treatment. As these habits often begin in massage school, the instructor is responsible for guiding students through the process of addressing their inherent biases and preferences. This will increase their ability to treat all regions of the body with equal care, confidence, and professionalism. The key is to be proactive, tracking student behavior for signs of difficulty and responding appropriately when the time is right. These indications can include:

- An aversion to being touched in certain areas of the body
- Not wanting to receive massage
- Becoming overly fixated on, or critical of areas of the body (their own or others)
- Avoiding partnering with students who embody characteristics that may be challenging for them
- The inability to contain emotional experience while giving or receiving massage
- Dissociating from bodily sensation

In general, one instance of a behavior may not trigger an automatic intervention.

The value of ongoing observation is that instructors can recognize patterns that show themselves over time.

Instruction in Action: A Protocol for Intervention

This template might be used by instructors to evaluate the behavior of a student, and to determine the best time and place for an intervention. It is structured as a series of

questions to assist instructors in gathering the information needed to determine an appropriate course of action.

- What is the nature of the behavior? How is it manifesting in the classroom?
- What is the context (The particular classroom activity, the students involved, the details of the situation itself)?
- What is the trigger or causative factor in the student's behavior?
- Is it influencing the student's ability to participate fully in the designated activity? Is it affecting just the particular student, or is the behavior also having an effect on other students or the entire class?
- Does the student have awareness or recognition of the behavior?
- Is the student able to acknowledge the behavior, or are they in denial about it, or projecting it onto someone or something else?
- Is the student open to receiving input?
- Is it appropriate to intervene within the present classroom activity, or does this need to occur outside of class time (i.e., at a break time, designated appointment or scheduled tutorial session)?
- What is the range of potential strategies for assisting this student with this particular behavior?
- What is the skill level of the instructor in delivering the selected intervention? Is this an issue that needs to be referred to another member of the school's staff, or to resources outside the school?

Students who attempt to move forward in the face of major unresolved body issues may not make it through the program, or may find serious obstacles to their transition into professional practice. Conversely, students who have successfully navigated the terrain of bodily experience are well positioned to facilitate the healing process of their future clients. Section E of this chapter includes recommendations on how to organize the curriculum in hands-on courses to best address these unique considerations. In addition, an optimal model for tracking, observing and working with student behavior through physical, mental, emotional and spiritual aspects is presented in Chapter 5.

The Purpose of Experiential Learning

Massage school presents the opportunity for a dual path of developmental learning. While students study the objective body, they also learn to occupy, perceive, and use their bodies in new and more effective ways. Through learning how to attend to the fine-grained details of their own experience, they gain the ability to assist others in that process. This act of "somatic referencing" is a valuable life skill for both therapists and clients.

The importance of felt experience is expressed beautifully by Richard Strozzi Heckler, PhD, another pioneer in the field of somatics. As an aikido master, psychologist, bodyworker, and leadership coach, Heckler's theory and methods use body and soma as the primary ground of inquiry.

“In the art and science of somatics, we are encouraged to become the source of our own knowing and self-discovery. We become the source by contacting our body. In doing so, we bring to light the dimensions of gesture, stance, attitude, emotion, and that which is the foundation of all life: energy.”²¹

Heckler also offers, “Living only in our thoughts can make us clear thinkers, but it atrophies our capacity for compassion, intuition, and genuine, felt sharing. How we actually are, in action, attitude and the way we relate to others, is the basis for experiential learning.” Overall, massage programs provide an excellent opportunity for students to come into a more harmonious relationship with their own bodies, and to strengthen areas of weakness or imbalance among all aspects of themselves. The kind of changes that take place through this process can be powerful and transformative.

REFERENCES

1. Database Report. Evergreen, CO: Associated Bodywork and Massage Professionals, 2006.
2. Member Demographics Report. Evanston, IL: American Massage Therapy Association, 2006.
3. Database Report. Evanston, IL: American Massage Therapy Association, 2007.
4. Massage Schools Ethnicity Survey. Evergreen, CO: Associated Bodywork and Massage Professionals, 2007.
5. Member Survey. Evergreen, CO: Associated Bodywork and Massage Professionals, 2005.
6. Interim State Population Projections. Washington, DC: United States Census Bureau, Population Division, 2005.
7. Massage School Census, 1998-2006. Evergreen, CO: Associated Bodywork and Massage Professionals, 2006.
8. Database Report. Oakbrook Terrace, IL: National Certification Board for Therapeutic Massage & Bodywork, 2007.
9. Rogers, C.R. *On Becoming a Person: A Therapist's View of Psychotherapy*. Boston, MA: Houghton Mifflin, 1961.

10. Riley, D. The Mind/Body Continuum. *Alternative Therapies in Health and Medicine*. 2000;6(2):34.
11. Berman, M. *Coming To Our Senses: Body and Spirit in the Hidden History of the West*. New York, NY: Simon & Schuster, 1989.
12. Pert CB. *Molecules of Emotion: The Science Behind Mind-Body Medicine*. New York, NY: Simon & Schuster, 1999.
13. Pert CB, Dreher HE, Ruff MR. The psychosomatic network: foundations of mind-body medicine. *Alternative Therapies in Health and Medicine*. 1998;4(4):30-41.
14. Pert CB. *Everything You Need to Feel Go(o)d*. Carlsbad, CA: Hay House, 2006.
15. Juhan, D. *Job's Body: A Handbook for Bodywork, 3rd ed*. Barrytown, NY: Station Hill Press, 2003.
16. Oschman, J. *Energy Medicine: The Scientific Basis*. New York, NY: Churchill Livingstone, 2000.
17. Merleau-Ponty, M. *Phenomenology of Perception*. Smith, C trans. New York, NY: Humanities Press, 1962.
18. Hanna, T. What is Somatics? *SOMATICS: Magazine-Journal of the Bodily Arts and Sciences*. 1986;5(4).
19. Naisbitt, J. *High Tech/High Touch: Technology and Our Accelerated Search for Meaning*. London, England: Nicholas Brealy, 2001.
20. Myers T. Kinesthetic dystonia. *Journal of Bodywork and Movement Therapies*. 1998; 2(2):101-114.
21. Heckler, RS. *The Anatomy of Change: A Way to Move Through Life's Transitions*. Berkeley, CA: North Atlantic Books, 1993.