

Kinese: THE LANGUAGE OF MOVEMENT

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A number of years ago, a doctor came to my practice. After a few sessions he said, “This is such interesting work. You know, I get up every morning and go to the hospital, and it’s like I’m by a river, and there’s someone floating by, drowning. I pull them out, dump the water out of them, give them artificial respiration, and get them sitting up. But then there’s another one in the river, drowning. I pull him out, thump the water out of him, give him artificial respiration, get him okay and then there’s another one, and another one. I simply don’t have time to go upstream and find out why they’re all falling in.”

This feeling is rife in the world of medicine—good and dedicated people, overwhelmed in a system where it is very difficult, logistically as well as financially, to practice any kind of preventive medicine.

Now, say what you will about allopathic medicine and the current system in America, its undeniable advances have banished many awful diseases and scourges that literally plagued earlier generations. Thanks to its work, our generation of natural healers has been freed to go upstream and find out why people are falling into the river of ill health.

And what have we found? That the upstream causes of disease include unresolved stress, chronic muscle tension, lack of proper exercise, bad nutrition, and—as the upstream acupuncturists and homeopaths have known for centuries—fried or corroded energy circuits. The whole alphabet of natural healing from Alexander and bioenergetics to yoga and Zero Balancing have been large scale (and largely uncontrolled) experiments in how to prevent downstream catastrophic degeneration via smaller, earlier upstream interventions.

As well intentioned as these efforts are—and I’m an old world saver leftover from the ’60s myself—it is very hard to effect a big social change in this way. It is very capital- and labor-intensive to train each upstream therapist, and each therapist affects perhaps one hundred people per year. At the rate we’re going, it will be a very long time before those doctors notice diminishing numbers in their river of very ill patients at the hospital. Being a holistic healer is a satisfying personal and professional pursuit, but something different needs to happen if we are to make a significant change in the possibilities for well-being in future generations.

In short, we need to send a scouting party even farther upstream, to see why people are coming to us in the fried and often depressive condition in which we find them. To use myself as an example, I had a wonderful childhood by any outer measure—my parents

were loving and stayed together, I lacked for little, lived in pristine countryside, avoided major traumas, and had a great education. Yet, when I first knocked at the door of alternative therapy at the age of twenty-three, I was already an uptight little twerp, headed for a stroke or a heart attack if I had continued my programmed way.

I am eternally grateful to the healers and teachers who got me out of that river so early in my life. But why was I, who was given about the best situation society has to offer, already on the road to a narrow emotional life and probable degenerative disease? And all of you know I am not alone—lots of the well-off and blessed are just as twisted as anyone else. When the cream of a social system are not coming out healthy, it says more about our educational system than it does our healthcare system.

We (as a profession, even as a society—I don't mean to be telling you personally what to do) need to make a smaller intervention even earlier in people's lives. And that intervention, if it is going to make the difference this society sorely needs, will probably need to live somehow within the educational system, rather than our usual one-on-one model.

How are Children Handled?

This article outlines a specific intervention that I support and teach when I can. It seems to me that a crucial upstream nodal point to effect change would be an education for parents about how their very young children move—in other words, teach parents literally how to handle their children. I am not speaking here of infant massage, although that is an ancient, lovely, and essential art. But the other twenty-three hours a day—how are our children handled?

A child being dragged through a supermarket, one arm up in Mom's hand, little legs falling ahead of themselves to keep up, a child being stuffed into clothes, a baby strapped for hours in a stroller or a car seat, an infant in the hung chicken position having its diapers changed—the seeds for the garden-variety neurosis and excess tensions we see in our offices every day are sewn in the way children are handled from the get-go.

We teach folks how to balance their checkbook and how to drive a car, but the most complicated piece of machinery, as well as the most precious, they will ever touch will be their own child. And last time I looked, kids don't come with an operating manual. Worse than that, our Western way of life—our “lifestyle choice” as the right wing would have it—is to increasingly isolate folks in nuclear families where child-rearing skills are not easily passed from grandma to aunt to sister to mother to child.

In my own case, I was Mr. Bodyworker when my wife got pregnant, surely so knowledgeable about bodies—but here's what I noticed about myself as I attended our

prenatal classes and got to be around lots of new mothers with infants: hand me a baby, and I would hold it awkwardly, say, “Oh, look at her” and then look for some woman to hand the baby off to. I may have been a well-educated bodyworker, but I was headed for being a lousy father, because I had no handling skills for small children. I was ignorant of how small bodies really work in everyday movement and how to interact with a baby’s movement to effectively accomplish what either of us wanted.

Very fortunately, at that moment I ran into Touch-in-Parenting, taught by Frank Hatch and Lenny Maietta in Santa Fe, New Mexico, and this changed my life forever—my life as a parent for sure, but it also sent me on this path of asking what kind of early intervention would set our children on the road to natural health.

Or, to ask the question in a more anthropological way, how can we prepare our neolithic bodies—whose musculoskeletal structure has changed little in the four million years of human existence, and whose neural reactions were forged at the latest around the endless campfires of seventy thousand years ago—to interact with the speed-of-light, man-made, flat-surfaced world we have created these last hundred years?

This is a fundamental question. Our bodies, our instinctual reactions, are very old. Our environment, except when we backpack, is very new. Do we fit together well with urban, twenty-first century, artificial environments? We assume we do—at least, we go on creating more tarmac and television stations. But we also complain of increasing speed, “the kids these days,” and the signs of growing somatic alienation are everywhere.

Can we make the fit better? Can we adapt (ad-apt—to move toward fitting) ourselves to this electronic world of our own making? Do we even have enough control over that environment any more to change it to fit us?

I believe we need to look for nodal points where small amounts of input will result in heaps of change. I am convinced that a relatively small investment (like the cost of one day of war) in teaching parents the language of movement could go far to reverse the somatic alienation or kinesthetic dystonia that seems to me to be the current pandemic among our otherwise wonderful young. (Of course there are serious nutritional, genetic, and other problems to be addressed in early life. My area of expertise, such as it is, and this magazine’s scope of inquiry, lie in the musculoskeletal system and the domain of human movement—so we’ll confine ourselves to that aspect.)

How we handle our children, how the next generation of kids come to occupy their bodies, how they learn to move—this is a challenge very close to my heart. I passionately believe that while massage and bodywork are very good remedies for muscle tension, fascial binding, postural malalignment, trauma sequelae, and movement restriction, we

need a preventive program, rather than just a remedy. In other words, what we do is great, but sadly it is not far enough upstream to really make a practical social difference.

Of course we make a difference to the individuals we touch (I recall Ronald Reagan's story of the little boy and the starfish), but in my opinion we are still pretty much in the same position as the doctor I started with—an endless stream of tense (and thereby neurotic) people, for whom we can perform basic tension-reducing triage. But how do we change the social conditions that create all this unresolved tension in the first place?

Kid's yoga, dance for small children, and programs to introduce urbanized children to the natural world are all to be applauded. I am proposing something simpler that has to do with the nonverbal relationship between children and their caregivers in the first year of life.

Your Silent Language

There is an unspoken and unsung language—call it Kinese, the language of movement—that always predates the acquisition of whatever verbal language the child learns. This preverbal exchange via movement underlies our verbal skills, our physical relationships, and sets the tone of our movement for a lifetime to come. This is the place to intervene to make the most difference to the life of the child—indeed, in the life of the family.

So let's examine the development of Kinese in a child. The Neuro-Linguistic Programming people tell us that we all learn via three primary senses—seeing, hearing, and touching (in which we will include proprioception and kinesthesia). We all develop in the womb, where the visual sense remains undeveloped, or at least almost entirely unstimulated until birth. We have heard (literally) that the womb is a noisy place, what with Mom's gurgles, heartbeat, and the lower register of tones from outside the womb (which is why a baby often responds so well to Dad's voice when they emerge—they've been hearing his bass tones through Mom's belly wall).

In the womb world, compare the low degree of visual and aural stimulation with the rich world of kinesthesia and touch. The elastic and resilient uterine walls—the strongest muscle of the body—surround the baby and constantly stimulate the skin, compressing onto the baby's many stretch receptors. Especially in the second trimester, when the baby is sufficiently developed to have muscular limbs, but not yet large enough to be cramped into one position, we have seen ultrasound films of the baby pushing off from the walls, changing its position, and creating significant pressures in Mom, as any mother will attest who lies down after a shopping trip only to have a session of baby aerobics start inside her.

So when the baby is born, its kinesthetic sense is quite well developed, in contrast to the eyes and ears. Vision and hearing are fully developed biologically; it is just that the baby needs practice in creating meaning from the incoming signals. The baby's inner movement sense is more practiced at interacting meaningfully, but the practice took place in an environment quite different from the one in which it now finds itself.

The womb world was rounded, soft, warm, floaty, and resilient. The new world—call it the air world—is cold, hard, airy, predominantly flat, and there is no shadow from gravity. So the kinesthetic skills the baby has are for a world it can no longer inhabit. We see a baby with its seemingly random flailing of arms and legs, and say, “Aww, sweetheart, undeveloped nervous system—you’ll grow.” Whereas inside, the baby is saying something like, “Dammit, this is how I turned over just a week ago, why ain’t it working now?” Those random movements made perfect sense inside the womb—actually, they are anything but random: they are highly skilled movements performed in a totally new environment.

One aspect of a parent's job, aside from basic care and protection, is to help the baby make sense out of the new world in which he finds himself. Human children are unique in the animal world for how long they stay dependent on their parents. It will take the human baby one full year (an unheard of amount of time in the animal kingdom) to assume the posture it will take for the rest of its life—in other words, to stand on its own. This would be deadly in either a sheep or a wolf, but we have organized a strong circle of social bonding around our helpless little ones, shepherding them safely through the extraordinarily long period of development we humans have.

During this initial year, the baby cannot speak or understand the details of what is spoken to it, so much of its learning and communicating takes place through movement—and that's what I am calling Kinese.

Speaking the Language

So here's a simple example of speaking in Kinese with a baby. When a baby is on the changing table making those seemingly random arm or leg extensions, gently put a hand against the bottom of the foot on the flexed leg. When baby kicks out again, it will push against your hand and you will see the baby's body start a rotation, as if turning over. Depending on circumstance, he may or may not succeed in turning himself over, but that's what he was doing with the motion in the womb—turning himself around. By putting your hand where the womb wall was, you are speaking the baby's language and helping the baby learn about the world you inhabit, which is new to him. You have entered a wordless dialogue, the nonverbal kinesthetic language of Kinese.

Speaking Kinese requires listening to the baby's movement with the idea that, to the baby, these movements make perfect sense. Once you discover the sense, you can speak Kinese back. In the example just offered, try the following: once you have engaged the baby's foot in this kicking-to-turn-over game, lower your hand a little (with the foot in it) each time he kicks. Soon, you will be able to place the foot on the floor, and the push from this surface will turn the baby over without your help. (The baby usually has to be a few months old for this to work. But it does work.)

In doing this, you have helped the baby negotiate from the womb world to the air world, without speaking a word—all in the language of movement.

I submit to you if parents were to be taught this language of movement, and children were raised in it, the world would be a different place. Because we do not have this knowledge as part of the common education of every citizen, we instead bumble along ineptly, stuffing our children into clothes, diapers, cars, trundling them along in our headlong social rush, without a clue as to how they are experiencing this. This policy robs our children of their autonomy, the ability to move for oneself, and creates the subtle but pervasive inner feeling of “there must be something wrong with me.”

Now, I know sometimes it is necessary to get the child into a car seat, but it is not always necessary. Sometimes we can take the time to let the child negotiate his own way or take him through the movements he will use to do it when he is able.

A Special Syntax

The language of movement has its own grammar and syntax. We as parents have not been taught to speak it well, and we've hardly been taught to listen at all—and it is, for a year or two, the only language the baby speaks. In fact, we have become monologists, having a one-way conversation with our children—we dictate, they follow as best they can. In the next issue, we will outline the grammar and syntax elements of the language of Kinese and find some application to your current work on the treatment table. But to finish this first half, here is an exercise in the nature of kinesthetic learning and having a kinesthetic conversation.

Learning the elements of Kinese is best practiced adult to adult. We can overpower little bodies, but adults can feedback to us verbally, and we have to build cooperation to get them to move the way we want, whereas with a child we can act (unwittingly of course) as a dictator.

The following simple, but profound, exercise is an easy way to lead the uninitiated into an appreciation of the power and immediacy of kinesthetic learning. It is not meant to denigrate the power of visual and auditory modes of learning, but some things—

behaviors particularly—are better taught through the kinesthetic channel. We are called upon—as therapists, parents, teachers, or as friends—to provide guidance toward new behaviors. This simple exercise demonstrates the different qualities of guidance available.

This can be done in a group setting or one on one, but it is presented here as if it is a group exercise.

To set up, have the group pair up and sit knees to knees, in chairs or on the floor. Have the partners decide who is A and who is B.

- **Isolating the Kinesthetic Sense.** Have the partners put both hands together with their partners, like patty-cake or a mirror image. Both partners close their eyes. As if on the mirror's surface, A begins moving slowly and gently. B keeps her hands in touch with A's; in other words, A guides, and B follows. Notice what it is like to lead or to follow. After a minute or so of this, have A begin to speed it up, change the rhythm, do different things with either hand—doing her best to lose B. B is not allowed to interlock fingers with A; it is just palm to palm. After a minute or so of this (and when the laughter subsides), switch roles, again starting slow and building up to the attempt to lose A. Have both notice what the other role—guider or follower—feels like.
- **Isolating the Visual Sense.** From the same position, have the two partners put their palms about two inches apart, not touching. This time both keep their eyes open. A starts a similar slow movement, and B follows. Notice what happens when the movement starts to speed up. What is the quality of leading or of following? What is the difference in the ability to stay with the other partner? Where does she choose to look when following?

Most pairs will notice that following visually is much slower and clumsier than following kinesthetically, because of the time delay in converting visual cues into movement versus transferring kinesthetic cues into movement.

- **Isolating the Auditory Sense.** Using the same position, with hands an inch or more apart, B's close their eyes, and A's leave them open. A's must lead by auditory clues—by talking. More time will be needed as they work out left and right and other logistical problems. One clever A will usually come up with the idea of snapping his fingers, which is fine (but won't help much when he starts moving the two hands differently). In this setup, the idea of losing a partner is ludicrously easy. Have them reverse roles.

In the comparison that follows this exercise, most will confirm that both guiding and following, whichever role they preferred, was easier using the kinesthetic sense. The

visual sense is slower, and the auditory much slower and much more imprecise. In fact, some leaders will notice there was so much difficulty in getting their partners to do what they were trying to describe that they just gave up and did themselves what their supposed followers were also doing.

We experience the results of an example like this and yet we do so much teaching of our children, and so much teaching of behavior, via voice, words—telling, not showing. And even showing compares badly to doing. Compare telling a child how to wield a hammer to showing how a hammer is used. Then compare either to putting the child's hand around the hammer, letting her feel the heft of it, and guiding her through a swing toward a nail head. Which do you think will lead to the acquisition of the skill faster and more thoroughly?

The scientific reason is simple: the child tunes into the cascade of stretch receptor signals from the muscles and connective tissues. The subsequent attempts to recreate it are far more successful than trying to turn a verbal message or a visual image into a new set of movements.

Even ballet, among our most refined kinesthetic expressions, is often taught visually and verbally, with students following a teacher and looking in a mirror, rather than through direct feeling. How much richer could our education be if the intelligence of kinesthesia was included?

Now turning back to our original question, how much less strain and pain would there be in our client population if this intelligence was awakened early and continually honored?

The answer comes back to our group of hand-dancing pairs. As a final exercise, have them put their palms together, eyes and ears open. As the As start leading, tell them to put it all together in a beautiful, lyrical, and elegant hand dance. About a minute in, have the Bs start to lead (without stopping). A minute later, go back to A and then (in less time) to B, and then back to A. Many people will be laughing by now, and most won't know who was leading or who was following in the last few switches.

This brings up a unique attribute of this language of Kinese—both parties can talk at once. In a vocal conversation, if both parties are talking at once, very little is communicated (watch cable television if you don't believe me). But in the nonverbal language of Kinese, both parties can talk and listen at the same time. And isn't this the state we seek—in dancing, in lovemaking, in manual therapy, in horsing around with our kids, and in playing with a baby? A state of mutuality, where both can be expressive and listen at the same time, is a continual and growing communion. This is the promise of the work we have undertaken—but we've just started.