# The Gesture of Traumatic Response

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**ABSTRACT** *Developed from thirty years of clinical observation, this work incorporates organizational principles from classic Rolfing® Structural Integration, Somatic Experiencing®, movement re-education, and craniosacral modalities. The 'gesture' is defined as the stored history of movement in response to life. The techniques presented identify tissue and movement patterns associated with both what is stuck and what is supporting homeostasis in the client's body. The intention of the work is to re-establish, through touch and verbal cueing, natural resiliency in the autonomic nervous system and to quietly unravel gestures, associated structural patterns, and traumatic responses.*

*Kristen Kuester*

## The Web and Crossing Patterns

As Rolfers we are trained to see the continuous web of myofascia like a knit garment that when pulled at the hem moves at the neck. About thirty years ago I remember a client whose shoe got caught in machinery which tugged at his leg until it pulled off his overalls. His arms, braced against handrails, countered the downward force. Hearing this I remember registering in my own body the drawn-and-quartered conflict: the powerful resource of his arms and shoulder girdle in contrast to the helplessness of his foot and leg at the mercy of the vortex below. This is a dramatic physical example of the pulls on the myofascia in traumatic events.

More subtle, but not dissimilar, are the car-accident stories. The client reports: "In the first one I was a passenger in the front seat and I watched the car come toward me as it hit the front right wheel housing. In the second one I was driving, but I didn't see it coming. I was looking to turn left and I was rear-ended."

In this case, we have two patterns crossing one another. The first with fixated eyes turning the upper spine to the right and the force of impact coming at a diagonal from the right, with probable bracing in the limbs, and upper right to lower left seatbelt restraint on the torso. The second one with softer eyes turning the head to the left and a surprise back to front impact, and specific bracing through the limbs (arms on the steering wheel, right foot on the brake) and upper left to lower right seatbelt restraint.

These are classic examples of events that create disruption through our physical structures. I've found it useful in my practice over the years to gather detailed information and notate specific bodily position and movement in the moment of a challenging incident. Envisioning (and experiencing in our own felt sense) what was happening for the client in a moment of perceived life-threat gives us clues as to what remains present in the myofascial net and how multiple patterns might intersect. We can listen for how and where patterns cross.

If you imagine two grids, screens or sheer fabric, laid over one another, a third pattern emerges: a *moire pattern,* an undulating wave that moves across the plane of the surface. Now extend this picture into three dimensions. Fill in the specifics of bodily positions and movement during each incident, as described above, overlay the two, and wow, that's a lot of mind-boggling spatial/somatic information!

If we can wrap our minds around that, the next question is, *what might cause one pattern to predominate over another?* Perhaps immediate positive human contact, self-care or professional care soon after an event might soften the effect on the body. Perhaps time factors:

one was many years ago but big; one was recent, smaller, but re-triggering the past. Or the two events were in very close proximity to each other, so there was no recovery time. Other factors that may magnify a pattern may be the social/emotional field at the time of the event, i.e., in the middle of a divorce or a funeral.

## The Social/Emotional Field

Considering these psycho-emotional/physiological components in a client's experience may lead us to think, *"Is this going into material that lies outside my scope of practice?"* I had a client with whom I had worked for a number of sessions to resolve a chronically challenged shoulder. I worked every bit of joint magic I knew, gave it my all, and it wasn't resolving, so as I worked I began to chat with him about how long it had been an issue and what was happening around that time. The story emerged of his child – a child he had lost custody of in a divorce. His whole being changed as he shared poetically about the loving relationship he had with this little one. He mentioned how he never wanted to leave him in the stroller looking out, but wanted to hold him so they could look into each others' faces and could look out into the environment together as they walked. He raised his arm, the one we were working on, to *gesture* how he held his child. I registered, *"Whoa, there it is!"* The grief of the missing child in his flexed shoulder and arm held a gesture almost imperceivable in the scope of traditional structural bodywork! The story being heard in the context of 'fixing' the physicality of the problem revealed it. I said nothing. He called me a few days later and said his shoulder was miraculously just fine. I never saw him again. Is that Rolfing Structural Integration (SI)? Is that within the scope of a practice of bodywork? I say, *"Yes."*

As traditional Rolfers we are looking for aberrations in alignment through body segments and joints, stacking on the vertical upright line – the goal being to recreate order so that the mass of the body can function fluidly within the gravitational field. However, we are not just sculpting inert material. We are working with live body/beings whose forms cannot be separated from their function or their emotional or spiritual reality, and who live in a fluctuating environment, in time.

The accidents, injuries and stress factors that shape our experience often involve some measure of trauma. Whether a brief startle/surprise or full-blown flashback-level hyper-arousal, the autonomic nervous system is engaged. Which means that in order to serve our clients well, on top of visualizing the crossover of three-dimensional patterns moving through tissue, we need to 'keep one ear up' for disregulation in the nervous system and develop a chest of tools to assist with these issues.

## Autonomic Disregulation and Simple Questions

Obvious 'stuck on ON' or 'stuck on OFF' symptoms of undischarged hyper-arousal might present themselves in the client intake interview. Speediness, restlessness, defensiveness, high startle response, sensory hyper-vigilance, stories of nightmares or thrill-seeking activities paint a picture. Similarly, a somber, spacey quality, a sense of disinterest in life, neediness, resignation, or stories of boundary issues paint another picture. Inability to make eye contact, tendencies to mumble or whisper, nervous laughing, or stories of irritable bowel syndrome paint yet another. All of these qualities can be present in the same client and can give us information before we watch the client walk or before we go to the table to touch in. At the table we can then manually read the tightly held tissue that feels ready for action or the unresponsive tissue that has collapsed. We use our intuitive sensibilities to take in vast amounts of information and to decide what is important to act upon in helping the client achieve his/her chosen goals.

In addition to skilled noticing, we can also ask simple questions: *"What are you experiencing?"* We can use invitational language to cue response: *"As you sense that the tightness is still in your neck, what happens when you spread your attention to sense your whole body? Take a moment without my hands and let me know what shows up."* This gives the client a break from receiving, and the client's conscious check-in communication can reveal mysterious new areas in the body that are calling for attention. Sometimes these are areas that would have gone unnoticed by you – or the client. Asking simple questions can be a tool to uncover points where patterns cross.

Simple questions can also reveal a client's inability to easily track sensation. Once I asked a client, *"How does this feel?"* and he opened his eyes and took his hand to the area in order to answer my question. There was clearly no internal proprioceptive experience. Feeling was something he did with his hands. And then sometimes it will seem as if the only way the person has to connect with his/her body is through pain. The body screams to keep the person embodied. If his/her body doesn't hurt s/he can't know where s/he is. Pain serves the purpose of orientation. Making gentle contact with areas of the body that *don't* hurt during the course of a session is an avenue that allows the person to recognize his or her body through the sensation of your touch. As the practitioner, you become a bridge to the client's resource. Your neutrality in touch presents a new way for the client to find contact with him/herself and can both rectify the painful areas and educate toward a fuller experience of being present.

As we go about the tasks of our SI work we can listen for responses that shed light on how the individual's autonomic nervous system is wired. The automatic, instinctual, fight, flight, or freeze responses show up in primal flexion/extension reflexes, physical tension/stillness, muscular tonus (or lack thereof), hyper-mobility, or rigidity in joints. The *shape* of a beautifully aligned body that traditional Rolfing SI attempts to achieve is honed by identifying *movement*.

## The Gesture

A primary *gesture* emerges that is the history of a person's *movement* in response to life. The structural twists, the body/mind memories of external impacts, the relational issues of trust and boundary, the flat, or anxious, or spacey affect – are all a part of the composite. The primary gesture is not a static *shape*, but a history and a potential. It is an individual's unique quality of being that registers kinetically what has happened or what wants to happen: a cringe, a wince, a collapse, an implosion, a thwarted explosion, a retreat, a brace, a dramatic defense, a leap, a bold thrust, a hunkering down, a shutdown, or an opening.

It takes a peripheral vision of sorts to take in the entirety of the quality the client presents. Whether in anatomical layers or in the field, one can attempt to envision the whole gesture in three-dimensional space, in present time.

I once saw Dr. Peter Levine sit down at the head of a client who was lying in

supine position to begin a demonstration. There was no prior information exchange about the nature or content of the demonstration. He placed his hands gently on the client's shoulders ("holding the envelope," as we Rolfers would say). Within a minute the client said, "I feel as if I am falling backward, as if my feet are going skyward." Peter replied, "Has there ever been a time when you have fallen backwards?" The client said, "When I was about ten years old I was pushed off a dock and my feet went over my head as I fell to the water far below . . ." The session continued from there. I thought, "Okay. What was *that?*" It seemed that Peter could expand his peripheral awareness and hold the space for whatever wanted to emerge from the stored history of this client's movement. This stored history of movement in response to life is what I'm calling the *gesture.*

As we notice the gesture and notice what is stuck, *what also emerges is what isn't stuck – what flows, what resolves, what appropriate boundaries are operative, what keeps on going, surviving, thriving against all odds, what expresses freely.* This is the *resource.*

It is so important to remember that we, as humans, are designed to be self-regulating, and that as practitioners it is our job to notice the client's resources, to notice what's working and to support that. 'Homeostasis', a word derived from the Greek (homeo: similar/unchanging + stasis: stable/standing) means keeping things constant. It is characteristic of a system that regulates its internal environment and tends to maintain a relatively constant condition of properties. If we can actively listen for homeostasis, the body/being in our care can remember how to self-regulate and how to return to the stillness of home.

## Homeostasis and Resource

Knowing these resources in ourselves is crucial. As an exercise, let's look at two somatic ideas that are considered resources – centering and grounding. What is the difference between centering and grounding? Take a moment, close your eyes to disengage from the external environment. Think *centering.* What does that word suggest to your body/being? Take your time. Then, open your eyes; close them again. Think *grounding*. What shows up in your sensory awareness?

Almost everyone associates grounding with gravitational pull, a downward dropping toward the feet when standing or a weighted settling toward the floor/bed plane when lying. Centering, to most people, feels more concentric from surface to core. It may have social-nervous-system connotations like coming back to yourself, or pulling inward away from others, coming home from being overextended, or some physical surface to core somatic experience that brings us to a deeper spatial awareness, like our spinal canal or our guts.

Recognizing resources within the context of bodywork/trauma work can direct us to focus differently within a session. I worked with a client, a bicyclist, whose left elbow had been clipped by a truck's side mirror, which threw him over the handlebars. Thankfully, he knew enough to rest on the side of the road, get his bearings, and allow his body to shake after the impact, which sped the recovery. Over a number of sessions, I worked with the dynamics of the two blows, one from the truck, the other from the ground, with good resolve. A month later he called so upset that now his *right* arm was aggravated – as painful as was the left one originally. He was lamenting the thought of having to now spend another wad of cash to rectify the next issue. I immediately recognized what was happening, calmed him, and set an appointment for him.

Think about it. Riding along with your hands on the handlebars of the bicycle prepared to brake, the assault of the truck's side mirror creates a breach-of-boundary at your left elbow taking your left hand out of commission. Your right arm automatically becomes the *resource* that heroically brakes to slow the bike and, simultaneously, stabilizes your catapult to the ground as you fly over the handlebars.

Like a gymnast throwing his whole body over a gymnastic horse balanced on one arm, the power of the right arm, in this scenario, saved the day. It was the pivot point in the moment that prevented the accident from being much worse. It is not uncommon to see a delay in symptoms when the *hero*, in this case the right arm, can finally let down after the catastrophe has settled. One session integrating the musculature and movement of the right arm and consciously acknowledging the good job done was enough to complete the work. The right arm could now join the rest of the body/being and regain the quietness of feeling weighted, falling into gravity.

## Directional Forces and Resource

Here's another example of the importance of noting the directional forces and resources at play within an accident scenario. This client came to me for help with a traumatic brain injury incurred in a car accident. After a few sessions of subtle stabilizing work with the spine, neck, head – and the feet – we started to explore what actually happened. She was driving. The other car drove into her passenger's side. I situated myself at her left shoulder to place myself in line with the resource of the driver's-side door that prevented her from being thrown to the pavement by the force encroaching from her right. Yet, as we carefully gathered her somatic experiences, everything changed. In the time-stands-still moment-of-impact drama, she experienced that the driver's-side door was the enemy force biting into her. And there I was, sitting *not* in what I *assumed* to be the supportive, safe resource position, but conjoined with her perceived danger.

I registered, "Who'd have guessed? Practitioner error. Think fast!" She was lying on her back. My right hand was under the edge of her scapula, my left palm capped her humeral head. I instinctively said, "I'm going to bring my (left) hand in the air above your chest. I want you to meet my hand with your right palm." She opened her eyes briefly to orient her hand to mine. (This was an unintended benefit which served to slow her internal process and to bring her out of the accident story for a moment into present time.) I asked her to press into my palm. As she used her muscular intention to press she was pushing against the remembered attack of the door into her body, keeping herself from feeling crushed. Even though I was still in the position of the perceived force of evil, I supplied the counter-pressure that allowed her to create her own resource against that force. I regained my role as the bridge to resource. Her brain fog lifted substantially after that session.

## Homeostasis and Midline

I've always thought that craniosacral work at its best, when it's really spot on, has the practitioner asking him/herself, *"Am I making this up?"* "Is this *really* turning in my hands and pulsing?" This is the quality of inquiry necessary to find the underlying patterns and gestures – current, historical, or hereditary. A tool I use consistently is

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an awareness of the cranial midline. The cranial midline is the beginning of bodily life. Embryologically, it is the first line laid down after the fertilized cells divide and multiply. It becomes the spine. It holds the endocrine centers. It is the line out of which the organ cavity and heart/lung cavity enfolds. Even if knowledge of precise osteopathic cranial manipulation is lacking, or not of real interest, learning to listen for what's happening in the deep core midline is valuable. This is not elbow-to-the-gristle kind of work. It involves intelligent imagination and use of our own body while working to provide orientation and grounding for the client's process.

Homeostasis connotes a return to blueprint specifications, a return to what is normal for the individual – a return to optimal physiological function. Sensing our own midline within the three-dimensional space of the room where we work, and focusing on the client's midline, invites a natural, un-efforted return to homeostasis. It is out of this neutrality that the body can re-regulate. And neutral listening to the client's nervous system helps us re-regulate our own.

An exercise: Lie across a string hammock with the poles of the hammock to your right and left; placing yourself precisely perpendicular to the stretch of the hammock, the pendulating swing of the hammock moves your spine head to tail. In this position you can feel the importance of the cranial midline. This suspension in gravity is not dissimilar to buoyancy in utero, before we are born, and before we learn how to find upright balance in the gravitational field. From this position in the hammock, if you twist you can feel how the web underneath your entire body responds to the core line, and you can grasp how that line is the center from which your body enfolds.

I once rescued a five-week-old puppy found alone at the side of the road. He required surgery to repair a puncture wound. He wasn't responding to sound or tracking his eyes to follow an object. He was in a state of infant-failure-to-thrive. I got into the hammock as described above, placed him on my stomach with his spine aligned with mine. As we settled into the gentle swing of the hammock and I let go of what might be, I felt his little three-pound body reignite. It was as if a sequential, ascending musical scale moved through him and he fully awakened – to live a long and healthy life.

## Gravity as Resource

One of the core principles of Rolfing SI is the idea that we can architecturally stack the segments of our bodies in space to optimize movement through gravity. Newton's Third Law of Motion states that for every action there is an equal and opposite reaction. The force of our foot strike on the ground is met with an equal and opposite force. The ground pushes back.

As we explore the *gesture* as the history of a person's movement in response to life, and the resource available within that gesture, we can perceive the awareness of gravitational pull as a resource. Dr. Rolf said, "We want to get a man out of the place where gravity is his enemy. We want to get him into the place where gravity reinforces him and is a friend, a nourishing force" (Rolf 1978).

As Rolfers it is our job to ensure that the *line* of gravitational force through body segments is available as a resource to the client. We can also sense the field of gravity as a space we occupy *with* the client as we work. As we lift limbs or place our hands under the mass of our client's body, we can assist him/her in experiencing a falling to Earth, being held, resting in safety. We can simultaneously feel the underside of our arms weighted as we lift. Animals and bodies learn best through the example provided by another animal/body. We can reinforce the body learning with our words and ask the simple question: "Can you let the weight of your body fall into my hands?"

Even if you don't wish to focus on trauma work in your practice, you can excel at providing support in gravity, and thus create a bridge to a challenged social/emotional or autonomic nervous system. This focus suggests to your clients that there is something, or someone, trustworthy who will catch them when they fall. This important message, through your presence, touch, and words, transforms the gesture of traumatic response. It opens the possibility for homeostasis and ignites the resource within the gesture, the freely expressing, thriving, self-regulating part of each of us that remembers how to return to the stillness of home.

Author's note: Client stories have been modified to ethically protect privacy.

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## BIBLIOGRAPHY

Rolf, Ida P. 1978. *Ida Rolf Talks about Rolfing and Physical Reality*. Rosemary Feitis, Ed. Rochester, Vermont: Healing Arts Press.