

A Holistic View of the Upper Limb

A Conversation with Tessy Brungardt

By Ellen Freed, Basic Rolwing® Instructor and Rolf Movement® Practitioner and Tessy Brungardt, Basic and Advanced Rolwing Instructor and Rolf Movement Practitioner



Ellen Freed



Tessy Brungardt

ABSTRACT *Ellen Freed interviews her Rolwing faculty colleague Tessy Brungardt in this broad discussion of the arms, hands, and shoulders, touching into the holistic nature of our work, the arms in whole-body patterns, issues from injury and overuse, and the range of touch that makes our work most effective.*

Introduction

On a Zoom call recently, I interviewed Tessy Brungardt about the arms, the hands, and the shoulder girdle. After witnessing Tessy work for many years, I can categorically say that her words are in sync with her touch, which is kind, generous, profound, and clear. Her approach in this interview includes her holistic view of the arms, hands, and shoulder girdle, and how specificity of touch and anatomical knowledge will lead to a greater holistic framework. Tessy explores aspects of the nature of our touch as Rolfers™, how we see, and how cultivating these skills informs our work.

Ellen Freed: We are talking about the arms and the hands. What has been your evolution of working / seeing / strategizing sessions where the arms and the hands hold key issues for the client?

Tessy Brungardt: When I first started practicing Rolwing Structural Integration (SI), I was very dedicated to the Ten Series. At that time, we talked about where the arms and hands could be added into

the Series. We were taught to complete everything essential in the Ten Series and add in the arms and hands as we had time or as they needed doing. Right away, in my first year of Rolwing practice, I started working with a lot of musicians and other people who used their hands in their work. I came to see that the organization of the whole shoulder girdle, all the way down to the fingertips, has profound influence on the core, the sleeve, and the axial complex as we talk about it in Rolwing SI. So, I had to think deeply about what is happening in the hand as it relates to the rest of the system, and include the hands and arms as part of the system; rather than thinking, “Hmmm, okay, I will work on that too.”

What people do with their arms and hands relates to the organization of their whole system. Trouble in the arms, hands, and shoulder girdle often ends up in the neck. Unbalanced use in the shoulder girdle is always part of a scoliotic pattern. By *shoulder girdle* I mean fingertips all the way up into the thorax, and then reflected throughout the body.

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I started expanding my view because I would see how musicians played, how they relate to their instrument with their whole body. That means whatever trouble showed up in the arm or hand was part of the whole-body patterning and use. I had to think about the shoulder girdle as part of the whole patterning of the person. This is actually a reciprocal thing. Curvature in the spine will change the orientation of the ribs, which will change the shape of the shoulders, for instance. That is one direction, from the center leading out. Also, a very imbalanced use of arms can drive or participate in a scoliotic pattern. If you always do one thing in one direction over and over for years, or even decades, that will drive patterns into your spine and ribs. These patterns are multidirectional. Eventually, what started the symptoms or the pattern may emerge, but you really have to think about the whole system anyway, and work with all of it.

In terms of the Ten Series, we could work on hands, arms, and shoulder girdle seamlessly during sessions one, three, five, six, seven, eight, or nine. During post-ten sessions, or advanced Rolfing sessions, we create a series around the needs and wishes of our client. To do this well, we first have to learn and become aware of our own habitual patterns of perception that we have been relying upon, and expand that. That habitual pattern of perception is one of our greatest limiting factors towards being able to accomplish a variety of effective tasks while we are doing Rolfing SI. Then, with our expanded perception, and all the knowledge we have acquired, when we look at, or touch, someone complaining about her shoulder, we see: maybe it is partly about an old injury, or maybe habitual use. Also, her liver could be stuck, perhaps because of hepatitis from years ago. We see how the whole system influences the shoulder girdle, but also how the shoulder girdle is influencing the spine, the viscera, and everything else. That systemic view becomes more profound. Our understanding about

how to address those things continues to develop as we continue our study, education, practice, and classes. Thank goodness, that way it becomes more interesting all the time.

I have found that one very effective interruption to my habitual way of thinking is to keep my curiosity engaged. To ask “What is happening here?” with an open mind. Continuing to cultivate curiosity, this will unhook habitual strategies in seeing and touching. So, when I become flummoxed by something I ask “What is this? What is happening here?” I touch the person and I check in with myself. I ask questions, watch them move, and question with my hand until a relationship is revealed.

EF: Absolutely, curiosity is key. And being humble and adaptable around our current beliefs about what is actually happening.

TB: That is right. A further question is “Why am I doing this in this way?” Some of these perceptual and body use patterns in us are very deep and are profoundly unconscious, constantly influencing our work. I am not talking about our clients. It is true for them, but it is true for us. Oftentimes we do not become aware of these deeply held patterns as practitioners until we are in trouble. Certainly, that has been true for me. In one moment, I am aware of a subtle tension in the deep cervical fascia of my neck, and in the deep visceral compartment affecting my brachial plexus. Suddenly, it is really obvious – but it is something I have been doing my whole life.

EF: And now we are out in the world with all our own stuff, and our clients come in with all sorts of injuries and overuse issues.

TB: Yes, there are all kinds of ways people injure themselves, and we are familiar with them as Rolfers. There is impact trauma and injuries, and all the various things that could happen; for example, broken bones, torn rotator cuff, strains, and tears in the myofascia. There are injuries that arise as part of constant

overuse or improper use. We also have overuse issues that come from how we behave and respond to our worldview or psychobiological aspects. It is not uncommon to see people who talk with their hands or tighten their hands when they begin to think. This leads to chronic overuse because they are consistently using their hands in a tense way. All of these injuries have underlying structural variety. People have differences in the shapes of the bones in their hands, arms, and shoulders. Some people are more inclined towards a carpal-tunnel problem as a result of the shape of the bones in their hands, or they had past injuries that tightened up their hand and predispose them to that.

EF: What do you do?

TB: Now that’s the question, isn’t it, if someone comes in with particular symptoms, what we are going to do is work with the whole system. But even though we are working in this large system, we have to work very specifically. One of the things I often observe is people will work generally in the myofascia of the hands and the arm, but there are a lot of very specific joint mechanics happening at the elbow and wrist, many muscles and ligaments moving and limiting every single joint in the hand and arm. Especially with people who have chronic hand and arm trouble, we will have to do both the general myofascial work, and move into the ante-brachial fascia and the compartments of the arm, down to the interosseous membrane. Eventually, we will have to work very specifically on the small muscles and ligaments of the hand all the way out to the fingertips, and all around each joint. Those tiny little joints have systemic implications.

One of the first times I really saw this was in a client who had jaw and shoulder trouble. She had the Ten Series and came back for more work. We were working on her jaw and I just started following the tension all the way down in the arm

and into her hand. In her hand I found this little scar. It was nearly invisible, just a small scar across the tendon on the back of her hand. She had never told me that she had been hit by a car. Her hand had hit the windshield and it cut open her skin and some tendons. They stitched it back together, and it had worked fine - it seemed to her. I worked on that very specific area, getting the tendons to move and work, normal opening and closing of her hand, all that. . . and her jaw let go. Maybe she clenched her jaw when her hand hit the windshield? I could track it through the myofascia right into her jaw.

This happened in my early days, so it was an additional thing to think about – looking at these long-term and distant effects of trauma and injury, finding the specific place in the myofascia, then going to the anatomy books to find exactly what I had felt. This changed my understanding. I realized very specific work in the hand could have huge systemic effects through the whole shoulder girdle and to other parts of the body.

EF: You are a master of being patient with a specific place in the body, and able to track from that place the entire body, and stay present with the minute changes happening locally and systematically. This is beautiful to witness.

TB: Thank you for saying that, Ellen. Just to piggyback on what you said, and people have heard me say this: you do not need to do everything on the list in every session. You don't even need to do everything you see or think is important. You only have to do the few things that are the most important to the client. If you do those few things very well, your client will have a more integrative experience

than if you try to do everything well. This requires a tolerance of letting go of your own expectations, and sometimes your client's expectations. I actually find it is easier to address the client's expectation because I can explain to them what I am doing, and they can relax and trust me. It is harder to trust myself and the process of Rolfing SI. I do now, after long experience. This is a key thing, learning to trust the Rolfing process and our own selves to accomplish a task. I find that is the harder struggle for Rolfers generally.

EF: As you speak about relationships of the parts to the whole and the whole to the parts, you are touching into notions of identity, worldview/psychobiological, how they relate to our human arms and hands. Could you say a little more?

TB: Well, yes! We start talking about this right away in our Basic Trainings – the way our structure and posture reflect our own attitude and our work. In fact, in some dictionaries, the words posture, attitude, and belief are used as synonyms with each other. As Rolfers, being in a touching profession, our hands and arms are our crucial essential tools, in addition to our ability to converse with people in a somatically intelligent way, words, and body. Think about touching not only as how we touch people when we are working, but as a reciprocal action. We are touching and being touched, and that is what our hands are being receptive to. There are a lot of nerve endings in our hands so that we can feel our world in a very refined way. As Rolfers, we have worked on this refinement to a greater and greater degree. After thirty-five years, my touch continues to become more refined, which I did not expect when I was starting

out! I continue to feel things now that I could not feel before or did not understand what I was feeling.

The way Rolfers touch and are touched, and the way we receive information as we are touching, is filtered through our own worldview. There is a whole range of how Rolfers touch: some work hard, some work soft – with all the preferences of where they set themselves on that spectrum. In order to be effective in our work, we need to be able to touch and be touched superficially and deep, firm and light, direct, and indirect – all of it in every combination (see Figure 1).

It is incumbent upon us as Rolfers to develop our skill in all those ranges so that we can work with our clients in the way they need to be touched, and to be careful not to impose our preferences on them. That said, our worldview is always going to be reflected in our touch. The more broad we can be about what kind of touch is acceptable to use and how we receive information, then a wider possibility of range of touch gives us greater and greater ability and refinement to respond appropriately to the needs of the person under our hands.

Tessy Brungardt received her BA in environmental biology in 1976 from New College in Sarasota, Florida. In her studies and career afterwards, she enjoyed exploring the interface of observing the natural world and the science of how things worked. Once she was introduced to Rolfing SI in 1979, she was inspired to take this exploration into the human realm. She became a Certified Rolfer in 1985 and a Certified Advanced Rolfer in 1988. Tessy completed her Rolf Movement certification in 1994. She also became certified to teach for the Rolf Institute® (now the Dr. Ida Rolf Institute®) in 1994 and became an Advanced Rolfing instructor in 2002.

Ellen Freed received her BAAS in philosophy and literature in 1978 and led a varied life that led her to Rolfing SI, becoming a Certified Rolfer in 1990. She was certified in Rolf Movement in 1996, and then became a Certified Advanced Rolfer in 1997. Shortly thereafter, Ellen began assisting Tessy in various regional trainings on the East Coast of the US, and became a Rolfing instructor in 2004. Ellen has both assisted and taught with Tessy on numerous occasions.

Range of Touch Diagram

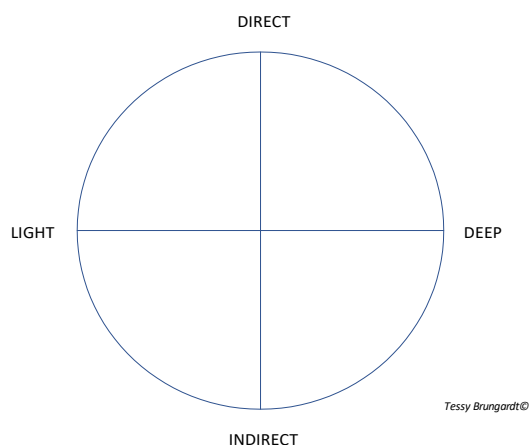


Figure 1: Range of touch. This chart shows a circle with two axes bisecting each other creating four quadrants. The horizontal axis shows a range of touch from light or superficial to deep or profound. The vertical axis shows direct touch into indirect touch. Looking to the quadrants, Rolfers are commonly familiar with the indirect and light quadrant, as well as the direct and firm quadrant. But there are other quadrants available to us. We can touch in an indirect and firm way as well as a direct and light way. Any single client might need something in any quadrant of touch, or perhaps that client responds well to a certain quadrant of touch.

