

Arm Session: The Touching Limb

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As Structural Integration practitioners it is vital that we work in the present moment. Body awareness is a present moment experience; the mind is past or future. Being in the present moment is what connects us to our clients. It is never the goal to "get the work done", or "to take their pain away", even when we desire that outcome. We must form a partnership, a relationship in this age of disconnection. Connection is imperative in the work that we do on the table, first with our self awareness. This principle becomes most evident in the arm session, the segment of expression, of touch, of feeling. Trust must be built through the development of a stable grounding in the core sessions. The arm can then, through the back, connect that trust into the fascial connections outward in graceful movement and deep connection.

Our challenge is to know and support the body, and inherent in that challenge is to help our clients and ourselves to imagine, and then create, a different world. Our most important work may be building the relationship of awareness and compassion so we re-discover together our own prophetic voice through our body.

As I take their hand and begin the arm session, I am supporting this person in their journey to wholeness. I aspire to reweave the movement from the center, the stable core, to the mobile arm-shoulder connection, to other. This is grace within gravity.

Developing the arm session.

The Soma Institute has taught an arm session integral to the ten series since early 2003. The time factor was the motivation to develop a session specifically focused on the arm-shoulder release and integration. In our consideration of breaking the Arm Session out of the classic inclusion in Session #9, we had an exploration as to where the arm session should be taught in the series. One instructor thought that since it was primarily a "release" session and not weight bearing and it should be put after Session #7. We tried that. Clients responded with great imbalances and neck pain. We then decided to insert it after Session #9 and again observe. This time we found that doing the arms after Session #9 was much more effective and less disconcerting to the client.

I must acknowledge Ida's genius. The body needs an integrated torso to lift the arm and shoulder, and then integrate the arm into the back through the shoulder. The grounding and integration of the torso needs to be available before being able to contain this extremely mobile segment of levity initiating our orientation to space.

Many people are referred to me for carpal tunnel or shoulder injuries and just want to start with a session for arms before realizing the power of the ten series. I find that a standalone Arm Session can be done only with the addition of focused neck and back work. Careful attention to the back from the iliac crest to the scapula for *stabilization* and to the neck as the counterbalance through the shoulder for *mobility* provides the necessary support for the arm work.

The movement of the scapula on the ribs as the arm moves is necessary to maintain a delicate balance between the rib, neck, and head relationship with that of the shoulder girdle, arm and hand. The absence of this balance can result in the inability to achieve an easeful suspension through the torso-an easeful levity. When the whole arm is differentiated, grounded and supported from the “being self”, the movement flows easily and supports suspension. This allows the arm to “do” what it needs to produce and express.

Stable-Mobile

“Stabilizing and mobilizing elements interact continuously to produce effective movement.”¹ In the body we must have stability (grounding) before we can realize mobility (levity-space). Stable-mobile is one of the basic principles that govern us. In one thought we can say, structure is stable and our breath is mobile; however, this principle is larger than that. The intrinsic more tonic muscles bring stability to the human structure while the extrinsic and more phasic muscles bring mobility. As structuralists we have learned well to see the stable structure, but to really see the person we must see the vibrant dynamically mobile and stable body. We are not static in principle or body. So the structure as stable breathes upward to space and the mobile breath dynamically moves downward to grounding.

Bonnie Bainbridge Cohen says, “The vessels from the back of the heart that go to the right and left lungs are what give us orientation through the arms.” In having stability, we imply that the individual feels stable within their sense of self, which then allows the embodied relationship to the earth (grounding). Mobility does not happen in a single muscle, but initiates in a phrase that sequences with the sensation of breath into an inner sense of levity. This mobility allows for an outer orientation to space and connection to other.

Dissection in shoulder discovery

I have a Chiropractor² friend who told me about a dissection done by a group of Chiropractors that addressed the shoulder girdle and difficulties with dislocation of the humerus after Rotator cuff (RC) injuries. They dissected everything away from the Glenohumeral joint except the (RC) connections. At that point the humeral head continued to stay located in the joint as shown by X-rays. They then made a small incision, like a tear or hole in through the (RC) into the joint capsule, and at that point the humeral head when pulled away did not drop back into the glenoid cavity in perfect alignment, but in an anterior-inferior dislocation that is consistent (95%) with (RC) injuries.³

They repeated this research several times with the same result, and concluded that there is a vacuum formed within the sealed joint that creates a suction on the humeral head to hold it in the shallow cup of the Glenoid fossa. When that vacuum is breached by a tear in the fascia, tendon or ligaments that hold the humeral head in the fossa the dislocation continues to increase the injury. It is common knowledge that the Rotator cuff muscles produce a high tensile force that helps hold the humerus in the glenoid fossa. I did not know about the suction in the joint that helps keep the humerus from dislocating. This information allowed me to understand why the (RC) injuries seem to take so long to heal; when the dislocation happens either the transverse ligament tends to tear which then involves the Biceps, or the original injury re-tears and needs to mend anew. There can be nerve or vessel damage involved and severe shoulder pain. This dislocation lengthens the (RC) recovery time.

The freedom of the humerus to freely rotate while being supported from below, releases habitual strain from the upper trapezius and levator scapula muscles that are often used in reaching as substitutes for humeral rotation. The recruitment of the upper trapezius and the levator scapula often happens when the mobility of the humerus is impeded and is not stabilized from below. Obviously this recruitment is compensation and that is not optimal.

I personally had a (RC) tear injury to my right shoulder and decided to not have surgery. It has taken about one year of Structural Integration work with occasional Chiropractic support, and the injury has healed very effectively with no surgery. I have been able to work and do sessions during most of the healing process.

Shoulder joint involvement

In our appreciation of the full use of the arms, it is critical to understand the relationship of the movement at the shoulder joints that allow such a full range of motion through the arm and hand. A most important building block of graceful, fluid arm movement is the availability of the shoulder to roll and be supported and linked by way of expansion and contraction through the scapula. This availability permits anterior-posterior myofascial continuity. This allows depth of movement when the scapula drops down and levator scapula is released, the cranium then becomes free to move upward allowing the sense of orientation. The arms can then lift with no effort.

We have looked at the glenohumeral joint and the expanded range of motion available because of the shallow cup, but also the challenges that can produce. There are two more main joints that I want to address. The Sternoclavicular (SC) joint at the most medial point of the clavicle is the only direct articular contact of the shoulder girdle and arms to the axial skeleton, at the manubrium of the sternum. There are differing classifications of the movements of the SC joint, my favourite being from David Campbell⁴ who defines the SC joint as a modified ball and socket. This allows great mobility yet is also the point of stability through the axial skeleton connection. If the SC joint is not mobile, and in alignment the whole shoulder will be destabilized. This is a key stable-mobile point for the shoulder movement. It is also the circuit breaker for all the joints in the shoulder. Immobility here often becomes a precondition for developing shoulder injuries over time.

The other end of clavicle and the SC joint is the Acromioclavicular joint (AC), which glides and is multidirectional. It also creates a shoulder connection through the short head of the Biceps Brachii down into the lower arm. The clavicle and these two joints are also connected to the Trapezius and into the scapula and backspace. It is vitally important that the fascia around the clavicle and the SC and AC joints be free for full shoulder and arm mobility. The stability will be there through the core balance. As we reach higher with the elbow, the counter-balancing anchor point becomes lower in the core of the body.⁵

The arm connection to gait

*Years ago, I was overlooked for a role in a dance because I did not have classically curved arms. This decision motivated my visit to a bodyworker to begin addressing the tension in my shoulder girdle. After a one-hour session of gentle manipulation and repatterning, I left relaxed and seemingly unaffected. The next day my arm was very sore. As that subsided, my neck went into a spasm which lasted a week. When that passed, my left arm began to ache. I began to realize that the work was travelling through my body. For several months, my left leg would go numb whenever I was tense. Sometimes when I was performing, I wouldn't be able to feel my foot touch the floor. Eventually, this too left and the process was complete; it had moved through the skeleton and reached the ground.*⁶

BodyStories, Andrea Olson

Problems in the freedom of movement of the arms and shoulder girdle will eventually show up in the gait.⁷ The arms, though not structurally weight bearing, are of key importance to locomotion, gait and contra-lateral⁸ movement. Contra-lateral movement supports the rotary process through the torso allowing the spine and arms to work as one system in a great work of energy transformation that lets us walk with minimal energy expenditure.⁹ Contra-lateral movement in crossing the midline of the body allows the integration of the two sides of the brain simultaneously. This rotary and contra-lateral body movement underlies the integration of complex ideas.

The arms are meant to swing from the shoulder, and be stabilized through the spiral chain which is the serratus anterior, external and internal obliques with support from the latissimus dorsi. The swinging from the shoulder nourishes and enhances contra-lateral movement.

By the time the child reaches toward the outstretched waiting arms they have developed fundamentally to a point of consciousness of the world outside themselves, embracing the movements that include both giving and receiving. The shoulders tend to limit giving and receiving movements actually more than the arm itself.

Influence of behavior.

Certainly our most memorable and empowering moments are glimpses of touch, in some way, that elicit feelings of deep connection. This connection includes the body and often focuses in the arms or hands that transmit signals from us to other and back. Science is beginning to identify and confirm the presence of many of these “signals”. James L. Oschman, Ph.D says, “Virtually all of the molecules in the body are semiconductors.” This knowledge of the living matrix, that different forms of energy are transferred in a very sophisticated and rapid way, has long been called the “laying on of hands”, which we commonly accept as an influencing behavior.

I was doing a group session with young men who were about 15-17 years old. We began talking about their dreams and they ventured into speaking about feeling angry, and I assumed that was most certainly an easy feeling for this male age group. They all told me about dreams where they wanted to punch someone but, “my arms wouldn’t work.” Since this group I have asked other people and often they have related a similar dream in which they had an impulse to hurt someone but their arms wouldn’t move. This is an interesting observation. Possibly our arms are the interface between what our body impulsively feels and what our mind that tells us “is inappropriate behavior”. As I pose this as a possibility it gives me another answer for the stresses I see in arms and shoulder girdles that seem to occur from not only overreaching but also patterns that require a holding back in the arms and particularly in the shoulders.

A significant element of creativity is flexibility in our thoughts and our behavior. This availability of flexibility seems to be most evident in the flexion and extension of the arms. In a study of original motivation preferences it is noted, “when people match their arm movements to the motivational preference for the side of their brain, they were able to list more alternative uses and those uses were more original than when the arm movements mismatched the motivational preference for that side of their brain.”¹⁰ This matching evidences people’s behavior becoming more flexible through their arm movements.

“An infant begins to organize vertically by finding dynamic support through the senses, first in relation to the mother and then in relation to the environment.”¹¹ One of our great lessons in life is to find an inner sense of self reliance as a foundation for true connection. This is behavioural grounding. When the person remains connected to mother it will be evident in the arm and shoulder. This adult connection to mother inhibits a personal sense of self reliance, which precedes our connection to self, other and space. This touching limb, the arm, can carry our burden of dependancy or be our source of connection through our self outward to other.

Notes:

1. Hackney, Peggy, 2002, *Making Connections; Total Body Integration Through Bartenieff Fundamentals*. London, Routledge, p.40.
2. Dr. Daniel McNabb, May, 2009, Buckley Chiropractic, discussion on Humeral joint dislocation.
3. Shoulder Dislocations: <http://shoulderpaininfo.com/shoulderDislocations.html>.
4. Campbell, David M., 2007, *Mastering Muscles and Movement*. Bellingham, WA., Bodylight Books, p. 17.

5. Maupen, Edward W, 2005, *A Dynamic Relation to Gravity*. Dawn Eve Press, Vol. I, p. 24.
6. Olsen, Andrea and Caryn McHose, *BodyStories: A guide to experiential anatomy*. 1998, Lebanon, NH, University Press of New England.
7. Newton, Aline, February 2003, "Gracovetsky on Walking". Rolf® Perspectives in Structural Integration, p. 4.
8. Contra-lateral and cross-lateral can be used interchangeably. Contra-lateral is used more frequently in the dance tradition and cross-lateral in the athletic tradition. They both reference the connections through the torso that are apparent when the opposite arm and leg move simultaneously.
9. Grocovetsky, Serge, 1988, *The Spinal Engine*. NY, Springer-Verlog p. 294-295
10. Markman, Art. Ph.D. "Fits of creativity I: Arm Movements and Flexibility". Psychologytoday.com/print/4615.
11. Caspari, Monica, 2005. "The Functional Rationale of the Recipe". IASI Yearbook p. 73.

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