Dialoguing with Arms in the Ten Series

By Lael Katharine Keen, Basic and Advanced Rolfing® Instructor,
Rolf Movement® Instructor

Lael Katharine Keen

ABSTRACT *Rolfing and Rolf Movement Instructor Lael Katherine Keen gives a detailed overview of how to incorporate arm work into the Ten Series to support integration not just of the upper limb but the whole body.*

The hands and arms are essential parts of the body to address with our Rolfing Structural Integration (SI) work. Through the arms, we interface with the world, we express ourselves, we manipulate our environment, we touch and are touched by others. The structure and function of the hands and arms are important factors in determining the function of the upper weight center, whether it initiates movement (G' anterior) or follows the lower weight center (G' posterior). [G' anterior refers to the person initiating movement by moving forward with G', the upper gravity center; G' posterior means that the person initiates movement by moving forward with the lower gravity center (G)].

In this piece I write about how I work with the arms sequentially within a ten-session series. It is important to note that, in practice, the order of interventions that I use will change from person to person, as the need varies. I will typically turn my attention to the hands and arms in almost every session of the ten sessions that deals with the upper body.

In the earlier sessions of the series, the arms are an important part of the preparatory/ adaptability principle. Before deeper issues in the diaphragm, rib cage, cervicals, and cranium can be addressed, it is usually necessary to help the arms to come to their next possible level of integration and coherence. This in turn will open the door for a higher level of ease and openness in these more proximal structures.

In the first session I try to work with the arms as they relate to the client's breathing pattern. When the myofascial web is fluid and flexible, the arms will have their own response to the breath. On the inbreath, as the rib cage fills and expands in all three dimensions, the shoulder girdle will lift and widen, the arms externally rotate and there is thenar deviation at the wrist.

On the outbreath, the opposite happens. The shoulders drop and settle back towards the midline, there is a slight

internal rotation of the arms and ulnar deviation at the wrist.

You can feel how this works by rotating your arms externally, lengthening the thumb side of the lower arm. While breathing in, notice how the inbreath is facilitated by this movement, then notice, as you breath out, how it is harder for the outbreath to complete. Now do the opposite, rotating the arms internally, lengthening the little finger side of the lower arm and hand, and breathe out, noticing the effect of this position on both the inbreath and the outbreath.

When there is an inspiration or expiration preference in the rib cage, very often the rotational pattern of the arms holds it in place. I like to work with the arms and the phases of the client's breath, encouraging them into external rotation as the client breathes in and internal rotation as the client breathes out. Often, just helping this coherent movement of the arms in relationship to the rib cage will help the client to encounter a new level of ease and fluidity in the breath.

In the third session, the arms are an important part of the lateral line. Their capacity to organize to the coronal plane of the body is necessary for the client to be able to embody the Third-Hour line. Working in and around the shoulder and armpit to help the shoulder girdle to rest evenly over the rib cage, is important, as is work around the elbow, to begin to address rotations and counter rotations between upper and lower arm that may simultaneously be compensating for issues deeper in the rib cage and diaphragm, as well as holding them in place.

In the fourth and fifth sessions, and onward into the eighth and ninth sessions, as the deeper core / sleeve areas of the trunk begin to be more available, a deeper layer of work in the arms also becomes necessary. Our attention turns to the interosseous membrane. When it is able to function as a fluid, flexible, 'breathing' structure, it will bring about deep opening in the chest, neck, and all the way up into the face.

The interosseous membrane and palmar fascia are the 'core connections' in the upper limb. As they come alive, so too do the visceral spaces of the thorax, the neck, and the cranium, as well as the core stability of the thorax and shoulder girdle. When we speak of the interosseous membrane, it is important to note that we are also addressing the relational body. Hubert Godard calls our interosseous membrane "the diaphragm of our relationship to the world."

What happens in the interosseous membrane to make it the diaphragm of our relationship to the world?

In the hands we have both intrinsic and extrinsic muscles. The intrinsic muscles originate and terminate within the hand itself. When we hold an object, or touch an object, or touch another being, we use intrinsic musculature of our hands, the hand remains free and differentiated from the rest of the arm. The sensing function of our hands is awake and we are able to experience ourselves as both touching and being touched by that which our hand encounters. In this functioning of the intrinsic and sensing hands, the way we touch and hold creates the structure that we look for as Rolfers™ —differentiation between hand, wrist, forearm, and upper arm — a 'breathing' relationship between the radius, ulna, and broad open hands inclusive of palmar fascia.

When the intrinsic musculature of our hands comes online it also awakens the healthy coordination of the serratus anterior. The serratus anterior is an essential player in our core stability system. It has many diverse actions of which only a few will be mentioned here. (Raymond Sohier, Belgian physical therapist, mentions twenty-one different actions of the serratus anterior in his book on the shoulder *L'Épaule*). It acts as the major stabilizer of the shoulder girdle, by rotating the glenoid cavity superiorly in the beginning of elevation/ abduction of the arm, thus opening the space between the head of the humerus and the acromioclavicular joint. This avoids the tendency for the head of the humerus to collide with the underside of the acromioclavicular joint. When the serratus anterior is able to perform this function, the superior trapezius does not need to engage, and this allows the head to lift off the neck and stay free of the movement of the shoulder.

In the space that the serratus anterior creates in the shoulder joint, the muscles of the rotator cuff have room to function in the most harmonious possible way. The serratus anterior is an auxiliary muscle of breathing. It also organizes and lifts our ribs and stabilizes our clavicles. It is the dynamic antagonist/synergist of the transversus abdominus in such a way that when one of this pair is called into action the other also responds, balancing and aligning the abdomen and the thorax in what Dr. Rolf used to refer to as the psoas-rhomboid balance.

Thus, we see that the intrinsic musculature and the sensing function of the hands are also gateways to the balance of the shoulder joint and the core stability of the trunk.

In the best of all possible worlds, when we touch, hold, handle something, or handle someone, we start with the intrinsic function of our hands. If, or when, more force is necessary, then the reinforcements kick in — the reinforcements being the extrinsic

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musculature. These are the long extensor and flexor muscles. Being larger and more global muscles, they bring in the next level of strength that we may need.

The extrinsic muscles of the hand, forearm, and elbow all have at least a part of their origin on the interosseous membrane. Since they cross multiple joints, when they activate, one of their side effects is to shorten and compress the joints through which they pass. When the extrinsic muscles overwork, or initiate movement without allowing the intrinsic muscles to come on line first, the hand telescopes compression into the wrist, which shortens into the forearm, which constricts into the elbow. We have all seen clients with this profile where the interosseous membrane hardens and the palm of the hand retracts up towards the forearm, no longer being free to reach towards the world and no longer as sensitive and available to be touched by that which it touches.

Activating the long flexor and extensor muscles of the hand and forearm is normal and appropriate for short periods of time, when extra strength is needed. When it becomes chronic, however, it locks the interosseous membrane and compresses all the joints between fingers and elbow. This makes the thoracic, cervical, and cranial core spaces unavailable for deeper levels of integration.

Psychobiologically, a person who grasps – activating the 'reinforcement' of the extrinsic muscles of the hand and forearm each time s/he goes to touch, hold, or handle an object – is often caught in a grasping, fearful relationship to the world or the 'Other'. This coordination pattern may have its origin in a traumatic incident or in developmental patterns of relationship. At a purely functional level, the activation of these muscles makes it very difficult to sense that which one is touching; to allow oneself to be touched, as well as to touch. Also, the body habit of calling in the muscles of maximum strength every time one touches reinforces a neural circuit that perpetuates a sense of fear and urgency, often feeding an unconscious belief that if I do not grasp with all my strength I will die.

So, when we think of helping our client to soften and open the interosseous membrane, it is frequently necessary to help the person understand and embody the difference between an intrinsic and sensing activity of 'holding' as opposed to an extrinsic and compressive activity of 'grasping'. To help our clients find the place where their normal is a soft and breathing interosseous membrane, we often need to not only to free the fascial restrictions in the forearm, but also to educate the clients to a different relationship to the world through the medium of their touch.

As we move from the fifth session - a time in which we may use more of a tissue approach to soften hardened and undifferentiated interosseous membranes and palmar fascia – into the second half of the Ten Series, we may find ourselves doing more perceptive and coordinative interventions to help the client to own and embody this new quality of touch. In so doing, we help balance shoulder movement and bring core stability activity into the thorax and pelvis.

At any given moment it may be appropriate to use a tissue intervention along with a more educative intervention, to help the client free that which is held in hardened tissue. Address tight tissue and simultaneously call forth new patterns of touching and being touched to help the client create and recreate a different body.

In my work, I will go back and forth between direct, mobilization, indirect, and perceptive/functional techniques to help the client come to a new level of integration in his/her arms and hands. In almost every client I have worked with over the years, the arms have been an essential part of that client's 'Recipe' and are always something that I take into consideration and address.

Lael Katharine Keen has been teaching Rolfing SI for the Dr. Ida Rolf Institute® since 1995. She teaches Rolfing SI at the beginning and advanced levels and is also a Rolf Movement instructor. She is one of the founding members of the Brazilian Rolfing Association. In addition to teaching Rolfing SI she is also senior faculty of the Somatic Experiencing® Trauma Institute where she teaches Somatic Experiencing at the beginning, intermediate, and advanced levels. She has practiced Ki-Aikido since 1976 and taught it throughout North America and Brazil since 1980 and holds a fifth-degree black belt.

Lael is fascinated with movement and the process through which each of us becomes more truly ourselves through uncovering the movement that is our most intrinsic and authentic potential. She continues to study and learn about what it is to be a human being and how we can heal and express ourselves more fully at all levels: body, mind, soul, and spirit. She holds certification as an Anthroposophic Art Therapist is an Educator in the Bates Method of Vision. The Bates Method of Vision has helped her to deepen her understanding of how the way that we orient relates to structure, movement, perception, and health.