Structure, Function, Integration.

Journal of the
Dr. Ida Rolf Institute®

December 2024

People Inspired by Dr. Ida Rolf

Forty-five years after her death, Rolfers™ live out their thriving and enriched lives, offering her work, Rolfing® Structural Integration. Read a few of their stories.

Honoring Helen "Jimmer" James

Fascia researcher, Rolfer to Olympians, and physical therapist educator Helen Grace James' professional career could fill many books.

Chronic Pain Conundrums

Where in the tissue does chronic pain reside? The bottom-up work of structural integration addresses a top-down happening.

Also in this issue

Uncover the voice that nature intended for you.

December 2024 / Vol. 52, No. 2

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Photo of Dr. Rolf by Yousuf Karsh

December Cover

Yousuf Karsh photographed Dr. Ida Rolf On February 17, 1977

karsh.org

Yousuf Karsh (1908-2002) was an Armenian Canadian, world-class photographer who was the 1990 recipient of the Master of Photography Award from the International Center of Photography in New York; he was a Companion of the Order of Canada, the highest level of distinction that can be given a Canadian citizen. Due to his tens of thousands of photographs of famous, political, and historical people, he was widely regarded as one of the most outstanding portrait photographers of the twentieth century. Not only did he photograph Albert Einstein and Winston Churchill, but the list of people who visited his studio also included Martin Luther King, Pablo Picasso, Margaret Atwood, Ernest Hemingway, Carl Jung, Mother Teresa, Muhammad Ali, Audrey Hepburn, and Princess Elizabeth before she was made queen, just to name a few.

And our beloved Dr. Ida Rolf (1896-1979) was photographed by Karsh on February 17, 1977. Unfortunately, no photographer notes were accompanying the print (#13882) in the Karsh archives, and there was no indication of whether it was a commission or a private sitting. What we can infer is that the photograph was taken in New York City, where Karsh had one of his studios.

Next Time in the June 2025 Issue

• Balancing Ourselves in Gravity

"The goal of this treatment is balance of the body in the gravity field; the principle of the treatment is, in brief, that if tissue is restrained, and balanced movement demanded at a nearby joint, tissue and joint will relocate in a more appropriate equilibrium."

– Dr. Ida Rolf, page 11, 1989, Rolfing: *Reestablishing the Natural Alignment and Structural Integration of the Human Body for Vitality and Well-Being*, Rochester, Vermont: Healing Arts Press.

Contents

From the Editor-in-Chief

Lina Amy Hack

When Ida P. Rolf, PhD (1896-1979) started this journal in 1969, she knew that writing about this work was essential in making it concrete for the generations of professionals to follow her. Here we are, forty-five years after her death, in the December 2024 issue of *Structure, Function, Integration* (Volume 52, Number 2, *SFI Journal*), living our professional lives in her footsteps, standing on her shoulders as we assist our clients, and aspiring to develop the depth of this work for future generations of practitioners.

The articles in this edition are all an homage to Rolf and the structural integration profession she started. In Meet My Rolfer, Patrick Clough shares what being a brand new Rolfer in 1973 was like; his practice included legendary musician John Denver (1943-1997). Interestingly, we have a client of Clough's, a vocal performance specialist, author, and Rolfer David George Delaney. In his interview, Delaney shares insights from his decades in New York doing voice-centered structural integration work with professional singers and actors. We have a review of Delaney's recent book, *Intrinsic Singing* (2024), written by friend and colleague R. Kerrick Murray.

Did you notice the name of the photographer who took Rolf's photo on this issue's cover? It was the most consequential portrait photographer of the twentieth century, Yousuf Karsh (1908-2002). The inspiration for this centerpiece came from David Kirk-Campbell, a photographer and Rolfer, who you can read about in "Credit the Photographer." Kirk-Campbell is the artist who gave us the three in-house Rolf portraits available to members of the Dr. Ida Rolf Institute for their Rolfing practices. I'll never forget to credit him when publishing one of his Rolf photos, now that I know the person who took those shots. He is a memorable fellow who has had a long and fruitful Rolfing career.

Speaking of Rolfing careers, the leading article of our main theme, The Lives Lived by Rolfers™, is about a top-shelf person, Helen Grace James, PhD, who is known affectionately as Jimmer, and is also a daughter, a sister, a teacher, a US Air Force Airman, physical therapist, Rolfer, researcher, and professor emeritus. You probably have heard Jimmer's story; she made international news in 2019 when her legal team successfully sued the US Air Force for her two honorable discharges. Do take a few moments to read about James' life story as a Rolfer, her spirit is so distinguished by what she has done.

When I started my Basic Rolfing training in 2001, I heard about this new organization called the International Association of Structural Integrators (IASI). It was a relief to hear about this group of colleagues who had been doing the work for a while, taking the initiative to bring practitioners of all the schools teaching Rolf's work under one roof, so to speak. This association was started by a very small group of colleagues with Marilyn Beech 'driving the boat,' so to speak. I interviewed her for this issue of *SFI Journal*, because I wanted to know how it all came together. It seems to me everything we have as structural integration professionals, we have because of the hard work done at the grassroots levels by all of us.

We have articles about the work itself, of course. Some intellectual meat can be found in Alan Richardson's article, "Rolfing Structural Integration and Chronic Pain." It's a thoughtful overview of pain science and the support structural integration can give people suffering from chronic pain. Richardson offers quite a few suggestions for readers to give their clients as value-added support because it takes time and many channels of help to dampen the intensity of pain.

Many of us are reflecting on the body of writings by Advanced Training Instructor, Jeffrey Maitland, PhD. Rolfer Andrew Rosenstock has taken that inspiration into writing the first in a series: The Philosophical Touch. Just as Maitland encouraged us as Rolfers to contemplate, study, and experience the nature of human bodily being; Rosenstock has a few thoughts about the philosopher Wittgenstein and the links between cognition, language, and the world. We know that Rolf meticulously examined language as part of the work of guiding transformation in the body.

Enjoy this issue's Caution Column, where Rolfer and continuing education instructor Jeffrey Burch shares some guidance about what manual therapists can consider when we have clients with diagnosed cervical stenosis. Solid ideas from a practitioner and educator who has been doing and teaching this work for a lot of years.

Ultimately, this is what this journal is about: the people who, one way or another, have dedicated their professional lives to the work Dr. Ida Rolf was teaching back in the 1970s. She put her life energy into this idea about the intersectionality of fascia, gravity, and human potential. It has given us a lifetime of inquiry and a wealth of knowledge to help people profoundly.

On behalf of the authors and editors of the *SFI Journal*, please enjoy; we've made this for you.

Lina Amy Hack
Editor-in-Chief of
Structure, Function, Integration

Two Updates for Hack and Strydom (2024)

We would like to make the following two notes to update the article "The Space of a Person" by Lina Amy Hack and Marius Strydom in the June 2024 issue of *SFI Journal*.

1. The quote that leads the article should have been referenced like this:

   "Our body is not primarily *in* space: it is of it."

   – Maurice Merleau-Ponty, translated by Colin Smith (2002, 171).

   It is not from Landes's newer translation, as referenced in the article, but from the earlier 2002 translation by Colin Smith, Routledge Classics; the quote page number is, as noted 171.

   [Merleau-Ponty, Maurice. 2002. *Phenomenology of Perception*. Translated by Colin Smith. UK: Routledge.]

2. On page 68, where it says 'the stick gets included', it is actually the peripersonal space that the stick has gained access to, and the stick gets included in the new expanded peripersonal space. A detail of change that makes the difference to Rolfing Instructor, Marius Strydom.

Meet My Rolfer™

Patrick Clough

By Mandy Cheek, Certified Rolfer™,
and Patrick Clough, Certified Advanced Rolfer

Mandy Cheek

Patrick Clough

ABSTRACT *Meet My Rolfer is a column where Rolfers interview their Rolfers. In this edition, Mandy Cheek interviews Patrick Clough about his fifty-plus-year career as a Rolfer.*

Mandy Cheek: Thank you for sitting down with me, Patrick. For this column – Meet My Rolfer – I am introducing our *Structure, Function, Integration* readership to you, my Rolfer. Also, many of our colleagues likely know you, as you have been doing this work for over fifty years. We've known each other for one and a half years, and I'm excited to talk with you about your journey as a Rolfer, the stories you have about Dr. Rolf, and whatever may naturally come up to chat about. As a Rolfer entering my fifth year of practice, I'm interested in hearing about your perspective of Dr. Rolf [Ida P. Rolf, PhD (1896-1979)] and the early days of Rolfing® [Structural Integration].

Let's start with your history. What were you doing personally and professionally when you were first introduced to Rolfing [Structural Integration]?

Patrick Clough: All right, I got my Bachelor of Arts degree from New York University in 1967. My major was mathematics. I got a job as a programmer/analyst for the Department of the Navy in Corona, California, which is just outside of Los Angeles. I worked there for a year in order to have residency in the state of California.

At that time, there were a couple of things going on: one was the war in Vietnam. I was doing everything I could to not have to deal with that. Second, the cost of tuition was practically zero in the university system in California, if you were a resident. So, I applied to graduate school in mathematics at the University of California, San Diego and was accepted. The campus was in La Jolla, a very beautiful city.

While I was there, I got a summer job between my first and second year working at a company that was a contractor for the Department of the Navy. They were developing computer systems on board ships that were mini, very experimental computers. Keep in mind that these computers had much less power than the present-day mobile phones we all have in our pockets. It was there that I met a guy who had been taking workshops at a place called Kairos, which was a Southern California version of the Esalen Institute®.

I went with this friend to Kairos and found it was an intriguing environment. I decided that after the summer job ended, I would volunteer at Kairos, doing general maintenance jobs like changing light bulbs. Kairos was on the grounds of what had been the Wishing Well Hotel. They sponsored residential 'human potential' workshops that included Dr. Rolf's trainings. I met my future wife Nancy, the mother of my son, who was working there, and she had experienced Rolfing sessions.

While teaching a class at Kairos, Dr. Rolf presented a 'lecture/demonstration' and, on Nancy's recommendation, I attended; it sounded interesting. I didn't have any physical problems at the time; I didn't go looking to fix this or fix that. I went for two reasons: one, it sounded fascinating, and two, my wife-to-be was pressuring me to go. When I saw Dr. Rolf, she was already a little old lady. I was young and physically

Patrick Clough: When I saw Dr. Rolf, she was already a little old lady. I was young and physically active, shimmying up poles, twenty-foot poles, to change light bulbs. I didn't think that little old lady could do anything to my young, tough physique. So, I went to see Emmett Hutchins (1934-2016) who Dr. Rolf was training to be a teacher.

active, shimmying up poles, twenty-foot poles, to change light bulbs. I didn't think that little old lady could do anything to my young, tough physique. So, I went to see Emmett Hutchins (1934-2016) who Dr. Rolf was training to be a teacher. He was also young and looked physically strong enough to handle me. I went to see him and had my first session.

I stuck it out for one session. I had no intention of ever going back. Then as I was walking out the door from that session, I felt completely different. I thought, my God, I had been doing yoga and things like that, but there was definitely a change in my body. It was clear to me nothing else had produced this alteration. So, I got about ten feet away from the door, and I turned around, went back, and said, "I forgot to make my next appointment."

By the time I got through with the seventh session, which was a very powerful session for me, I was interested in becoming a Rolfer. I had an area around my shoulders and neck that had been frequently abused when I was a kid, I used to get whacked there by a nasty grandfather. When I went back for my eighth session, I told Emmett I would be interested in becoming a Rolfer. He and I had a brief conversation about it, and he instructed me to apply. I contacted and corresponded with Dr. Rolf's newly formed "Guild for Structural Integration."

MC: What kind of prerequisites were needed to apply at that time?

PC: Yes, I was to study some anatomy and physiology books, and write a paper, which I did. I can't remember what books I read off the top of my head, but I do remember they were somewhat obscure and hard to find. The other prerequisite was that I should take a massage class, which I did. Working with massage clients got me used to the idea of working on other people's bodies – men, women, young, old, skinny, fat, short, and tall. The massage class was instructive in that way.

It was during that period of time, I completed my second year of graduate school, and got my master's degree in mathematics. This was in 1971. I went to work at San Diego State College for a year to help them computerize their admissions and records system. And also, I needed to save up the money to pay for Rolfing school.

Back then, to become a Rolfer, you took two classes. You took your auditing class, listening and watching the work being done, and then assuming all that went well, you would need to be approved by the selection committee after the auditing class to be permitted to do the practitioner class two or three months later. The auditing class that I was in was the first class ever in Boulder, Colorado. It was taught by Dr. Rolf and the class was in a conference room of a motel. I had moved to Colorado, with Nancy, who was my pregnant wife by that time, and I attended that class in the fall of 1972. My son was born during the class in September. At the end of that class, there was my selection interview with Dr. Rolf, Peter Melchior (1931-2005), Emmett Hutchins, and Jan Sultan, Advanced Rolfing® Instructor. I passed the selection to go on to the

Patrick Clough and Ida Rolf in class together in 1972. Photos courtesy of Patrick Clough.

Photo credit: Adam Springer with iStockphoto.com.

PC: So, we were walking up these stairs [at the Red Rocks Amphitheater], and we had one more flight to go up.

Dr. Rolf said to me, "How dare you invite a little old lady to something like this."

And I said, "Look, I'll carry you." She looked at me and emphatically said, "Who'll carry who?!" And she bolted up that last flight of stairs.

practitioner phase in March 1973, with Emmett Hutchins.

MC: Why do you think Dr. Rolf moved the training to Boulder, Colorado from California?

PC: Prior to this, she had only offered training in California, and the majority of people she had trained never moved out of California. So, she was attempting to find a location where she could train people who would disperse and go to places like Florida, Texas, New York, and Chicago. So, Emmett moved from Los Angeles to Boulder, and Peter moved from Big Sur to Boulder. And as it turned out, Peter had married my wife's best friend, Susan. So, we spent a lot of time with Peter and Susan Melchior.

When I finished my practitioner class, Peter asked me where I intended to work. I actually hadn't thought about it, I thought perhaps I'd go back to San Diego. Peter had started working with a few people in Aspen, Colorado, a place I had never heard of. I said, "Do you think I could have a practice in Aspen, Colorado?" He said yes, so I went. I purchased a Rolfing table, the old plywood and pipes for legs table, with a piano hinge – it weighed a ton. I put it in the trunk of my car and drove to Aspen. I wasn't there for more than two days before I got a knock on the door, and somebody wanted to be Rolfed[1].

MC: Okay, this was the same year you finished your training in Boulder?

PC: Yes, this was in late May 1973. By the summer of 1973, I had a full practice in Aspen, Colorado. But I got a rude awakening by the fall, I found out that everyone who had money was leaving town. They were mostly Trust Fund babies, and they went back to wherever their wealthy parents lived, whether it'd be Chicago, Dallas, New York, or if they had money independently, they went to Hawaii. So, I survived by trading my services with my fellow locals. I would trade the local health food store owner for bean sprouts and a local craftsman for picture frames; he framed everything for me. One of my clients, a runner, excitedly showed me the wear on his shoes that exhibited perfectly symmetrical, balanced footprints; prior to his Rolfing sessions, he had the typical outside edge of the heels overuse. The fall of 1973 was a difficult time when most of my clients left town. It was a rude awakening.

Then, in December, when the ski season started, my practice was booming once again. I was working my tail off to make sure that I had money saved up for the next offseason, which began right around Easter time and lasted until the middle of June.

Sometime in the spring of 1974, I got a phone call from Richard "Dick" Stenstadvold [(1935-2012), CEO of the Guild for Structural Integration] saying that Dr. Rolf would be doing an Advanced Training in July, and asking if I would like to be in it. At that time, the requirement to do the Advanced Training was to have been working for two years. I said to Dick, "I've only been Rolfing for one year, are you sure

that's okay?" He said, yes, that he had checked with Dr. Rolf. It was okay to be in that class in Boulder, Colorado. So, I came back to Boulder to be in the advanced class. It was a six-week class (which was almost a repeat of the practitioner training), a two-week break, and then the class resumed with four weeks of training dedicated to the advanced sessions that Dr. Rolf had developed.

MC: At some point, singer-songwriter John Denver (1943-1997)[2] did a Rolfing Ten Series™ with you. Was that in your first year of practice in Aspen, 1973?

PC: Yes, it was. That was in my first year that John Denver came to me for Rolfing sessions, him and most of his entourage – band members, sound man, and wife. During the time of the Advanced Training, I knew he was doing a concert at Red Rocks, which is outside Denver and near Boulder. So, I asked John if he would be a guest at the Rolf Institute annual meeting [now the Dr. Ida Rolf Institute], which was being held in between the training days. They had rented a big frat house near the University of Colorado for both the advanced class and the annual meeting. John said, "Yes," that he would love to come and be a guest. He honored us by giving us a house concert in that frat house. [John Denver became the Rolfing community's most famous early supporter.]

He invited me and Dr. Rolf to his Red Rocks concert on a weekend in the middle of the first six weeks of the Advanced Training.

I drove with Dr. Rolf to Red Rocks, which is a beautiful amphitheater formed by red rock cliffs. If you've ever been to Red Rocks for a concert, you know that you have to climb up a bunch of stairs. I was worried about how to get Dr. Rolf up all those stairs. She was an elderly lady at the time who rather enjoyed chastising me at every opportunity. She had what she called 'the dog house,' and I happened to be in it most of the time, I had lots of good company there. So, we were walking up these stairs, and we had one more flight to go up. Dr. Rolf said to me, "How dare you invite a little old lady to something like this." And I said, "Look, I'll carry you." She looked at me and emphatically said, "Who'll carry who?!" And she bolted up that last flight of stairs.

When we got to the top, we could see the amphitheatre, and she was flabbergasted at the thousands of people packing the stadium. And we were escorted by a guy that was one of John's guys, who was also one of my clients, to our seats. Those seats were pretty good. During the intermission, we had to walk across the stage to get to where John was backstage. Dr. Rolf mentioned to me as we did this, "They're all looking at us." I said, "You know, they probably think you're his grandmother."

MC: How old was she at this point?

PC: This was 1974, so she would have been seventy-eight. They had a very pleasant conversation. John Denver was just the sweetest guy; what you see is what you get. And Rolf was very happy with the whole thing. And he was very happy to be coming to the annual meeting.

Another detail about John and the annual meeting: I would be driving him to the meeting. Someone had mentioned to me before I went to pick him up that it would be nice if John Denver would contribute to the Valerie Hunt research project in Los Angeles. I didn't know much about the research project, but in the car on the way to the annual meeting, I asked if he would be interested in making a contribution to our Rolfing community.

He shocked me. He said, "Wouldn't you rather I buy you a house?" I said, "Well, you could buy me a house, but then I would just have a house. If you contribute to the research project, you might make Rolfing available to thousands more people who are currently unaware of it." So he agreed and donated $50,000 to the Valerie Hunt Project, which is like $300,000 in today's money.

MC: Did you ever invite anyone else to the annual meetings?

PC: In the fall of 1973, I had done the *est* training[3] and that was where I got most of my clientele. Werner Erhard was a big proponent of Rolfing [Structural Integration]. At an event where Werner Erhard was giving a talk, I went up to him afterward and asked him if he would be a guest at the Rolf Institute annual meeting. And he said yes. In fact, he'd already been asked by a guy named Dub Leigh, who was his Rolfer in San Francisco.

MC: What else can you tell us about your relationship with Dr. Rolf?

PC: The next part of the story, of my own personal development and my

Ida Rolf and John Denver in Boulder, Colorado (1974). Photo courtesy of Joy Belluzzi.

relationship with Dr. Rolf, was seeing her fully. Just prior to the annual meeting, Werner Erhard enters the front room of the frat house. He immediately goes up to Dr. Rolf, threw his arms around her, gave her a big hug, smacked her on the buttocks, and said, "How you doing, you old broad?"

She was as red as a beet. And when I saw that interaction, it was a moment of enlightenment for me. I finally realized that I had been thinking of Ida as a little old lady, while she was a vibrant woman who happened to be in a body that had grown old. But she herself was still vital and beautiful. This completely transformed my relationship with Dr. Ida P. Rolf.

MC: What was your Advanced Training like when you were in class?

PC: The advanced portion of the training was where I really learned what Rolfing work was about. It is hard to describe in words. It's an experiential thing more than anything else. The person I was partnered with just wasn't able to get what it was Dr. Rolf was asking him to get, while I was the practice client and he was working on me. The more he tried, the more painful it got, until Dr. Rolf finally told him to, "Move over and let the Maestra have a turn." It would be the first time Dr. Rolf would work on me. She cautioned me that my lateral thorax was, "Like a washboard." I replied, "Maybe so, I feel like I've already been put through the ringer." She laughed and went to work.

Her elbow was pointed and precise within my flesh. Transformatively, I could feel her presence, her energy, her consciousness guiding my tissue. I hadn't experienced that before. I was seeing the Rolfing session from the inside out instead of feeling it from the outside in. If that distinction doesn't ring a bell, then you haven't experienced it. If it does, then you have.

Likewise, when I was a student-practitioner working with a person, I was supposed to be getting at the rotator. Dr. Rolf kept saying, "Go deeper." And I was pushing like crazy, just not getting it. And the person was complaining. I'm pushing with all my strength and still I wasn't getting it, and she came over, put her hand on top of mine, and directed me to it. Then I understood what she was trying to communicate. We don't have the words for the precision that she was directing me to. It was indeed deeper, but to get to it, I had to be precise. It wasn't the amount of force. Once again, with her hand on my hand, I could fully visualize myself in the body. I was no longer working from the outside in, I was working from the inside of the model's body, looking out. And that's another instance where, unless you've done this in your own work, you don't really get it yet. That was the value that I received from that advanced class.

After that, I went back to Aspen, and I worked my buns off to survive the next season. I think it was 1976 when Dr. Rolf was once again teaching in Boulder. This time it was a combined advanced and beginner class [the auditing/practitioning structure of basic Rolfing training]. Peter was teaching the beginner class; Dr. Rolf was teaching the advanced class. It was structured so that the two classes would attend Dr. Rolf's lecture/demonstration in the morning. In the afternoon, the advanced class would remain with Ida. I would go with Peter as his assistant to instruct the beginners in a separate room. At the end of the six weeks, Dr. Rolf asked me to stay on for the four week advanced portion of her class and co-assist along with Chuck Siemers.

Dr. Rolf would be seated at the head of the class in her rocking chair. Chuck and I would flank her, poised to do her bidding. At times when we noticed Dr. Rolf's attention waning, Chuck and I would lien back and towards each other behind the rocker. We would whisper loud enough for Ida to hear our bawdy jokes. She would smile, giggle, and, more than once, nearly fall out of her chair.

In 1978 I decided to leave Aspen for a locale that wasn't so seasonal. At first, I moved to Denver; but after a few months, I went to New York. But before that was the Advanced II class.

MC: What brought you to New York?

PC: Let me tell you that in a minute. First, let me start with the Advanced II class in the summer of 1978. I think it was only two weeks long and she was teaching it with a guy named W. Brugh Joy [MD, (1939-2009)]. Brugh Joy did energy work. What Dr. Rolf wanted to do in the Advanced II class was she wanted to somehow instill in the practitioners who were in that class a firm foundation in the fact that, in the course of doing Rolfing work, you are using energy, you are transferring energy, to accomplish changes in the body that you are working with. This aspect didn't change the geometry of the body, what she was doing was instilling a sense of the flow of gravity as an energy line in the body.

Once we completed that class, Dr. Rolf referred to us as *Senior Rolfers*. So there were practitioners, advanced practitioners, and senior practitioners. Unfortunately, there was only a year or so before Dr. Rolf died. She never taught that class again, but it was a fascinating class. There were about a dozen or so people in the class. Joseph Heller [(1940-2024), founder of Hellerwork International®] was there, and he took videos of the whole thing. At the end of that class, I returned to Denver. I didn't like Denver very much and I didn't want to stay in Colorado.

Around that time, I was having lunch with Jim Asher [Advanced Rolfing Instructor, Emeritus], and he asked me if I would I like to go to New York. I said, "Sounds good to me." I was ready to go. Jim basically gave me the keys to his apartment in New York. He left his practice there and went somewhere in Texas, I think. He had had enough of New York. He was never a New York guy, and I was. I spent most of my fifty years of Rolfing there. I was from Long Island originally.

One of the benefits of my being in New York at that time, around 1978, was that Dr. Rolf had discovered that she had intestinal cancer, and she tried everything she could to heal it. She ended up in hospice care outside of Philadelphia, near her home in Cherryville, New Jersey. I would go down there once a week to visit her and spend time with her. I would do a little work on her back to keep her comfortable.

I will say one thing that she confided in me, was that, having seen what had happened to Alexander work after Alexander died and what had happened to Feldenkrais work after Feldenkrais died, she was concerned that after she died, Rolfing [Structural Integration] would become extremely mediocre and that people would be less motivated to master the art of Rolfing.

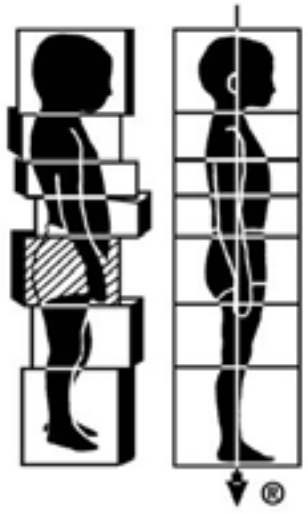
Let me be clear: she was the *Master* of Rolfing. Anyone who says they could do this work better than Ida Rolf has their head up their ass. They never knew how to do this work until her. Dr. Rolf *was* the Master – not Peter, Emmett, Jan Sultan, Michael Salveson, [Advanced Rolfing Instructor] nor I were ever beyond her skills – Ida had an insight into the body and an energy for working on the body

that we need to aspire to. She continued to expand her mastery until the day she died. Find that video of her in class and watch as she literally contemplates the questions and comments of her students. She was more than a practitioner, more than a teacher, she was the Maestra.

Now, people can point you in the right direction, and if you follow the path, you can come close to what Rolf was doing. I have so much gratitude that I was fortunate enough to have been able to work with her, feel her hands instruct me as a practitioner. And I'm not saying now she's gone and everyone since who hasn't experienced that advantage is inhibited. What I am saying is that you can be pointed in the direction of her mastery and follow that direction, you'll be as good as anybody – better than me.

MC: This is one of the reasons that I wanted to talk to you and share your voice with the readers, the people who were taught by her and knew her directly are a resource for the rest of us on that path. You are a first-hand source for us who do Rolf's work.

What would you say was Dr. Rolf's overarching goal for her work? And, what was your impression of her when you think back now?



The Little Boy Logo is the registered trademark that Dr. Rolf designed to communicate the 'before' and 'after' effects of a Rolfing Ten Series™. The logo is the outline of an actual little boy before and after a Ten Series, demonstrating the length and alignment typical of a Ten Series. It is a representation of the 'block model' taught by Rolf.

PC: The advanced portion of the training was where I really learned what Rolfing work was about. It is hard to describe in words. It's an experiential thing more than anything else.

PC: First of all, as I just said, Dr. Rolf was a master, and had been for a very long time. She did not need to improve herself by the time she was teaching us. When she did the Advanced II class with Brugh Joy, she did not learn how to use energy from him; she already had that understanding. What Brugh Joy did was provide a language about what she was already doing. She was born with it, a gift. All she had to do was manifest Rolfing [Structural Integration] by passing that knowledge on to people.

No one should become a Rolfer who has not experienced the alteration, the transformation within their own body as a result of having been Rolfed [a.k.a. experiencing the Rolfing Ten Series™]. Whether that transformation came haphazardly, not efficiently, painfully or not painfully, all that doesn't matter. If you have experienced a transformation of your own body and character through a vehicle called Rolfing Structural Integration, then you can consider becoming a Rolfer.

I was fortunate, I had that experience in the sessions that I had with Emmett Hutchins, as I said earlier. Most substantially after my session seven, which is why I decided to become a Rolfer. My experience within my own body was transformative. What each client seeks is experiential, within themselves, and within yourself as a practitioner being able to facilitate transformation within the client.

The transformation comes about by the principles that Dr. Rolf put forth. They're very simple. It doesn't take a lot to understand. First of all, the body needs to be aligned with gravity. It needs to be in balance. It needs to have balance with the front/back, top/bottom, and inside/outside. The transformation can't take place unless you move toward that.

There are individuals who have a scoliosis, they're never going to look like the 'after' portion of the Little Boy Logo®. That logo is only of one person, it can't and doesn't represent all people. Each client is going to look like their own 'before' and 'after' logo. As a practitioner, you have to have the little boy logo in mind. And you also have to have the understanding that you are seeking their individual version of what their personal logo would look like. This block model is a tool for you to get to their unique sense of balance in gravity. A person with scoliosis would have a different Rolfing logo that represents their body, our Rolf logo is just the form of one person, not every person.

MC: I want to ask you about something I was told about Dr. Rolf in my training that always seemed strange to me. Someone said Dr. Rolf was asked why she developed Rolfing [Structural Integration] and she said in response, "To give people something to do." What would you say about that story?

PC: I would say Dr. Rolf had a tremendous sense of humor, and sometimes she would just say something that would be a wisecrack. Now, if you want to transcribe it as dogma, or Rolf doctrine, you'd be grossly mistaken.

Dr. Rolf developed Rolfing [Structural Integration] because she had a good idea and she wanted to pursue that idea. She wanted to make each body aligned with gravitational energy, she wanted to pursue that idea. She didn't develop Rolfing because her son had some abnormality, she did it because she

Patrick Clough working with a tour guide while in Hawaii. Image courtesy of Patrick Clough.

was interested in the body and always was, throughout her whole life. She had a PhD in biochemistry, not in petroleum. She didn't study chemistry, like oil and plastics or any of that, she was interested in the *bio*chemistry of the body. She did her thesis work on connective tissue and fascia. She was interested in the living body; it was her fascination. She was born into it.

Rolf was able to perceive things in the body, in other people's bodies, she could see where difficulties were. Like a top mechanic can hear what's wrong with your car as you drive it in. You, as a practitioner, by experience, can begin to learn to see what's going on with the body because you see so many bodies coming in. You begin to learn to have the confidence to do what you think you know you can do, and have even more confidence when you got it wrong. "Oops, I should be doing something different here," and then you do something different. That's what you do as a practitioner. Being able to say, "I should have done something else," and then doing something else perfects your technique. This is refining your tools.

MC: Do you think Ida Rolf would be happy with the current state of Rolfing [Structural Integration]?

PC: She would be happy with the fact that there are so many people who are on the path. Some are closer to what she would have thought of as the principles of Rolfing work, and some are further away. In my experience, it's not so much the teacher as it is the student. Every structural integration school has produced people who are exquisite and every school has produced people who are completely mediocre. Dr. Rolf would be pleased with the fact that it's so much out in the community that there are these stars out there who have made this work known.

She was the only star who knew this work, and now she's produced thousands of stars, and hopefully there may be ten times more again. She would be very happy about this work being so international. I'm quite clear that she would have no regrets and would be very happy to see that the whole thing grew after she died. The work is sufficiently effective, it has grown to where it is, in spite of all the multiple points of view and fights that people had with each other. There are, in every structural integration class, these stars that do the work exquisitely, she would be absolutely enthused about that.

MC: Thank you so much for sharing your stories and journey with us, Patrick.

PC: You're welcome.

Endnotes

1. *Editor's note*: 'A Rolfed body' is a conversational phrase used by the original Rolfers who trained in the 1970s; they use this term to describe someone who has experienced the Rolfing Ten Series™. 'People who experience the Ten Series' is the updated phrase that replaces 'people who get Rolfed' to correctly use the Rolfing trademark and stay within our people-first language, a part of our writing style for *Structure, Function, Integration*.

2. John Denver (1943-1997) was an American singer and songwriter, and the most popular acoustic artist of the 1970s (Wikipedia Contributors 2024a). He performed primarily with an acoustic guitar and sang joyfully about nature, music, and the complexity of relationships. His signature songs include: "Take Me Home, Country Roads;" "Rocky Mountain High;" and "Sunshine on My Shoulders." Denver died tragically October 12, 1997 when the plane he was flying solo crashed.

3. Erhard seminar training is often referred to by its abbreviation, est. Werner Erhard is an American author and lecturer who founded est and offered courses from 1971 to 1974 (Wikipedia Contributors 2024b). These trainings focused on personal and professional development to help people transform their lives, increase their personal responsibility for what is happening in their lives, and with that accountability, experience an expansion of possibilities in their lives. It was contemporary with the human potential movement.

Mandy Cheek is a Certified Rolfer™ practicing in Kernersville, North Carolina. She has a background as a physical therapist assistant, and after searching for her own answers to persistent health concerns, she found Rolfing® Structural Integration was the best at addressing her persistent pains. She enjoys many kinds of outdoor activities and sports, including softball, volleyball, swimming, and recently, yoga. She is also a singer and a music aficionado.

Patrick Clough is a Senior Rolfer who first started his Rolfing training with Dr. Ida Rolf and Emmett Hutchins in September 1972. He completed his Rolfing certification in 1973 and his Advanced Training in 1974. He started his first Rolfing practice in Aspen, Colorado. Then he relocated to New York City where he practiced in Manhattan for over forty years. These days, he is semi-retired and enjoying life in North Carolina.

References

Wikipedia contributors. 2024a. "John Denver," *Wikipedia, The Free Encyclopedia,* https://en.wikipedia.org/w/index.php?title=John_Denver&oldid=1250059248 (accessed October 8, 2024).

Wikipedia contributors. 2024b. "Erhard Seminars Training," *Wikipedia, The Free Encyclopedia,* https://en.wikipedia.org/w/index.php?title=Erhard_Seminars_Training&oldid=1247244553 (accessed October 8, 2024).

Keywords

Rolfing work; Dr. Ida Rolf; Rolfing Ten Series; Rolfing training; Esalen Institute; Emmett Hutchins; Rolf Institute; John Denver; est training; Brugh Joy; transformation; little boy logo; block model; body alignment; advanced training; gravity; balance; practitioner-client relationship. ■

The Philosophical Touch

How Wittgenstein can Enhance Somatic Therapies

By Andrew Rosenstock, Certified Rolfer™

Andrew Rosenstock

ABSTRACT *To launch The Philosophical Touch column, Rolfer™ Andrew Rosenstock shares his passion – the philosophy of somatic therapies – inspired by Advanced Rolfing® Instructor Jeffrey Maitland, PhD (1943-2023). Rosenstock spotlights Austrian Philosopher Ludwig Wittgenstein (1889-1951), offering some context of Wittgenstein's life story and his links between the cognition of language with the physical interactions we have with the world.*

In honor of the passing of Advanced Rolfing® Instructor Jeffrey Maitland, PhD (1943-2023), I wanted to create a series of short articles on how philosophy is fundamental to embodied and somatic practices. Maitland's tireless work in this pursuit was not lost on me. He significantly influenced me and how I approach not just the work we do, but the life I live. He opened a door for me to new ways of thinking, experiencing the world we live in, and also how to meet my clients in more efficient and larger ways.

My first Rolfing Ten Series™ client was a professor of philosophy and a specialist in phenomenology[1]. At one point during our sessions, he said, "You are doing my work embodied." I didn't understand what he meant at the time, I do more so now. I hope to share that same type of insight with you, the reader, in these short introductions to embodied ontology[2].

Portrait of Ludwig Wittgenstein, taken in 1929, taken by Moritz Nähr (1859-1945) for the conferment of the Trinity College Scholarship. The image is in the public domain since the photographer died more than seventy years ago; see https://commons.wikimedia.org/wiki/File:Ludwig_Wittgenstein_1929.jpg

These writings are meant as an amuse bouche, a taster to whet your whistle for what the main meal could be. They are snippets into much larger topics, topics people such as Maitland have been bringing to our community for years. And these are topics I hope we continue to share in conversation. For me, the 'diving deeper' into the ontological[3] realm is when my bodywork practice really began to change and I began to understand (and not understand) – *what are we actually doing here*?

Austrian Philosopher Ludwig Wittgenstein (1889-1951)

In the complex interplay between mind and body that characterizes somatic therapy, the unexpected yet profound insights of Austrian philosopher Ludwig Wittgenstein offer a fresh perspective. As a seminal thinker of the twentieth century, his explorations into language, thought, and how we engage with our work have much to teach those of us on the therapeutic front lines. In our treatment rooms, the nuances of communication and understanding the nature of human bodily being are pivotal.

Let me give you an overly concise and simplified biography of Wittgenstein. He was born in Austria in 1889 to a wealthy and cultured family. He initially studied engineering before turning to philosophy. His early work focused on the relationship between language and reality, proposing that the structure of language mirrors the structure of the world. Later, he shifted to examining how language functions in practice, emphasizing the importance of ordinary language and the various ways it is used.

Wittgenstein's ideas continue to shape contemporary philosophical thought, and his philosophical journey can be divided into two distinct phases. His early work is encapsulated in his book *Tractatus Logico-Philosophicus* (1922), where he aimed to define the limits of language and thought. He argued that language's structure reflects the world's structure, proposing that only propositions that can be logically articulated correspond to meaningful statements about reality. In philosophy, propositions are statements that express facts about the world. They are used to convey information that can be viewed as true or false. Wittgenstein viewed propositions as logical pictures of reality, meaning they represent the way things are or could be in the world. This work placed him at the heart of the logical positivist movement[4], which sought to ground knowledge in logical and empirical verification.

In his early work, Wittgenstein believed that language works like a mirror, accurately reflecting the world through logical statements. He thought that anything meaningful must be something we can clearly and logically state; if we can't put it into words in a logical way, it falls outside the realm of what we can meaningfully discuss.

Shortly after completing *Tractatus Logico-Philosophicus* (1922), he gave up philosophy because he believed he had solved the essential problems of philosophy and sought a more meaningful life through other pursuits.

Phase Two of Wittgenstein's Life

After a period of working as a schoolteacher and laborer, Wittgenstein returned to philosophy, dramatically revising his views. His later work, most notably presented in *Philosophical Investigations* (1953), this book, published posthumously, shifted focus from the abstract relationship between language and the world to how language is used in everyday life. He wrote about the concept of 'language games' to illustrate the diverse and context-dependent ways in which language operates. This pragmatic turn influenced ordinary language philosophy, emphasizing the variability and complexity of linguistic practices.

"*The limits of my language means the limits of my world.*" (Wittgenstein 1922, Proposition 5.6.)

Wittgenstein's influence extends beyond philosophy into fields such as cognitive

[Wittgenstein] initially studied engineering before turning to philosophy. His early work focused on the relationship between language and reality, proposing that the structure of language mirrors the structure of the world.

Wittgenstein ventured into the realms of cognition and physical action, proposing that our mental processes are often intertwined with our physical interactions with the world. This idea resonates deeply with the principles of somatic therapy, which posits that the body is not merely a vessel for treatment but an active participant in healing and understanding.

science, linguistics, and literary theory. In cognitive science, his emphasis on the role of language in shaping our perception of the world has influenced theories about the nature of human cognition and the limits of artificial intelligence. In linguistics, his views on the fluidity of meaning and the context-dependent nature of language have informed studies on how language functions in real-world use, moving away from rigid, formal structures. In literary theory, his focus on the interpretive nature of language has been pivotal in understanding how texts create meaning, influencing approaches to narrative, symbolism, and the reader's role in interpretation. His ideas challenge us to rethink the nature of meaning, understanding, and human communication, making him one of the twentieth century's most fundamental, paramount, and original thinkers. He died in 1951, leaving behind a legacy that continues to inspire and provoke philosophical inquiry.

Application of Wittgenstein

Now that we know a bit more about this fellow, let's look at how his work can relate to what we do with bodywork.

Wittgenstein's philosophy, centered on the ways in which language shapes our understanding of the world, holds particular relevance for the somatic bodyworker and client navigating the deeply personal terrain of physical sensation and emotional experience. He argued that the meaning of words hinges on their usage within specific life contexts – a concept that encourages us to listen more deeply to how clients describe their inner experiences. This nuanced attention to language can help bodyworkers grasp how clients perceive their bodies, aiding the formation of a therapeutic dialogue that is as empathetic as it is insightful.

Moreover, Wittgenstein posited that the structure of language influences not only our thoughts but also our actions and interactions, suggesting that the way the world is linguistically shaped for us alters how we navigate through it. This intertwining of language and lived experience suggests that changes in how we speak and think about our bodies can directly impact how we experience our physicality and move through the world. In our practices, altering the language surrounding pain, movement, or emotional states can transform the client's physical experiences, providing both mental and bodily benefits.

Wittgenstein also challenged the notion of a private language, suggesting that the words we use must be anchored in shared experiences to be meaningful. In the therapeutic setting, this insight is crucial. Therapists and clients must often co-create a language to communicate effectively about the client's subjective experiences of pain or discomfort. This collaborative linguistic process not only clarifies the client's experiences but also strengthens the therapeutic alliance, making the treatment more targeted and effective.

Wittgenstein ventured into the realms of cognition and physical action, proposing that our mental processes are often intertwined with our physical interactions with the world. This idea resonates deeply with the principles of somatic therapy, which posits that the body is not merely a vessel for treatment but an active participant in healing and understanding. Recognizing this, somatic bodyworkers can utilize physical movements not only to mend the body but also to enhance cognitive and emotional states, integrating therapy more holistically into the client's life.

Integrating the Philosopher's Touch

The philosopher's call to focus on the ordinary – and the ordinary uses of language – can translate into a therapeutic approach that sees every movement and daily activity as an opportunity for healing. This perspective can lead therapists to encourage clients to incorporate therapeutic practices into their everyday lives, thereby promoting continuous well-being rather than isolated episodes of care.

Lastly, though Wittgenstein was not explicitly a phenomenologist, his emphasis on describing direct experiences offers valuable techniques for enhancing how we engage with clients' bodily sensations and movements. By prioritizing the lived experience of the client, therapists can develop strategies that are acutely attuned to the subjective quality of bodily feelings, making the therapeutic process more personally relevant and effective.

Incorporating Wittgenstein's insights into the practice of somatic and embodied bodywork does not just add an intellectual layer; it revolutionizes the therapeutic process. It enables a form of care that is deeply communicative, empathetically nuanced, and effectively integrative, recognizing the intricate dance between language, perception, and bodily experience. Such philosophical integration champions a holistic approach to therapy, where the mind and body are not treated as separate but as intimately connected arenas of health and healing, each enriching the other.

Endnotes

1. Phenomenology is a philosophical approach that explores how we experience and perceive the world. It focuses on the structures of consciousness and lived experiences from the first-person perspective. It seeks to describe phenomena as they appear to us, without assumptions, aiming to understand the essence of our direct experiences.

2. Embodied ontology is the philosophy of being a human being.

3. Ontology is a branch of metaphysics concerned with the nature of being (Merriam-Webster.com 2024a). Metaphysics is a division of philosophy concerned with the fundamental nature of reality and being (Merriam-Webster.com 2024b). Metaphysics includes ontology, cosmology, and often epistemology.

4. The logical positivist movement was a philosophical approach that emerged in the early twentieth century. It advocated that meaningful knowledge is grounded in logical reasoning and empirical verification. It held that statements are only meaningful if they can be proven true or false through direct observation or logical proof, dismissing metaphysical or ethical claims as nonsensical if they cannot be empirically tested.

Andrew Rosenstock is a Certified Rolfer™, Registered Somatic Movement Therapist, Biodynamic Craniosacral Therapist, Board Certified Structural Integrator, Certified 1000 Hour Yoga Therapist (C-IAYT 1000), Certified Rolf Movement® Practitioner, meditation teacher, Esalen® Massage practitioner, and a whole bunch more. Outside of bodywork, Rosenstock enjoys travel, reading, and time with his wonderful wife. Find out more at andrewrosenstock.com.

References

Merriam-Webster.com Dictionary. 2024a. *Ontology*. Accessed August 28, 2024 from https://www.merriam-webster.com/dictionary/ontology.

Merriam-Webster.com Dictionary. 2024b. *Metaphysics*. Accessed August 28, 2024 from https://www.merriam-webster.com/dictionary/metaphysics.

Wittgenstein, Ludwig. 1922. *Tractatus logico-philosophicus*. London, England: Harcourt, Brace, and Company, Inc.

Wittgenstien, Ludwig. Translation from German to English by G. E. M. Anscombe. 1953. *Philosophical investigations*. Oxford, UK: Basil Blackwell, Ltd.

Keywords

philosophy; phenomenology; Jeffrey Maitland; ontology; mind and body; Wittgenstein; language; thought; somatic; language games; understanding the world; sensation; emotions; shared experience; therapeutic setting; somatic therapy; movement; embodied ontology; cognitive interaction. ■

Jeffrey Burch

Caution Column

Seeking Guidance on Cervical Stenosis

By Jeffrey Burch, Certified Advanced Rolfer™

ABSTRACT *Rolfer™ Flynn Vickowski reaches out to Certified Advanced Rolfer Jeffrey Burch for advice on managing clients who present with cervical stenosis. One of Vickowski's clients has anonymously shared an MRI and neurosurgical consultation report detailing long-term neck pain and related symptoms. Burch's recommendations include emphasizing the importance of medical imaging, understanding the nature of stenosis, the value of individual assessment for locating the primary cause of pain symptoms, and surgical considerations that the client may need to consider with their physicians.*

Editor's note: Rolfer Flynn Vickowski has given Structure, Function, Integration *permission to publish their original question, and their client has permitted us to print the notes from a 1992 neurosurgical consultation, the 2023 MRI of the cervical stenosis, and the written report.*

The Question

Monday, August 26th, 2024.

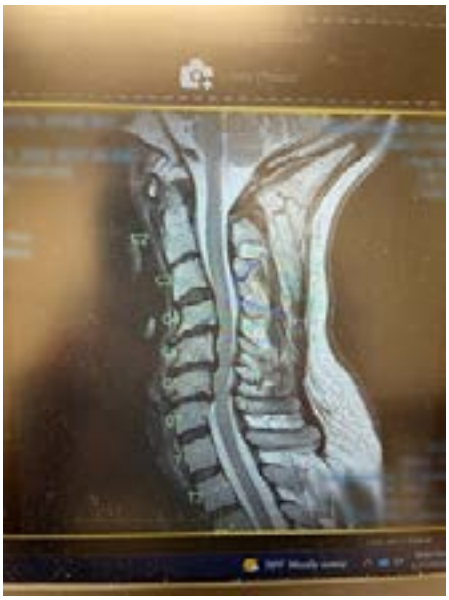
Hi Jeff,

I hope you're doing well. I am looking for tips and more information about working with cervical stenosis. A couple of clients with this condition have come to me recently. One sent me a recent X-ray with its accompanying report and also a description of a neurosurgical consult they had in 1992. They told me that they were in a lot of pain and had been for some time. Do you have any resources or recommendations you could send or point me toward?

Warmly,

Flynn Vickowski

Certified Rolfer™



Vickowski's client's MRI of their cervical stenosis. The anonymous client granted permission to print imaging.

Notes by MD, Neurosurgical Consultation, 1992

To Whom It May Concern,

[This client] is a thirty-three-year-old computer software salesman who has a long history of neck pains. He also has intermittent cervical spasms. Occasionally, he will wake up with numbness in his hand. Additionally, on occasion, he gets soreness in his left buttock. The numbness in his hand is noted to be in the hypothenar eminence. He rubs his hand, and in a short period of time, this improves. He has used various cervical pillows.

He has previously played multiple sports, most particularly baseball and basketball, and he participated in a junior football program. On one occasion he had a 'stinger'. He described this as a pain radiating from his neck up along the distribution of the occipital nerve bundle. He states that when he doesn't exercise, jog, or workout, he still has the same discomfort. In addition, any kind of stressful situation exacerbates similar neck discomfort.

An MRI study in October 1992 revealed multiple-level degenerative changes C3 through C7, with significant foraminal narrowing, most particularly on the left at C7.

His past medical history and examination are otherwise unremarkable. There is, however, a restriction of cervical extension. His strength, reflexes, and sensory examination are also unremarkable.

In summary, the [client] relates a long history of recurrent cervical pain and spasms, generally but not necessarily exacerbated by increased activities. His MRI test revealed multiple-level degenerative disease. He is a young man who suffers from significant cervical degenerative disease. It is impossible to predict the future course. There is, to the best of my knowledge, very little that he can do to prevent the current disabilities other than learning to live with them and avoid what might exacerbate this discomfort. Generally, as one ages, the process tends to burn itself out. Many years from now, he may be a candidate for decompressive surgery, but at present, I do not believe there is any specific treatment.

Since this process obviously starts from biochemical intradiscal changes, similar diskogenic abnormalities can be assumed in the lumbar and thoracic spines. I gave him a pamphlet describing the treatment of neck pain.

Thank you for this most interesting consultation.

2023 MRI Report

History:

Cervical spondylosis without myelopathy, neck and upper extremity pain.

Technique:

Multiplanar multisequential imaging of the cervical spine obtained with IV gadolinium.

Alignment Findings:

There is reversal of the normal cervical lordosis, apex at C4. There is mild degenerative retrolisthesis of C4-C5, C5-C6, and C6-C7, with mild anterolisthesis also present at C3-C4.

Intervertebral Disk Findings:

Multilevel degenerative disc disease as further detailed below although greatest at the C4-C5, C5-C6, and C6-C7 levels.

C2-C3:

Disc space narrowing and mild disc desiccation, probably at least in part congenital in etiology. No focal disc herniation. Mild bilateral facet hypertrophy with relatively mild bilateral foraminal narrowing.

C3-C4:

Severe facet hypertrophic changes are noted on the right with moderate facet hypertrophy on the left. There is mild degenerative anterolisthesis with mild disc desiccation and a diffuse disc bulge. There is severe right and moderate to severe left neural foraminal stenosis.

C4-C5:

There is degenerative disc disease with diffuse disc bulge, endplate spurring, and bilateral uncovertebral joint hypertrophy. There is mild to moderate bilateral facet arthrosis. There is high-grade bilateral neural foraminal stenosis. There is a more focal left subarticular disc protrusion noted, flattening the ventral aspect of the thecal sac. There is ample CSF [cerebrospinal fluid] dorsal to the cord. Anterior-posterior diameter of the spinal canal is estimated at 7mm.

C5-C6:

There is degenerative disc disease with diffuse disc bulge, endplate spurring, and bilateral uncovertebral joint hypertrophy. There is bilateral facet arthrosis and severe bilateral neural foraminal narrowing. There is severe spinal stenosis with compression of the cervical cord. No definite abnormal cord signal is visualized. Anterior-posterior diameter of the thecal sac measures approximately 5.6mm at the midline.

C6-C7:

There is moderate degenerative disc disease with diffuse disc bulge, endplate spurring, and a broad-based disc protrusion, asymmetric on the right. There is also compression of the ventral aspect of the cord, with the anterior-posterior diameter of the thecal sac roughly estimated at approximately 7mm at the

midline. There is severe bilateral neural foraminal stenosis.

C7-T1:

Mild disc desiccation but no disc herniation. Mild facet hypertrophic changes. No significant spinal canal or foraminal stenosis.

Impression:

1. Multilevel cervical spondylosis with reversal of the normal cervical lordosis.

2. Multilevel spinal stenoses, severe at the C5-C6 and C6-C7 levels. There is mild compression of the cervical cord at C5-C6 greater than C6-C7. There is no abnormal cord signal identified however.

3. Severe multilevel neural foraminal stenoses from the C3-C4 through the C6-C7 levels.

The Answer
By Jeffrey Burch

To start, I advise clients with any kind of spinal stenosis to have medical imaging done before any manual therapy treatment. Cervical spinal stenosis has been found to have a prevalence of 4.9% in the general adult population, 6.8% in adults fifty years or older, and 9% of adults seventy years of age or older (Lee, Cassinelli, and Riew 2007). While those are the figures in the general population, the incidence of cervical stenosis in people with cervical and upper limb chronic pain is higher. As structural integrators, we have a role in treating people with cervical stenosis. It is imperative to prioritize medical data specific to our individual client's presentation to guide interventions.

Stenosis by definition is a narrowing or constriction of a body passage. When it comes to a spinal stenosis, or a cervical stenosis specifically, the narrowing is due to bone growth. In other words, stenosis is a fancy term that means bone spurs. Spinal stenosis is distinguished into two geographic groups. (1) Bone spurs can be in the neural canal, potentially impinging on the spinal cord. This is called *central stenosis*. (2) Bone spurs on the perimeter of the neural foramina may press on nerves as they exit the spine. This is called *foraminal stenosis*.

Stenotic bone spurs can point in many different directions and have varying lengths, from tiny nubs to incredible stalactites. Stenotic bone spurs become important when their direction and length impinge on a nerve of the spinal cord. Shorter bone spurs and certain directions of bone spurs, which do not contact neural tissue, cause no symptoms. Larger spinal bone spurs can be quite disabling. And while the likelihood of cervical stenosis increases with age, it can occur in young people. It is important neither to discount the possibility of stenosis just because a person is young, nor to assume it is a big problem because a person is older. As always, epidemiology statistics are useful for describing populations, not individuals. As I mentioned earlier, the only way for a person to know if they have a stenosis is MRI imaging.

As structural integrators, we have a role in treating people with cervical stenosis. It is imperative to prioritize medical data specific to our individual client's presentation to guide interventions.

If you have a client present with a cervical bone spur that has been confirmed by radiology, and this client also has neck pain, keep in mind, the bone spur may or may not be contributing to the pain. The pain could be a result of multiple possibilities: the bone spur may be the whole source of the pain, one of several contributors to the pain, or not contributing to the pain experienced. There are ways to distinguish this and gathering this information to guide treatment is essential.

Plane X-rays can show some but not all stenotic bone spurs. They are better at showing foraminal stenosis and close to useless for central stenosis, but they don't usually show the full extent of the foraminal stenosis in the first place.

Oblique X-rays do a better job of showing foraminal stenosis than anterior-posterior and lateral X-rays. Today, oblique spinal X-rays are rarely done; MRI does an even better job than oblique X-rays at distinguishing foraminal stenosis, so MRIs have largely replaced oblique X-rays for this purpose. An MRI will also disclose central stenosis, while both plane and oblique X-rays cannot show central stenosis.

X-rays cannot show soft tissue, including the nerves and spinal cord, they show one angle of the bones, and the bone spur if there. The presence of a bone spur seen on an X-ray does not tell us if the bone spur is pressing on a neural structure. MRI will fully show this. If the MRI shows no nerve impingement, then the source of the pain is something else, and our work will likely help. If a stenotic bone spur is pressing on a nerve or the spinal cord, surgery must come first. After the person has healed from surgery, our work will help clean up the region and relieve older strains present in the person's neck.

Apply Caution with Diagnosed Cervical Stenosis

One feature of cervical stenosis presentation is that, if the bone spur is pressing on the nerve or the spinal cord, then time becomes important. The longer the pressure lasts, the more likely there will be permanent nerve damage even after the bone spurs are surgically removed. Therefore, it is in your client's best interest to promptly discuss the potential benefits of an MRI with their doctor. Then, if the MRI shows bone spur pressure on a neural structure, your client should have a prompt surgical consultation.

If you have a client present with a cervical bone spur that has been confirmed by radiology, and this client also has neck pain, keep in mind, the bone spur may or may not be contributing to the pain.

Currently, surgical removal of stenotic bone spurs is usually done endoscopically. Compared with older open-surgery methods, healing time is dramatically shorter. A friend recently had endoscopic surgery done for lumbar stenosis. He was on his feet the next day and fully recovered in a month, all with little pain.

Over time, the size of stenotic bone spurs will increase. They never decrease on their own. The rate of increase cannot be predicted and may include episodes of pauses in growth, but never regression. I am not aware of any therapeutic process that can shrink bone spurs.

With our manual therapy work, we can improve neck mobility and alignment. Concerning stenosis, particularly foraminal stenosis, improving mobility and alignment will sometimes reduce pressure on a nerve. However, the body will often have compensation to reduce the pressure on a nerve. As an example of such compensations, an increased cervical curve can open the neural foramen, reducing pressure on a nerve root. In that case, restoring a more normal curve and mobility could remove the compensation, thereby increasing nerve pressure and symptoms.

This potential to sometimes increase symptoms and nerve damage is one reason the client should seek prompt further imaging to clarify the situation.

Follow Up

In the end, Flynn Vickowski took Burch's advice. She wrote an email to the client advising against Rolfing Structural Integration at this time due to the severity of his cervical stenosis. Vickowski let him know that, given the bone spur compression on the spinal cord, she recommended that he consider the option to have surgery as soon as advised by his doctor. She offered that once his body had done some essential healing after surgery, Rolfing Structural Integration would be safe and beneficial in restoring mobility and alignment. While Vickowski could appreciate the client's preference to avoid surgery, with the information Burch provided, in this case, delaying surgical intervention may lead to lasting disability. Only a surgical consultation would be able to determine this risk. Vickowski and the client had a follow-up phone conversation where the client expressed gratitude for all the information and caution. Interestingly, he did not know that bone spurs caused the stenosis. No one had used the term with him. He offered to pay Vickowski for her time on this consultation, which she declined. The client appreciatated her diligence, integrity, and professionalism in this matter.

Jeffrey Burch received bachelor's degrees in biology and psychology, and a master's degree in counseling from the University of Oregon. He was certified as a Rolfer in 1977 and completed his Advanced Rolfing® Structural Integration certification in 1990. Burch studied cranial manipulation in three different schools, including with French osteopath Alain Gehin. Starting in 1998, he began studying visceral manipulation with Jean-Pierre Barral, DO, and his associates, completing the apprenticeship to teach visceral manipulation. Although no longer associated with the Barral Institute, Burch has Barral's permission to teach visceral manipulation. Having learned assessment and treatment methods in several osteopathically derived schools, he developed several new assessment and treatment methods that he now teaches, along with established methods. In recent years, he has developed original methods for assessing and releasing fibrosities in joint capsules, bursas, and tendon sheaths. He is also beginning to teach these new methods. Burch, as the founding editor of the IASI Yearbook, *regularly contributes to it, as well as to other journals.*

References

Lee, Michael J., Ezequiel H. Cassinelli, K. Daniel Riew. 2007. Prevalence of cervical spine stenosis. Anatomic study in cadavers. *The Journal of Bone and Joint Surgery* 89(2):376-80.

Keywords

degenerative disc; cervical; stenosis; MRI; structural integration; bone spur. ■

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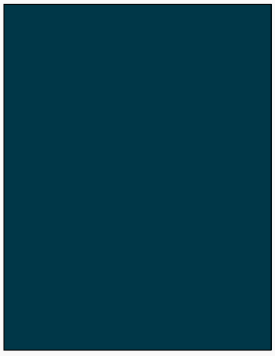

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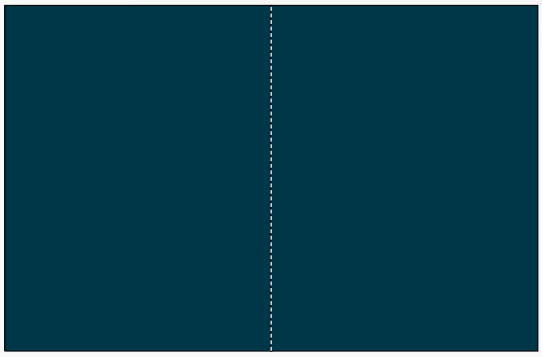

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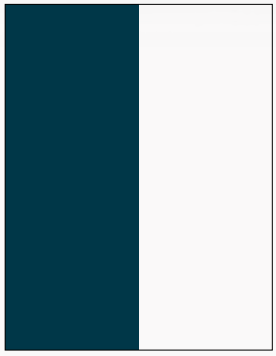

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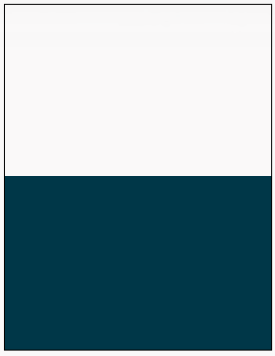

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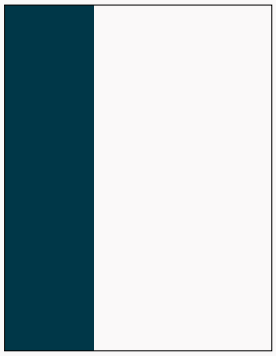

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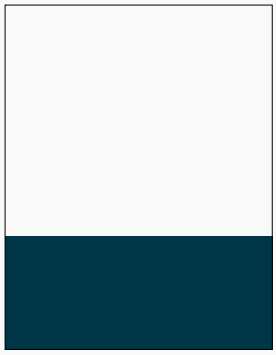

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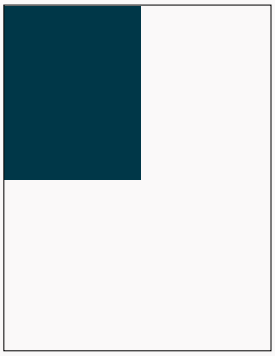

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Honoring Helen "Jimmer" James

By Briah Anson, MA, Certified Advanced Rolfer™, Rolf Movement® Practitioner, and Helen Grace James, PhD, PT, Certified Advanced Rolfer

Briah Anson

Helen Grace James

ABSTRACT *Rolfer™ and author Briah Anson interviews Helen "Jimmer" James about her life story as a Rolfer. From her early life in Pennsylvania, United States, on the family farm, to going through high school during World War II, James' life path has several exceptional accomplishments. She was an avid athlete, playing basketball and field hockey while going to college for health sciences. She joined the United States Air Force in 1952 and served as a radio operator. Her dream to become a physical therapist for the Air Force was cut short when President Eisenhower discriminated against LGBTQIA+ people in the 1950s with legislation setting off the 'Lavender Scare'. She overcame this hardship by completing her physical therapy education on her own, becoming a Rolfer, a successful practitioner, and anatomy instructor. James has elevated structural integration work by publishing peer-reviewed studies of fascia-based research and by working with Olympians who have made Rolfing® Structural Integration a part of their high-performance success.*

Editor's note: This article is an excerpt from Briah Anson's upcoming book. Anson and Helen Grace James have graciously allowed us to publish their conversation. James publishes under the name Helen Grace James; in person, she goes by 'Jim', or 'Jimmer'. The article has two parts. Part one is a first-person narrative about Jim's life, and part two is a dialogue between Anson and James. Minor edits have been made to fit the publication style of this journal.

PART ONE – IN JIMMER'S VOICE

My name is Helen Grace James. I was born in 1927 in Scranton, Pennsylvania. Years later, I was told by my mother that on or around my second birthday, I wanted to be called Jim.

Helen Grace James, aka Jimmer, in the 1950s. Photo courtesy of Helen Grace James.

Jimmer's Early Life

My name is Helen Grace James. I was born in 1927 in Scranton, Pennsylvania. Years later, I was told by my mother that on or around my second birthday, I wanted to be called Jim. I knew even then that I didn't like the name Helen. I believe I knew who I was, even at the time when I was only two years old. I don't think my folks truly knew what I was revealing to them. Through the years, I have been called a variation of names, including Jim, Jimmer, Jamie, and James (in the military).

I come from a lineage of Welsh people on both sides of my family. My mother was from a family of eleven siblings, and my dad was from a family of five siblings. My dad's father and his grandfather were butchers in Wales prior to their immigrating to the United States. On my mother's side, my grandmother and grandfather Canterbury also immigrated to the United States from Wales.

Once in the United States, for several years, my dad worked in his father's butcher shop, and in that way, he learned the art of butchery. During this time, he also met Edith Canterbury. They fell in love and decided to marry. They wanted to strike out on their own and get out of the city. During this interim, my dad's sister-in-law had become critically ill and died, leaving their five children without their mother. Each of the children went to live with one of the family members. Hank might have been six or seven years old when he came to live with my recently married mom and dad. This all happened before my sisters and I were born, so I already had a big brother when I was born.

Mom and Dad wanted to strike out on their own and get out of the big city so they bought a 104-acre dairy farm in Factoryville, Pennsylvania. This is where I grew up. I loved the farm animals and I loved farm equipment. I loved doing things. I remember that I used to climb up the door frames – my mother noticed that and sometimes she would put a candy on the top of the door frames. Then I would find a candy when I'd climb to the top of the door frame. At Christmas time and birthdays, when they would give me a doll and carriage, I would give it to my sister. Finally, they gave me a gift that I just loved: it was a set for melting lead to make lead soldiers. It was probably dangerous, but I loved it.

As I grew older, Hank and I would work together, I learned a lot from my big brother. I loved going out on the tractor with my dad to mow or rake the hay. I knew how to do the things on the farm. I knew how to harness the horses, how to hitch them up to work. I knew how to milk the cows and how to drive the tractor.

My sister did not do those things and we did not play very much together, but I loved it, and I felt safe there on the farm. When I was in junior-senior high school and getting ready for school, we'd go to Scranton to get clothes, and it was always uncomfortable for me because I hated wearing dresses.

I was talking to a young woman the other day, and we were talking about living and dying. We do know we're going to die at some point, right? As we age, we get varying thoughts about who we are and what we want to do. I believe that each of us has this inner spirit that we are born with. It is part of our makeup, each person, and it is how they act and how they feel about themselves. Our spirit is our guide. It is ageless and goes with us when we die.

School Work and Military Service

My school, which had first grade through to twelve, had seventeen students in my grade twelve graduating class and six in the next class. I loved team sports, and basketball was what we had to play. I was on the varsity basketball team from eighth grade to grade twelve. We played in tournaments against teams from other nearby towns. I was also a cheerleader. My mom and dad often went to the games.

Helen Grace James: The years that I was in high school, 1941 to 1944, were the traumatic World War II years. Each night at the dinner table, we listened to Lowell Thomas [(1892-1981) American broadcaster] reporting the war news.

The years that I was in high school, 1941 to 1944, were the traumatic World War II years. Each night at the dinner table, we listened to Lowell Thomas [(1892-1981) American broadcaster] reporting the war news. I think I was a junior in high school when my friend, upper classmate, and our neighbor's son, Danny Gallagher, was killed in action. My brother Hank was in the Battle of the Bulge [December 1944 to January 1945], was shell shocked, and then placed in the Veterans Affairs (VA) hospital in Coatesville, Pennsylvania. He spent the rest of his life in that VA facility.

Following my high school graduation in June 1944, my folks urged me to go to college. Keystone Junior College was located in La Plume, Pennsylvania. The college was in the area adjacent to the town of Factoryville, where my dad had established a meat and grocery store in the center of the town. I applied and was accepted. While I was at Keystone, I played on the basketball and field hockey teams. This was beneficial to me and the family because it was close to my dad's store. That was helpful to him because I could work at the store on weekends.

After my first year at junior college, I decided to apply to the East Stroudsburg State Teachers College. The college was sixty miles away but I had decided that I wanted to become a teacher of health and physical education. In 1949, I graduated with a bachelor's degree. My mother, who was a nurse, had a nursing friend who had married and lived in Fort Myers, Florida. I applied and got a teaching position at the junior-senior high school in Fort Myers. I taught health science and also coached the women's varsity basketball team.

I still had a yearning to join the military, so I applied for a commission, but the wait became too long. After three years of teaching in Florida, I decided to do what I needed to do for myself and I enlisted in the regular Air Force. I came from a family of soldiers and military people. I had been told that my great-grandfather was a Union soldier. My dad was a World War I veteran. My brother Hank, my uncle Clayton Canterbury, and five of my cousins served in World War II.

On December 7th, 1952, I flew to San Antonio, Texas (my first commercial flight) to enlist in the US Air Force at Lackland Air Force Base to begin months-long basic training. Following that, I was deployed to Keesler Air Force Base in Mississippi to train as a radio operator. I had classes in electronics and spent a few months learning to send and receive Morse Code. Upon completing the required training, I was deployed to Roslyn Air Force Station on Long Island, New York. Roslyn Air Force Station was the command site for the 26th Air Division Defense Command. It was a small, rather secret station located in a wooded area of the town of Roslyn. We were in hourly contact, twenty-four hours a day, using voice or Morse Code with each and all of the Air Force Bases along the East Coast of the United States. This was during the Korean War. Our charge was to guard against any invasion of the United States by land, ship, or plane.

Since we didn't have anywhere to play basketball on base, our basketball and softball teams practiced and played in the local school. When we had time, we would fly to different bases and play softball or basketball with them. After the games, sometimes everybody would get together before we flew back to base. We'd meet with the other team and some of them were physical therapists, so that's where I learned about physical therapy.

I wanted to have a career as a physical therapist in the US Air Force. I had applied for a commission [to become an officer] before enlisting, but I couldn't wait, so I had gone straight into basic training. During my military service, I had become an officer, and gained the Commission of Second Lieutenant, so I knew I'd have money to go to school. As soon as I heard that the University of Pennsylvania had a training school for physical therapists, I thought, "Oh wow!" That just energized me. So I applied and got my references all lined up. My plan was to move my career from the Air Force to studying physical therapy at university. I thought it would be paid for, and I was all set to go. But then the military gave me an "undesirable" discharge, and this opportunity was lost.

The 'Lavender Scare'[1]

In 1953, President Dwight D. Eisenhower signed an executive order that effectively banned all LGBTQIA+ people from federal employment. This became known as the *Lavender Scare*.

It was at Roslyn Air Force Station that I was arrested for suspicion of being gay. I think the arrest left me in shock. I was escorted by guards to another building on base and interrogated for hours. The questions went on and on – they threatened to call my parents! You have to remember, at that time people were not openly gay, and I was no exception. They took one of my dog tags. Now, this only occurs when a soldier is killed: one dog tag is taken for military identification and the other tag stays with the body. I was "dead" to the military. They labeled me "undesirable." I was told that I had fifteen years to contest it, otherwise I had no further recourse.

I was not dead, but I had been erased. I was a good and loyal airman; I did my duty, I served and protected our country.

But they took away my identity as a proud member of the military, and that hurt. I was not given any benefits. No GI Bill[2] to further my education, and no healthcare benefits. I couldn't receive a GI loan to buy a house. I had nothing. I was lost, ashamed, and afraid to go home. I had no one I could talk to about my experience. I was twenty-eight years old and found myself pretty much on my own.

Physical Therapy and Dr. Rolf

I did know that I was about to begin my physical therapy training at the University of Pennsylvania, so now I had to find a way to pay for it. I guess I just put one foot in front of the other; I completed my physical therapy training and began my journey to find myself and prove that I was a good person.

One of my instructors had assisted me in getting a job in California, so I came directly to California after I finished my physical therapy training. I was at Cedars of Lebanon and Cedars Sinai Hospital for about three years. Los Angeles was fine, but I was a farmer, so I came to [the more rural landscape of] Fresno, California to treat handicapped children for the California Elks Major Project[3]. We'd go out into the country and treat patients, workers, and others who couldn't get into treatment centers. It was all about helping children and teaching the parents how to take care of the kids. I worked there for about eight years.

I always wanted more education and decided to go to Stanford for my master's degree. The faculty were exceptional. It was the anatomy, kinesiology, and biomechanics education at Stanford that was key to my process. While I was there, I had the good fortune to meet and study with Kathy Robertson, a physical therapist who introduced me to Rolfing® Structural Integration. She worked not as a therapist, but as a researcher. Her research was out of Stanford and focused on patients with the VA, she used electromyography (EMG) with veterans who had been smokers and their respiratory systems were in trouble.

Kathy was also taking the Rolfing training from Ida Rolf [PhD, (1896-1979)], this was around 1967 and 1968. I had never heard of Ida Rolf before, of course I got interested, and that's when I decided to pursue it. Before I could do that, physical therapy opportunities were before me.

I returned to Fresno after I finished at Stanford and I worked part time for the Elks Major Project and began taking classes in electronics at City College. It was also when I learned that Fresno State University was starting a two-year physical therapy program. Joan Turnquist, who was the director of the new program, called to offer me a faculty position. She needed help because she was there alone and was just starting the program. Right at that moment, she needed someone to teach massage. I was still in electronics school and wanted to finish that up and work with the patients I was seeing – so I declined. I ended up completing twenty-eight units in electronics.

Then maybe six months later Joan called again. She needed somebody to teach anatomy. The students in the initial class were graduating and they hadn't had any anatomy as physical therapists. Also, the

Helen Grace James, aka Jimmer, during her service with the United States Air Force in the 1950s Photo courtesy of Helen Grace James.

Helen Grace James: The first time I experienced the Rolfing Ten-Series™ was with Kathy Robertson. It was a total awakening.

Helen Grace James' official United States Air Force photograph. Photo courtesy of Helen Grace James.

incoming class had to have the required course in anatomy to graduate. I would be teaching both seniors and juniors in my first class. And at that time, we had no classrooms for lectures and we had no cadavers for teaching. Eventually, we were able to borrow a cadaver. The cadaver's head and face had already been dissected by other students. We ended up with classrooms at the Valley Medical Center, miles from the university, and we had our labs and gave some of our lectures in the morgue at the Valley Medical Center.

Sometime after, I decided to accept the job at Fresno State, and Joan and I decided to apply to the Rolf Institute® [now called the Dr. Ida Rolf Institute®] for the Rolfing training. The Rolfers™ seemed quite skeptical of us. Their letter to us in response to our application for the training was to cancel a scheduled interview that we were planning to have with their committee. At first, they told us they didn't want us to come to be interviewed, but then, thankfully, they changed their minds and set a date for our interviews. Joan and I traveled to Boulder, Colorado, to be interviewed. We were also asked to write a paper regarding our understanding of the Rolfing training.

The first time I experienced the Rolfing Ten-Series™ was with Kathy Robertson. It was a total awakening.

At that time, I was in the middle of trying to teach anatomy as someone who wasn't a trained anatomist, and so I was working diligently to prepare for my lectures. For several weeks I did not have an office on campus, I had a briefcase and a moveable plastic skeleton. Kathy and I just did things together. She'd come down from the Bay Area and talk to my anatomy class about EMG. After teaching there for three or four years, I introduced a class to electronics and the body. Kathy was sampling tissues with EMG needles to see how they were reacting. And I was putting a special class together for the physical therapy students.

During the summers of the late-1970s, I went through my Rolfing training. My teachers for the first part were John Lodge [(1922-2001)] and Jan Sultan [Advanced Rolfing Instructor]. Later in my practitioner phase of the training, I had Emmett Hutchins [(1934-2016)] and Peter Melchior [(1931-2005)]. I graduated from the Rolf Institute in 1981. They told us to wait at least five years before taking the Advanced Training, and I finished the Advanced Training with Michael Salveson and Jan Sultan in Berkley, about 1988. And that's when I met Briah, around this time also.

I did work as an assistant instructor with the Rolf Institute teaching Rolfing® Structural Integration. I was working with Neal Powers [structural integration instructor] as his assistant with his classes in San Francisco. I also assisted with Jim Asher [Advanced Rolfing Instructor, Emeritus] in a class at the Dr. Ida Rolf Institute. I think it was in 1999 that I was the teaching assistant for Sally Klemm's [Certified Advanced Rolfer, Rolf Movement® Practitioner] class in Washington DC.

I was still teaching at Cal-Fresno State until 1987 or 1988. In the summer of 1987, we took a trip to the Soviet Union with physical therapists and Rolfers. We visited hospitals and treatment centers from Moscow to Sochi on the Black Sea and then to St. Petersburg. It was an amazing and revealing trip.

Rolfing Olympians and Restoring Honorable Status

In 1984, I began working with the world and Olympic figure skating champion Brian Orser.[4] I knew Brian through his aunt, Kathleen "Kathy" Orser Cottrell, from when I first came to California. Brian is the youngest of five children in Kathy's brother's family. Kathy told me about Brian when we lived and worked at Cedars Hospital in Los Angeles together.

Kathy was from Canada and had worked in a hospital there prior to coming to California. She was looking for a place to live when we met at work. She decided to rent a space in the same complex that I was living in, and so we got to be good friends. She had rheumatoid arthritis, so I'd work with her some. She later married one of the patients she had met while working at the hospital. Jack happened to be an attorney. Shortly after their marriage, Kathy attended law school and got her law degree.

Once Kathy had completed her studies, passed the bar, and became a licensed attorney, she worked as a trial lawyer. Kathy agreed to represent me in order to hopefully change my "undesirable" discharge status from the US Air Force. This would affect my two discharges, one as A/2C Regular AF and one as Second Lieutenant AF reserves. The US Air Force had told me that I had just fifteen years to effect any change in the discharge status. At that point, it had been twelve years. I had left Los Angeles, worked as a physical therapist, and had been working on my master's degree at Stanford University at the time. It was late at night when I got the call from Kathy. She informed me that she was to fly to the Pentagon in order to defend me before a committee of Air Force Officers.

Kathy was able to obtain an upgrade, a wording change, on both of my two discharges. They were newly titled "Under Honorable Conditions." Well, that sounded a lot better. I wasn't asking for anything from the military, so I thought that was fine. This happened in 1968. Now, let's fast forward forty-nine years to 2017 for a moment. Through the years, I had established a physical therapy-Rolfing practice in Clovis, California. I had retired from teaching at the university and had a friend help me clean the office from time to time. I had known Linda Hernandez for several years. I knew that she was an army medic. While we were cleaning and talking, I mentioned to her that I had been in the military. I told her about my discharge, and she said that I should get an honorable discharge and that she would help me get that started. I'm so grateful to her for leading me through that two-year process. With my attorneys, we sued the US Air Force. Finally, in 2019, thanks to the lawsuits brought by my three amazing attorneys, Kathleen Orser Cottrell, Elizabeth Kristen, and Cecelia Kim, I did receive two honorable discharges from the United States Air Force.

In those early days, Kathleen (Kathy) would be telling me about Brian's skating, but then she became very ill and we lost touch. I had moved to Fresno, California, and her parents had come and taken her back to Canada. Around the time of the 1984 Olympics in Sarajevo, I had gotten a letter from the therapist that was working with Kathy in Canada because Kathy was trying to find me. They wrote to our national physical therapy office in Washington, DC, who wrote to me saying that this person was trying to contact me and asked – would that be okay? And of course it was okay.

Kathy was in the hospital, and I called her, we were so happy to be reunited. She said, "By the way, Jim, my nephew is skating in the Sarajevo Olympics." I had a little bitty television and it just happened to be on a Saturday. I wasn't even thinking about the games, I was totally involved in my work as a teacher at the time. But, oh my God, here comes Brian skating across the ice and he looks just like her. I said to Kathy, "I'm going to come and see you this summer." And that's what I did. That's when I met Brian. He came from his training camp and I started working with him in the summer of 1984.

We did Brian's first session on the floor in his parents' house. He came in from his training camp and I went to the store and got a plumb bob. I put it outside on the porch and took his pictures, all the things you do as a Rolfer, and started his first session on the floor in his parents' bedroom.

I worked on one side, opened up his chest a little bit, and said, "Now, I want you to take a deep breath." He took a deep breath, and he looked at himself with his chest expanded out. He was so tight, he said, "Oh, I've got to tell Jan," his sister. Well, pretty soon, the whole family was in the room looking at how his chest on the one side had opened up. I'd done his one side, and you could see the expansion of his rib cage. It was just beautiful. We arranged that if he was doing a show somewhere, he would call me and fly me wherever it was. I'd meet him there and do another session, and we'd meet somewhere else to do the next session after that.

HGJ: Through the years, I had established a physical therapy-Rolfing practice in Clovis, California. I had retired from teaching at the university . . . With my attorneys, we sued the US Air Force. Finally, in 2019, thanks to the lawsuits brought by my three amazing attorneys, Kathleen Orser Cottrell, Elizabeth Kristen, and Cecelia Kim, I did receive two honorable discharges from the United States Air Force.

HGJ: Two years ago, Robert Schleip, PhD, who is my friend and colleague, asked me if I would like to put my research in along with his in Germany and some of his colleagues, as they were going to submit a research article to the *Journal of Clinical Medicine* in Switzerland.

It took a while to get that first series completed, but then he was getting ready for the 1987 World Championships. My Rolfer, Kathy Roberston, and I both traveled to Cincinnati for the event. I would work with him just before he went on the ice. I would work lightly and we'd talk a little bit. He'd just settle in to get ready for the competition. We'd ride over to the venue together. It was very intense and exciting. He won the 1987 World Championship. The following year, I flew to Calgary for the 1988 Olympics in Calgary, Alberta, Canada, to join him for the winter event. The men's skating event that year was known as "the Battle of the Brians" (Canadian Olympic Committee 2024). Orser's top rival was American Brian Boitano. Neither of them knew who had won when they finished skating. [Brian Boitano won gold while Brian Orser won silver.]

Later, Uschi, Orser's choreographer, and I became really good friends. She was a German skater, and she was also Brian's choreographer. We would travel together, and she would fill me in on everything that goes on in the skating world. Two or three years ago, she told me she had heard about the Calgary 1988 Olympics, sometime later after the event, that there was perhaps a tenth of a point on either side of both the Brians' scores, and the judges decided to flip a coin instead of giving them each the honor of a gold medal.

I continued to work with Brian Orser for his competitions and for years while he performed with the Stars on Ice. I would work with him when we could get together. Once, I arranged for him to come to the Rolf Institute, where Kathy Roberston and I worked on him together.

I ended up giving Rolfing sessions to some of the other Canadian figure skaters including Tracy Wilson, Isabelle Brasseur, Lloyd Eisler, Elvis Stojko, and American figure skater Nancy Kerrigan. They'd have an ankle problem or something and I'd work a bit with them. We'd see each other while these competitors were all in the same venue. They'd have a problem and I got to help, lighten up their stress. I took Isabelle Brasseur and Elvis Stojko through all the sessions. Lloyd didn't do all the sessions, but I'd work with him at times.


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February 4, 2021

Photo courtesy of Helen Grace James.

PART TWO – BRIAH ANSON INTERVIEWING JIMMER

Briah Anson: I remember their bodies developed beautifully after your Rolfing work with them; Brian went from being sort of skinny and lean to more filled out. They just started expanding as they had time to integrate the Rolfing sessions and get more work with you over time, almost like there was more structure being created.

Helen Grace James: Brian mentioned that he stayed with *Stars on Ice* much longer than he had planned to, which was difficult. They were going from one city to another, in different places every night. They didn't get enough training, but he didn't get injuries to the extent the others did, and he could recover faster. If he took some time off, he could get back in shape a lot faster.

As you know, you get to know all your clients and if they need a little help with a little problem, you can feel through to it. A lot of the things I helped these figure skaters with were just temporary injuries that had just happened and they would resolve very quickly if I could get my hands in there.

BA: Right, which is a really great application of Rolfing work, to pull someone out of an injury, pull them out of an acute situation so that it doesn't become chronically set.

So, meanwhile, between those travels, you had a full-time practice in Fresno? How were you balancing teaching and then being a physical therapist and Rolfer?

HGJ: I retired from teaching at the university in the late 1980s, and from that point, I was doing physical therapy/Rolfing® Structural Integration full-time. At first, I was operating my practice out of my home. Then, I rented office space in and around the Fresno-Clovis area, different places depending on the year. My final office was located in Clovis. Two years ago, I retired from my physical therapy/Rolfing practice due to the COVID-19 pandemic, and then I contracted the virus. I was ninety-five at the time and still treating patients.

BA: When you were teaching, the physical therapy department of Fresno State had a reputation as one of the finer departments of physical therapy in the country, and you had a big hand in the evolution of that department. And in 2020, they gave you an honorary doctorate of science degree, an incredible accomplishment (Lee 2020).

HGJ: Yes, and it is an incredible honor. I learned that recipients selected for this honor were selected by the trustees from each of the eight California State Universities and not just through Fresno State alone. I'd studied at Stanford University and I had amazing teachers there, I learned so much. I think those faculty members became the impetus for my wanting our physical therapy program at Fresno State to become the best. I became totally involved in making our program the best it could be.

During that time, I was offering Rolfing sessions full-time. I would see five or six clients a day. Something that was maybe unique in my practice was that I recorded my physical therapy measurements, and these were charted for every patient.

We did a research project and presented a paper at the first Fascia Research Congress, which was held at Harvard University in Boston, Massachusetts in 2007. We presented the effects of soft tissue mobilization therapy and the Rolfing Ten Series on neck range of motion (James, Castenada, and Miller 2007). We compared pain results and range of motion, I had done all the measurements, weights, and reports from the patients.

Two years ago, Robert Schleip, PhD, who is my friend and colleague, asked me if I would like to put my research in along with his in Germany and some of his colleagues, as they were going to submit a research article to the *Journal of Clinical Medicine* in Switzerland. The article was accepted (Brandl et al. 2022).

HGJ: The body is truly an electrical system; it's very fast. The nervous system has always been what we look at for the sensation of pain, heat, and cold, and so if you energize any one of the peripheral nerves . . . [this] creates an electrical field, and you can communicate through this electrical field with the patient, and they get the feeling in every part of their body when you touch them in one place.

Briah Anson: You are ninety-seven years old, what do you think about retirement?

Helen Grace James: I never believed in it. I'm busier than ever now, and that's good, I'm involved with a number of things. I've got this wonderful big family here, I've got a ranch, and I'm still on my tractor. I'm not harvesting anymore, but there's a lot of work to do just keeping up with the mowing and keeping it all pretty.

Jimmer working with a client. Permission to publish photo grated by Fresno State. Photo Credit: Cary Edmonsdson.

Several years ago, Robert and I were going to co-teach a Rolfing class together. I was all ready to go when Robert called me to say that the Dr. Ida Rolf Institute informed him that they did not need an assistant for Robert's class. Five or six weeks later he called and said it's on again, but by that time I had other commitments, so I couldn't do it. I've always regretted the fact that we didn't get a chance to teach together.

BA: I remember you talking about a project that involved Rolfing astronauts at NASA?

HGJ: Kathy Roberston and I had seen doctors and others were involved in the astronauts' training, and we had submitted a proposal to offer Rolfing sessions to the astronauts. She and I were invited to a conference of scientists on the East Coast. We were there for a full week and met with Sally Ride [(1951-2012), PhD, American astronaut and physicist, first American woman in space] and Carl Sagan [(1934-1996), PhD, American astronomer and science writer]. We went to the Smithsonian with them, heard lectures, and saw instruments that they were using. We attended classes presented by the scientists for a whole week, and we were all set to go. This was just before the Challenger went down in 1986. After the Challenger disaster, NASA's budget was cut, and they weren't taking any proposals at all for at least three to five years because they had no funding.

BA: It would've been exciting to get that done. The premise around this was that you might imagine that in weightless space, it's going to be easier to make movements, but if you're out of alignment, it's actually more difficult. Was that your whole thrust around the idea of offering Rolfing sessions to the astronauts?

HGJ: Look at what happened with Brian, he didn't have the injuries the other skaters had. He had the posture; he had the sense of it. He was released in so many different areas, just like when I did the first session with him and his chest opened up.

BA: You mentioned to me recently that you would have all these different specialists sending you patients in Clovis for all kinds of problems, and what you would do is just take them through the Ten Series.

HGJ: That was my practice throughout my whole career as a Rolfer. I did the ten

sessions regardless of specific diagnosis. Now we're finding out that the fascial tissue is actually the sensory system of the body (Suarez-Rodriguez et al. 2022), that it touches every other system (Slater et al. 2024), and nothing is local.

BA: The latest research has shown that even if I touch your body with one finger, I'm touching all of you, and at the same time touching all of myself. Ida Rolf already knew that from the level of sensation and the way she'd talk about the principles. So no matter what symptoms patients presented with, you would take them through the series, and document their height, range of motion, flexibility, or whatever, and they all got better.

HGJ: Yes, with before and after pictures alongside all the measurements before and after.

BA: I understand that these days, you are invited to teach physical therapy students, and you are talking about fascia.

HGJ: That's exactly right. The connective tissue is part of the sensory system because it engages every other system in the body.

Research has demonstrated that the collagen fibers and fiber bundles of fasciae are found to be like liquid crystals. Collagen is the most abundant protein in the animal world, and it is also the basic building block of the human body. According to Jim Oschman's 2015 book, *Energy Medicine*, these liquid crystals create electrical fields that can be likened to semiconductors.

An important property of these fascial liquid crystals is termed *piezoelectricity*[5]. When the fascial tissue is put under tension or compression, these materials develop electrical fields. So piezoelectricity responds to tissue pressure.

We know now that the body's entire sensory system is embedded in the fascial connective tissue, so each and every movement of the body generates microcurrents. It's also true that the most vital relationship does, in fact, lie between the fascial connective tissue and the nervous system. This relationship should challenge and inspire healthcare professionals at every level. What this means for manual therapists is that treatment using hands-on patient contact allows a continuous and vital dialogue to occur between the hands of the manual therapist and the patient. This cannot occur when we use inanimate therapist devices, now that we know the human body is, in fact, electric.

Jimmer working with a client. Permission to publish photo grated by Fresno State. Photo Credit: Cary Edmonsdson.

The body is truly an electrical system; it's very fast. The nervous system has always been what we look at for the sensation of pain, heat, and cold, and so if you energize any one of the peripheral nerves that are coming off of the spinal cord, they send a message at a certain speed. Any movement of the body, slight or not, creates an electrical field, and you can communicate through this electrical field with the patient, and they get the feeling in every part of their body when you touch them in one place.

Caio Sarmento [PhD, Assistant Professor of Physical Therapy with Fresno State] recently asked me if I consider fascia to be a structure or an integrated system. I would say both. The fascial system is described by Pischinger (2007) as the largest system in the body, and most importantly the only system that touches each and all of the other systems. According to both Pischinger (2007) and Paoletti (2006), fascia will necessarily be involved in every type of human pathology and every aspect of human physiology.

The value of this knowledge is that in seeing a patient through their treatment, you learn where the tightness is and what they can feel, along with the memories stored in the fascial tissue. You've probably had this happen with patients. Very often they'll say, "Oh yeah, I had a dog bite," or, "I sprained my ankle at one time." You're not treating that, but the memory of it is still right there is the tissue. And if you release something in there, you might think you are working on something about the ankle, but you find it changes the elbow. This is exciting for me, having studied electronics, it all fits together.

BA: Yes, you as a fascia expert and a radio operator, you were working with frequencies way back in your early career. [Jimmer was an Air Force radio operator during the Korean War.] Wellness is this whole cycle operating at a sophisticated level, a truly holistic level where the body is interconnected, and of course, Dr. Rolf knew that. She just intuitively knew to go beyond the brain, that the connective tissue system is the intercommunicating organ of the body. Who was talking like that back then? Nobody.

HGJ: She was just absolutely amazing, as was her dissertation on connective tissue.

BA: What a life you've had. You're in this chapter of your life where you've been looking back. What do you think are the key elements that contribute to someone having a truly satisfied life, a worthwhile and vital life?

HGJ: Well, I have to go from my own experience. We age, and different ages bring about different experiences in the life traveled. We continue to age, but I don't think the spirit ages. I believe that we have a spirit within ourselves, at least for me, I have a passion for Rolfing

Jimmer at her desk in her office. Permission to publish photo grated by Fresno State.
Photo Credit: Cary Edmonsdson.

[Structural Integration] and about helping myself and others. It takes a certain kind of energy to enjoy, love, and think about making something better. To make pain go away – that's amazing. So rewarding to be able to help someone get rid of their pain. It changes their lives.

Energy follows thought, so if you're so inclined to be investigative of your own life, find things that inspire you. Whether you get into healthcare, research in general, or just milking cows, love what you do and have an energy toward it. Everyone, regardless of where on this Earth they are born, have the ability to think and energy follows thought.

I encourage people to become familiar with the writings of Dr. James Oshman. Dr. Oschman, who I already mentioned, is a cellular biologist, an avid writer, and a researcher. He's been asked to lecture in some fifty countries around the world. Jim is my major source of information on the fascial connective tissue complex. In the early 1980s, he and I served on a research committee at the Rolf Institute. We really connected. In Jim's chapter on "Fascia as a body-wide communication system" (Oschman 2012, in Schleip et al. 2012), he quotes a 1951 book by the British neurophysiologist, Charles Sherrington:

"A single-celled paramecium swims gracefully, avoids predators, finds food, mates, and has sex, all without a single synapse. 'Of nerve there is no trace. But the cell framework, the cytoskeleton might serve.'" (Oschman 2012, in Schleip et al. 2012, 103.)

Take a deeper look at glial cells, which are the connective tissue cells of the brain. They make up about 50% of the volume of the brain. Previously they were thought to only function as mechanical and nutritive support to the brain, however, we know now that the cytoskeleton fibers of the glial cells are, in fact, the nervous system of the cell.

BA: Great notes. Personally, I've found Dr. Oschman's writings give the clearest explanation of the beauty of human energy systems and how fascia works. He's such a passionately alive biologist, and so clear in his explanation and understanding of the connective tissue system.

HGJ: He doesn't talk down to you at all. He's talking up to you, and he clears things up. It's just logical. It just makes sense.

BA: Every year, he is a major speaker at the symposium for the people that do specific microcurrent therapy, and also for Erchonia, the lasers that you and I have for therapeutic purposes. For years I have been working with lasers and I start every session with the brain protocol, and then I'll do muscle-nerve protocols in the areas that I'm going to work, so already energetically, I'm opening up the whole fascial network with that laser.

I have a passion for working in this way, and it is my experience that having passion for something where you are able to really help people is key.

HGJ: Yes. It's something that drives you, that interests you. It's a part of the spirit that lies within each one of us, and that doesn't age. Your spirit doesn't age. It's going to be there when you're alive and when you're dead.

BA: Well, nothing is destroyed. I think your spirit gets stronger the closer we get to that point of taking off into the ethers. What kind of populations have you been working with over all these decades of practice?

HGJ: Well, they're all in some sense workers: a lot of teachers, ranchers, truck drivers, women, men, children, and for me, athletes that I've worked and traveled with. Each of them is so very special, each and every one. I have had the privilege of learning from and being guided by them in my effort to help them. They have inspired me on my life's journey.

BA: Are there any particular quotes or principles from Dr. Rolf that you have held onto all these years? Things that keep ringing true?

HGJ: For Dr. Ida P. Rolf, I would say her genius was the energy and dedication that she gave to the work. She gave this work to the world; I think it is just phenomenal. I never met her.

She was brave. She loved learning. She went from her PhD at Columbia to her work at the Rockefeller Institute, and then she took off and went to Europe to study more. She studied physics. It's vital to know how the body moves around itself. I mean, posture is everything, and it goes together with the gravitational field.

BA: You are ninety-seven years old, what do you think about retirement?

HGJ: I never believed in it. I'm busier than ever now, and that's good, I'm involved with a number of things. I've got this wonderful big family here, I've got a ranch, and I'm still on my tractor. I'm not harvesting anymore, but there's a lot of work to do just keeping up with the mowing and keeping it all pretty.

BA: I'm so impressed Jimmer, with your life. You've had a tremendous joy and desire to help people, and doing it in a magnificent way. Everything you have done, you've done really well, with excellence. I know Ida Rolf would be so proud of you, the kind of work you've done documenting the work, and the research you have accomplished.

Thank you for doing this interview with me, sharing your life path, and your learning along the way.

HGJ: Hey, I want to thank you too, for all the things you've done. And writing those books, and working with those animals. Animals are so smart and so intuitive, and you have brought more details about this to our awareness.

BA: It's a beautiful work. Thank you so much, from the bottom of my heart, I appreciate your life.

Endnotes

1. The Lavender Scare was the name of the United States policy launched in 1953 under President Dwight D. Eisenhower's Executive Order 10450, "the investigation, interrogation and [sic] systematic removal of gay men and lesbians from the federal government" (Haynes 2020, online). It was an unfounded fear that LGBTQIA+ people were a threat to national security by being vulnerable to blackmail.

2. For more information about what the GI Bill is, see https://www.va.gov/education/about-gi-bill-benefits/

3. For more information about California Elks Major Project see https://chea-elks org/major-project/

4. Brian Orser, born in 1961, is a Canadian competitive and professional figure skater. He is an Olympic champion, winning back-to-back silver medals in men's figure skating at Sarajevo in 1984 and Calgary in 1988. Orser was the first skater to land the triple axel in the Olympic competition in Sarajevo. After that, Orser became a professional figure skater in the late 1980s and toured with *Stars on Ice* until 2007. He earned an Emmy Award in 1990 for his performance in *Carmen on Ice*. More recently, he's been an elite figure skating coach for top Olympians.

5. Piezoelectricity "refers to the ability of a material to convert mechanical stimuli into electrical signals. Since the phenomenon of piezoelectricity was observed in wool in 1949, piezoelectricity has been gradually observed in various biological tissues, such as bone, teeth cartilage, ligament, tendon, etc." (Zhang et al. 2023, 180).

Briah Anson is a Certified Advanced Rolfer™ and a Rolf Movement® Practitioner with forty-five years of experience. Anson has a Bachelor of Arts from Oakland University and a Master of Arts in Counseling and College Student Personnel with honors from Penn State University. Anson is the author of two books – Rolfing®: Stories of Personal Empowerment *(1990-1991 first edition, 2005 second printing of first edition, 2023 second edition);* Animal Healing: The Power of Rolfing® Structural Integration *(2011) – and produced a children's video, Growing Right with Rolfing (1996). She also has videos available on YouTube. She has been interviewed nationally on various radio and TV programs. She is a graduate of the Northwestern Academy of Homeopathy, Minneapolis (2019). She is also a practitioner of Frequencies of Brilliance (a form of energetic bodywork) work since 2000. She has training in craniosacral therapy, visceral manipulation, and scar work. She grew up in Costa Rica and was a highly trained athlete, ballet dancer, swimmer, tennis player, and golfer. She was also the four-time Junior National Golf Champion of Costa Rica. Anson has a private practice in Minneapolis, Minnesota.*

Helen Grace James is a Certified Advanced Rolfer, physical therapist, and United States Air Force veteran who lives and works in Clovis, California.

References

Brandl, Andreas, Katja Bartsch, Helen James, Marilyn E. Miller, and Robert Schleip. 2022. Influence of Rolfing® Structural Integration on active range of motion: A retrospective cohort study. *Journal of Clinical Medicine* 11(19):5878.

Canadian Olympic Committee. 2024. *Brian Orser*. Accessed September 3rd, 2024. Available from https://olympic.ca/team-canada/brian-orser/

Haynes, Suyin. 2020. You've probably heard of the Red Scare, but the lesser-known, anti-gay 'Lavender Scare' is rarely taught in schools. *Time Magazine*. Accessed September 2nd, 2024. Available from. https://time.com/5922679/lavender-scare-history/

James, Helen, Luis Castenada, and Marilyn E. Miller. 2007. The effects of Rolfing® Structural Integration on neck range of motion and pain. *Fascia Research Congress*. Available from https://fasciaresearchsociety.org/docs/James_23-The_Effects_of_Rolfing_Structural_Integration_on_Neck_ROM_and_Pain.pdf

Lee, BoNhia. December 19th, 2020. Fresno State awards honorary doctorates to three difference-makers in the community. *Fresno State News*. Accessed September 4th, 2024. Available from https://www.fresnostatenews.com/2020/12/18/fresno-state-awards-honorary-doctorates-to-three-difference-makers-in-the-community/

Paoletti, Serge. 2006. *The fasciae: Anatomy, dysfunction, and treatment.* Seattle, WA: Eastland Press.

Pischinger, Alfred. 2007. *The extracellular matrix and ground regulation: Basis for a holistic biological medicine*. Berkeley, CA: North Atlantic Books.

Schleip, Robert, Thomas W. Findley, Leon Chaitow, and Peter A. Huijing (Eds). 2012. *Fascia: The tensional network of the human body*. Edinburgh, UK: Churchill Livingstone.

Slater, Alison M., S. Jade Barclay, Rouha M. S. Granfar, and Rebecca L. Pratt. 2024. Fascia as a regulatory system in health and disease. *Frontiers in Neurology*. 15:online.

Suarez-Rodriguez, Vidina, Caterina Fede, Carmelo Pirri, Lucia Petrelli, Juan Francisco Loro-Ferrer, David Rodriguez-Ruiz, Raffaele De Caro, and Carla Stecco. 2022. Fascial innervation: A systematic review of the literature. *International Journal of Molecular Sciences* 23(10):5674.

Oschman, James L. 2015. *Energy medicine: The scientific basis*. London, UK: Churchill Livingstone.

Oschman, James L. 2012. Fascia as a body-wide communication system. In *Fascia: The tensional network of the human body*, 103-110. Edinburgh, UK: Churchill Livingstone Elsevier.

Zhang, Xiaodi, Tong Wang, Zhongyang Zhang, Haiqing Liu, Longfei Li, Aochen Wang, Jiang Ouyang, Tian Xie, Liqun Zhang, Jaijia Xue, and Wei Tao. 2023. Electrical stimulation system based on electroactive biomaterials for bone tissue engineering. *Materials Today* 68:177-203.

Keywords

Rolfing career; Lavender Scare; fascia research; physical therapy; Brian Orser; energy medicine; piezoelectricity; fascia communication; Fresno State University; LGBTQIA+; structural integration; Air Force veteran. ■

Uncover the Voice that Nature Intended

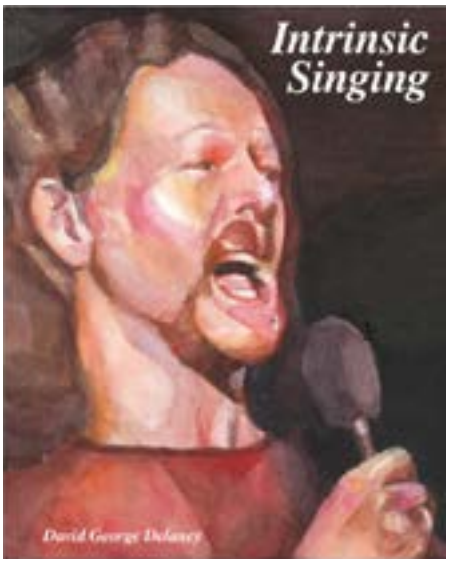
An Interview with David George Delaney

By Jeffrey Kinnunen, Certified Rolfer™, and
David George Delaney, MA, LPC, Certified Advanced Rolfer

Jeffrey Kinnunen

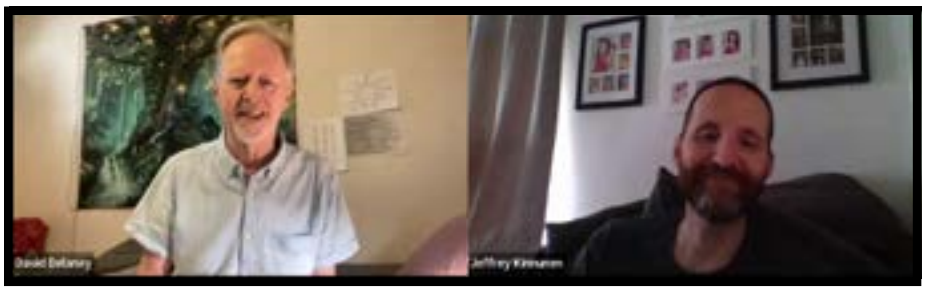
David George Delaney

ABSTRACT *In this interview by SFI Journal editor and Rolfer Jeffrey Kinnunen, New York Rolfer™ David George Delaney discusses the release of his book* Intrinsic Singing *(2024). Although the book primarily aims at singers and actors, Rolfers and all somatically-minded people will benefit from its message of authentic self-expression. Delaney draws from his decades of experience delivering Rolfing sessions to professional singers and actors, as well as his training with his singing vocal instructor Margaret Laughlin Riddleberger (1924-2009), among other modalities. Delaney reflects on the impact Rolfing® Structural Integration had on his own voice and body.*



Front cover of *Intrinsic Singing* (2024).

Jeffrey Kinnunen: Congratulations on your book that came out this year, *Intrinsic Singing* (2024). Thank you for agreeing to the interview to talk about this achievement and your Rolfing® [Structural Integration] practice in New York and Colorado. Let's start with what readers need to know: How can people purchase it? And who do you see as the target audience?



David George Delaney and Jeffrey Kinnunen enjoying their conversation over Zoom on June 23rd, 2024.

David George Delaney: Well, thank you very much. I appreciate your interest in my book, and I look forward to talking all about it. Sure, let's start with where to get it; both the printed and e-book versions can be purchased at my website: https://thesingerscenter.com/shop/.

The primary target audience is singers and actors who perform live. However, anyone can benefit from this book if they find the embodiment of singing to be an engaging interest. This book has to do with being a human being, expressing yourself, and doing it in a way that is nurturing for both yourself and, if you're performing for other people, the audience. Somebody recently wrote to me, "This book is not just for intrinsic singers. It's for people who want to live intrinsically."

JK: That's really good.

DGD: Another comment I've received is, "This book is for anyone with an expression system. And that's all of us."

My intention in writing this book was to share with other people what I have learned on my journey as an actor who wanted to sing in my, let's say, God-given voice – the voice that nature gave me. It's about being an authentic human being. That's the heart of what the book is about.

JK: What was your original inspiration for beginning and sitting down to the writing process?

DGD: Two things. One, Margaret Laughlin Riddleberger [(1924-2009)], my singing voice teacher. I know she would have wanted to publish these ideas herself, it just never happened. So, I did it for Margaret and for her teacher, who she called 'Teach'. Second, I was thinking of all the students who have worked with me and these two women; for decades these two ladies were sharing this foundational knowledge from the Bel Cantos Italian School of Singing. This knowledge needs to be passed on.

When you have this knowledge, you've got to share it with other human beings who could benefit from it, because life is not a bowl of cherries all the time. We all need help from each other at different times, for different challenges.

My expertise that I've developed is multilayered. I have essential tools to help a singer ascend in their skills as they relate to singing, especially when they are stuck or hit a plateau in their development. Some of the services I offer singers are:

- Rolfing® Structural Integration and other modalities to free their body, which is their instrument.
- Training and conditioning the intrinsic muscles (the singing muscles).
- Teaching precisely what the vocal apparatus and expression system are and how they function.
- Training what I call 'the singer's state', as well as the 'listening posture'.
- Helping to renormalize trauma that is a block to free human expression.
- Non-linear neurofeedback brain training to skillfully deal with performance anxiety, and to address other issues that interfere with our development.

I'd venture to say that artists need something to commit to that's nurturing and benefits the world. This is what led me to make what I hold as a vow to do this somatic, voice-centered work and make it more widely available by crafting a book. I have challenges, just like anybody: I'm dyslexic. Yet, when it comes to this work and this book, the Universe seems to be behind me, because generally, it flows along. That's the heart of it. This book is part of my path, my being deeply engaged in passing my knowledge of it to those performing artists or developing artists who will benefit from it.

Oddly enough, this renowned psychic said to me, "You're going to write a book. Oh, wow! There's going to be a lot of light in that book." And at the time, I thought, "What?" But over time, sure enough,

David George Delaney: My intention in writing this book was to share with other people what I have learned on my journey as an actor who wanted to sing in my, let's say, God-given voice – the voice that nature gave me. It's about being an authentic human being. That's the heart of what the book is about.

DGD: As I look back, life has been a very slow process; first, wanting to be an actor; then Rolfing [Structural Integration] came along, and it all had to do with me standing up on my two feet and becoming the person I was meant to be. I'm seventy-two this year, and I just now feel like I'm finally coming into my own, as who I'm meant to be.

writing became the thing I needed to do next. I'd tell myself, "Okay, David. It's time. Just sit down and don't worry about 'perfect'. Just write." The editor I worked with initially called the first draft a *hot mess*. But I was paying her to be honest and put some order into it. And she actually gave me the opening line of the book with that first edit.

My artistic partner, Loraine Masterton, also deserves editorial credit because she took on the project. From the first draft onward to printing, she did an incredible job with my material.

JK: Editorial support makes excellent books. It must have been nice to have that additional support in your world.

DGD: I need it. I depend on other people in my life. It's just the way it is, in singing, in editing, in life.

JK: When I was reading your book, it struck me that Margaret seemed to have a real gift for intuiting some aspects of somatic practices. Were you studying voice with Margaret before you experienced your first Rolfing Ten-Series™? And tell us about how you found your Rolfer, and then became one yourself.

DGD: I found Margaret through my professional network; I was looking for a singing voice teacher and she had quite a professional background. Theater agents in New York City started bringing her up from the Washington, DC, area, where she lived, to work with their professional clients. I got an audition appointment with her, and I detailed in the book the instant potency in meeting her; she used to say that working this way could cause a hurricane in your head. Boy, could it! I was attracted to working with her immediately, the work she taught and the discipline. So, I was deeply engaged with her work by the time I experienced Rolfing sessions. At my singing lesson just after my seventh Rolfing session, she was flabbergasted. She instantly recognized that something dramatic had happened.

I learned about Rolfing [Structural Integration] for the first time through Matt Chait, who was my acting teacher at the American Academy of Dramatic Arts. I held him in high regard and respected his opinion. One day, I overheard him telling two other actors about his Rolfing experience. So, for me, learning about Rolfing [Structural Integration] came from my work as an actor. And so, from that point onward, it was always in the back of my mind. And then my friend and theater colleague Tom Sparber said, "Singers love Rolfing." That cemented it.

Tom knew Patrick Clough, a senior Rolfer in New York who had studied directly with Dr. Rolf, [(1896-1979)], and he was able to call him to make an appointment for me the next morning at 7:30am. [For an article about Patrick Clough, see page 6.] It totally changed my entire being; it woke things up in me that had been asleep because of the environment I was raised in. Sometimes, it's fair to use the word 'traumatized' about old packed-away issues; experiencing Rolfing sessions woke up things in me that had been dormant. It inspired me so much that I became a Rolfer, and it has always been a big piece of my work in the world, especially working with singers.

Working with Actors and Singers

JK: When you became a Rolfer, did you see yourself as somebody who would specifically work with singers and actors? Or did you see yourself as a practitioner who'd be open to all clientele, but then they tended to be performers?

DGD: I was specifically interested in working with actors and singers. The experience I had that day of my seventh session, absolutely changed how I lived in my body and everything was different. Like I say in the book, it led me to use the least amount of energy in my vocal emission. I was getting the most out of my voice after that, the maximum resonance, and it was effortless.

That seventh session was a magical moment. It was one of the big moments in my life that put me on a new course that I had not anticipated. Then I realized, "Oh yeah, I used to massage my mother's feet, and it really helped her." Hands-on work comes into your life in a particular way. For me, there were memories of me using my hands to help people feel better, while not knowing what I was doing. When I became a Rolfer, I realized, "Okay. This was in the works. I just didn't know about it." I can now see why Advanced Rolfer Michael Salveson told my best friend that I had the thing they cannot teach. It just all of a sudden showed up in that moment of the Seventh Hour.

It took about six months after completing the basic Rolfing Ten-Series for me to finally get it. I remember the night, it was a Friday night, it hit me, "Oh, I'm going to be a Rolfer." It hit me literally like that. I called the Rolf Institute® [now called the Dr. Ida

Rolf Institute®] the next Monday morning. And it was almost a five-year process from that point to get into class because I had things I had to accomplish. I had to finish my bachelor's degree because I had been in the military for four years, and I had to complete that commitment.

From there, I took a physics class at Baruch College which I heard that Dr. Rolf had recommended. I completed massage therapy training at the Swedish Institute of Massage and Allied Sciences, studied with Advanced Rolfer and anatomist R. Louis Schultz [(1927-2007),PhD], specifically learning about fascial anatomy and movement. Also, I studied at the Laban Institute. Lastly, I was granted my massage license in New York.

JK: The Seventh Hour is a potent session to experience. I wonder if there are any experiences you would be willing to share that initially caused you to be inhibited in your vocal performance?

DGD: A lot of it had to do with where I was raised. It was a pretty aggressive place and time. I wasn't a fighter. I'm the oldest of eight. Now, from my scientific studies over the years, I have learned about primary and secondary defense mechanisms that develop around childhood traumas, defense mechanisms that protect us from those traumas. I had many experiences where the world was not safe.

As I mentioned, I am very dyslexic, and when I was in elementary and high school, nobody knew that word at all. I remember a ham-fisted lesson that included writing at the board; you got shamed when you weren't doing it well. I had a lot of those kinds of experiences. Then, I went to a Catholic school. I found that to be brutal, just the whole environment. All these things fed into the experience of the neighborhood that I was from; there was a lot of aggression and fighting. It was not safe.

We are who we are when we're born, and then all these environmental experiences add up and accumulate into who we become. I was quite inhibited, and I had low self-esteem. I didn't speak up for myself. As I look back, life has been a very slow process; first, wanting to be an actor; then Rolfing [Structural Integration] came along, and it all had to do with me standing up on my two feet and becoming the person I was meant to be. I'm seventy-two this year, and I just now feel like I'm finally coming into my own, as who I'm meant to be.

JK: In your book, you write about authenticity and vulnerability while singing. The listener won't necessarily know *why* one singer sounds authentic and another does not; authenticity in voice is something we can all perceive.

DGD: Yes, authenticity is something we find within ourselves. We're all mammals, we are social creatures, and have instincts about how we express ourselves and reveal truth. That's what I've been learning to work with all these years as an actor and a Rolfer, bringing forward innate instincts. Authenticity is an innate part of you and each of us. It's who we are. When we tap into this quality, it allows us to be here in this moment and thrive in our lives. It includes an element of self-nurturing.

When I first started as an actor, I was not good at bringing my authenticity forward in my voice, but I had an instinct toward it. I had these habits and customs that I picked up from my family and the world I was raised in. We're all dealing with that, we usually don't even know we have these acquired behaviors and habits.

Our Intrinsic Voice

JK: What is 'intrinsic singing'? I'm a non-singer and I think I understand what you mean, but please tell us about the nuance you teach in your book.

DGD: Let's start at the heart of the matter: your singing voice is the same as your speaking voice, the salient difference being how much air is being dosed at any given moment. When a person is singing, they can be using up to 100 feet per second squared more air than when they are speaking. We use about one foot per second squared when we're speaking.

Intrinsic singing is about working with the intrinsic musculature as a unitary experience. The intrinsics are involved in producing your singing and speaking voice. Extrinsic musculature is the big muscles engaged for our bigger movements, like the trapezius, latissimus dorsi, and quadriceps, but they do not initiate anything. Our culture is so enamored with extrinsic muscles. Intrinsic muscles are our deepest structures, at our core. Intrinsic muscles are involved in our survival, how we express ourselves, how we relate to each other, and they are the emotional musculature.

Intrinsic muscles also relate to the intrinsic nervous system (also called the enteric nervous system). As I mentioned in the book, it is an aspect of the central nervous system that we can volitionally awaken and integrate into our kinesthetic embodiment. Thus, we can experience ourselves not as a bunch of parts but as a unitary organism in partnership with the Earth's gravitational field and the Universe. In physics, the Universe is described as one field of light or vibration. I partially learned this in the martial art T'ai Chi Chuan, which I have been practicing and teaching since 1985.

However, our voice has a lot to do with our ability to thrive; it allows us to do this thing called cortical recharge. Cortical recharge involves recharging and invigorating our central nervous system with our voice. I'd say communicating with our voice comes naturally first, but secondarily, cortical recharge is a critical precessional effect of our voice, as Buckminster Fuller [(1895-1983), American architect and futurist] would explain it.

Unresolved trauma can be very small things that are too much for an individual to handle at any particular moment. The body gets frozen, and becomes blocked until we can come back to it and unravel the experience safely. I like to think this is unpacking the gift in the problem. For me, working with voice and embodiment has always been about discovering these frozen aspects that are causing flexion (shortening) in the intrinsic muscles. When the body is carrying fear, there is imbalanced flexion-extension. Our global balance has been lost, and thus, more energy is demanded to maintain equilibrium in gravity.

As Rolfers, we encourage the body to return to its elastic and functional nature. Every body is unique and has their own level of body tension. And so, we all must find our own way. Margaret had a good instinct for these things. She was able to say to me when I sang for her in the audition, "That's not your voice." That feedback made me think, "Wow, what a place to begin." *That's not your voice*.

Truth is, I knew that deep down. I loved Anthony Newley, a British Broadway actor and singer, and American Singer-Songwriter and guitarist, James Taylor. I was copying them and putting them together in my singing style but did not realize it consciously. Each of us will have a unique set of challenges in order to progress on our individual path. Finding *my* voice rather than singing

like others, is what I needed. It was valuable that Margaret was able to call it out. She began helping me realize that I was indolent; indolent was part of my defense mechanisms. It came from not wanting to tap into painful experiences, a defense against remembering undigested experiences. This biological default is a survival tactic that protects us, yes; yet defense mechanisms get in the way of our authentic expression.

JK: When you listen to someone speak, can you hear these defense mechanisms as holding patterns in the sound of their speech?

DGD: Sometimes, that is possible to a degree. When I work with people, applying Rolfing® Principles of Intervention with their body as it relates to their voice, then I will become aware of blocks. Any inhibition or block may affect the quality of their voice since the substance of our voice is bone vibration in the skeleton. People are not likely aware of these kinds of blocks. Since our body is fully elastic and adaptable at birth, we know that dynamic relaxation is the state we are meant to live in as adults, always. However, we lose it slowly by being socialized into Western culture. This will directly impact our vocal emission.

I've studied and taught other somatic approaches, like Chua K'a Bodywork®. This modality proposes that fears are held in particular zones in the body. I teach singers how to release that fear in their own bodies. For instance, the front of the neck is where we carry guilt, and that's where your larynx is, so that's going to impact a person's voice. The back of the neck, in the Chua K'a proposal, is the fear of being in the incorrect psychological position. In the discipline of Chua K'a, the muscles in these zones are part of what is called the *muscles of initiation*, and they need to be dynamically relaxed and elastic at all times, adaptable to whatever's needed.

If there's a limitation in the voice, it becomes very obvious immediately. I know exactly what to do for that person if they have an interest in their intrinsic voice. I had to do this inquiry. It wasn't even a choice; it was just part of my life path. This was part of how I was waking up as a human being in this life.

JK: Do you have an opinion about the artificial forms of voice we hear more and more these days? It's so common that the voices we hear in our society are manipulated, autotuned, and electronic in some way. Does that alter the perception of voices for each of us? Maybe it distorts what singers feel they're trying to achieve?

DGD: I see what you're saying. Based on my studies, there's nothing that compares to the beauty and richness of the human voice. It is a healing tool that we have as human beings, and so we're looking for what's totally authentic and what's in the way of that authenticity. In some circles, it would be called your vocal signature. Your vocal signature is that unique voice that is like no one else in the Universe. That's where my interest lies.

When I'm with somebody, I wonder about them, and I have these questions in my mind: Where are they locked up in their body? What's blocked? What aspects are isolated from the rest of the body? What's keeping the beauty, uniqueness, and power of their voice from being effortlessly emitted into space?

Plus, we're still viewing the world in terms of linear physics, even though we live in nonlinear space-time. We still have this very mechanical view, like the lungs are pumping the air, pulling it in, pushing it out. And it travels over the larynx. The voice doesn't actually work like that; this conventional physiological view of the human voice is too oversimplified. The reality of how we vocalize is way more complex, and yet, for the human experiencing it, it is way simpler.

Nonlinear physics means the whole is greater than the sum of the parts. That's the case with our voice. Our voice is a beautiful, embodied example of that.

At the Heart of the Voice is Beauty and Spirit

DGD: Voice and the beauty of music are the heart of living for me. I sing what I find beautiful. It's what keeps me going, keeps me motivated. I think each and every one of us has the experience of depression, anxiety, and fear; being human is just this way. For me, the path toward an intrinsic voice allows me to be as alive as I can be in any given moment. When I'm with clients or students, I always listen for: Where's the block? Where's the fear; how can we free that up so that this person's spirit can soar?

Your voice is your spirit made visible.

I love this statement attributed to the musician Hazrat Inayat Khan who was a Sufi teacher. That's exactly what it is. All I'm looking to do is help a person to free their body/psyche so that they can emit their spirit into the world. There's nothing more freeing than doing that. That's my direct experience. When I'm on stage, performing, and it's going well, I've never felt any freer than in those moments.

JK: In your book, you commented that if you're sitting in a restaurant and speaking normally, your voice projects so much that people around you might ask you to keep it down.

DGD: Yes, that's true.

JK: I have that experience often. Your book got me thinking about that.

What should a person do when they strain their voice? Coincidentally, last night, I strained my voice, trying to speak louder than the music at my uncle and aunt's fiftieth wedding anniversary party. The music was loud, and I started to cough. How would you approach that kind of problem?

DGD: Right, I understand. Sometimes a person can feel injured after one experience of misuse. Everybody's totally different and unique, so in a way, it's not possible to say there is one way to address vocal strain. There are myriad of ways to strain our voices as well.

My approach starts with working intuitively. Generally, I also start with helping my clients understand the physics involved in the voice, to give an overview of the anatomy and functionality. We Westerners need to understand the science in order to take the intervention sessions seriously; there's no escaping that step in my experience. For clients, the session needs to include some history of what is going on in the body, science about the tissues, and physics of what is actually happening.

When people understand what we know in terms of scientific principles, they are open to some trial-and-error work in their session, some field testing we could call it. Together we look for what works for them. They become invested in their body opening to being more three-dimensional.

Next, I teach people about sensing how their intrinsic muscles naturally function. When they have a sense of that, then they can extend their voice, while maintaining that state of dynamic relaxation. For an intrinsic voice, we're looking to get their

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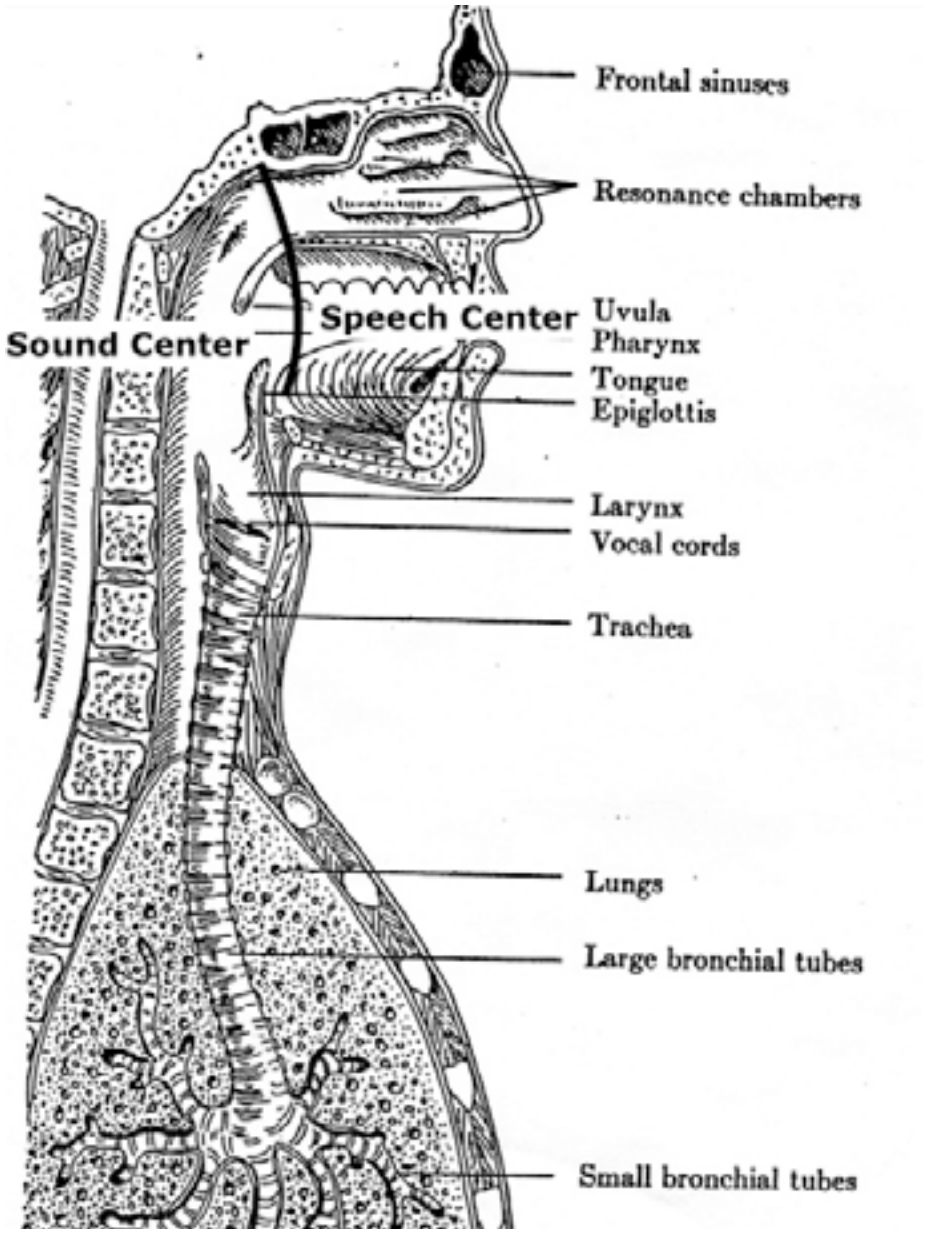
David George Delaney



The speech center and the sound center are located close together. Image courtesy of David Delaney.

body functioning three-dimensionally and unitarily.

When we find this level of being, we're able to emit *our* voice into space. That is where the magic comes in. We're not looking to vibrate *inside* ourselves. That will happen naturally based on how the larynx relates to the cervical vertebrae and the skull. When we vocalize, the bone conduction of sound happens ten times faster than the air conduction of sound. This is a part of the physics that people need to consider and experiment with.

I find that what I need to teach is self-observation. I'm working to open the body up and then help them observe what they're doing differently in the transition as speaking becomes singing. When we initiate speaking, it's exactly the same way we begin singing. Most of us don't pay attention to our voice with that kind of detail because of habits and customs that we absorb from the world. These habits have interfered with the process of attention.

I'm helping someone observe the moment of initiation when going from their speaking to their singing voice. If there is a competent voice, not so blocked, then to sing, they will use sensory motor skills to pay attention at the moment they start singing. We want to bring the authenticity of their speaking voice into authenticity when singing.

It could be said that when we speak with authenticity, the ground beneath is unified; we can access ourselves. But the minute we start to sing, there's suddenly a gap between two land masses. We need to bring them back together. Hands-on intervention is a big part of it because helping people let go of subconscious fear they're carrying can be done this way. Once their tissues start to relax enough, thus allowing the body to function more instinctively, then those intrinsic muscles can do what they're instinctively meant to do. It is incredible how they function, almost magical. Not quite magic, because we do understand how the body produces sound, but then to listen to how much it communicates, that is profound. Our goal is what we call *sonic return* in the space in which we are singing.

JK: Some singers speak English with their regional accents, like when English is not their first language. Their speaking intonations or affectations have an accent that is like a fingerprint of who they are, but then when they begin to sing, their voice sounds totally different to me.

DGD: Yes, exactly. And I don't say that's a bad thing if that's what a performer wants to do. For some people, that is what they do with their voice. We do that as humans, we want to project a particular kind of voice or personality, and it aligns with our customs and habits. We acquire behaviors from those around us, and that's fine; it's a part of our journey. I'm not saying that it is bad at all. I see uniqueness as a positive thing. Everyone uses their body differently, so our singing voice is way more complex than we'd usually think. It is a big part of what makes us complex as human beings.

When I succeed in getting people to pay close attention to their bodies while transitioning to singing, eventually, they will discover their habitual tendencies. I then encourage them to let go of holding patterns that the person doesn't even know they have. Much of this also has to do with the ear, because neurologically we now know that it's the ear that speaks, it's the ear that sings.

Listening is a very sophisticated survival action. We wouldn't be here as humans

if we didn't have very highly developed listening abilities. We also know that the ear can shut down because of something that's too big for us to handle emotionally and psychologically. Sometimes, it doesn't reopen once the perceived danger has passed. That's the difference between the ear and the eye. You can get something in your eye, and once it's cleared and given a moment to recover, then you open it back up, it will work. The ear is a different thing.

From our very beginnings, as children, we have been listening. Even in utero, we've been listening. The auditory system is one of the first systems that comes online gestationally. The auditory system is fully functional before five months of gestation. And listening is essential for survival, and also creativity, society, and innovation. It's all about taking in the world and learning about the world, what attracts us to nurture our organisms, so that we can function in the world. By understanding this vibration, we call it sound, which is vibration; it is the basis of life, and we come to have a place in our world with the sound that we make.

The Universe is one big vibratory field, and we're a part of that. Our human needs include being able to share our own unique way of being, relating, and living in the world. To me, that's what singing is all about.

JK: I read that there are changes in the quality of our voices as we age. Hormones affect our voice over time, for example. Do you still feel like you're learning about your voice after all these years of helping others with theirs?

DGD: Absolutely; aging is like that, especially in our technological world. Life is overwhelming, life is intense, and we have habits, customs, and ways of protecting ourselves when it's all too much. To me, that's part of learning about ourselves as humans. In singing, it's learning about how to be fully human because that's what you must be able to do to stand up in front of other people and sing with your heart open and fully exposed.

When I performed my one-person show at the Avalon Theater in Manhattan, it was me in front of the musicians for an hour and a half, that wasn't easy like falling off a log for me; not at all. It took me more than ten years to be able to both get up there and be virtuosic in how I was performing.

DGD: Absolutely; aging is like that, especially in our technological world. Life is overwhelming, life is intense, and we have habits, customs, and ways of protecting ourselves when it's all too much. To me, that's part of learning about ourselves as humans.

Delaney's One-Person Show

JK: Could you tell me more about your one-person show? How did that come to be?

DGD: If you worked with Margaret, 'Mizzar' they called her, she insisted that you develop a one-person show. No matter what else you were doing. This included her Broadway people and all sorts of people in the entertainment business; you had to be working on your one-person show. "That way," she'd say, "*You can always do your show*." It would make no difference what the venue was. She hewed to this line; it was the only way to develop and mature in your work, by regularly being out in front, performing material that you were passionate about.

The one-person show is a great way to do that. It took me a long time to achieve the confidence and courage to do that. It was a great opportunity. I freaked out right before the curtain was about to open for that show. I talk about this in the book. I had to work with my nerves because once that curtain came up, I couldn't let any of that stuff get in my way. In a one-person show, you owe something to those who paid and are sitting, waiting to be entertained, or at least engaged, if not transported.

It was a great vehicle for me as a human to have to do that one-person show because I can be very indulgent. With a project like that, you can't be indulgent. You must be completely committed to that moment; the program is underway, songs are coming up next, and every one of them is challenging material. You must meet your moment.

You don't get up on stage and do things that aren't difficult; that's the whole point of it. I had already gone to professional acting school, and I had been in shows. But me as a solo performing artist was a whole different thing, and it made such a big difference in my life. It was so valuable to be on this journey; I came to see it was a seminal part of my big challenge in life. At some point it became very clear. I must not dodge it.

JK: That is fascinating; it was part of accepting your own voice and being, but also just staying present.

DGD: Absolutely, while under pressure, *that's* what life's all about. Even now, at seventy-two years old, I don't feel like I'm in charge. I must adapt to the energies arising in my life and energies that are coming my way. It's the same thing when you're on stage. You get to the point where you're never doing it the same way every time. You are so much in the present with the material that you can trust that other things will happen that you could never have anticipated.

This is what instinct is all about. We need pressure. Neurologists say that challenge

keeps us evolving as human beings. Without enough challenge, a person will deteriorate. That's what I think about: You're either ascending or descending neurologically each day. There is no neutral. Even if you put the car in neutral, it's still burning gas.

JK: In learning to be a better listener, what have you learned about yourself?

DGD: It's been a long road, but now I feel part of the world; I don't feel separate as I had in the past. By listening, I learned there's a lot going on in my head, and that is keeping me from being in the present moment. I would be catastrophizing about the future. There was mulling and dredging about the past. All of that is not being in the present moment. What I've learned over the years is that a lot of the time, I'm not in the present moment.

When you can be present in your lower belly, what I called the intrinsic nervous system earlier, and consciously remain there while breathing, you can have a dramatic experience of yourself all at the same time. You feel like you're part of the Universe and that you're a unified being. You're not separate from it. That's been a long path for me to get to this, where I can volitionally choose to do that moment to moment, to moment.

JK: You've opened my mind up about what singing is.

DGD: Think about this: we are the first one to hear our voice when we sing. We hear it through bone conduction. That's the beautiful energy that we are tapping into when we emit sound with our voice. And we're able to touch other people with our voice as well.

JK: Who do you think of as an exceptional singer?

DGD: I love Sammy Davis Jr. [(1925-1990) American singer, actor, comedian, and dancer]. He really understood his voice completely. It was incredible how he used his voice, just the way nature designed it. He knew how to use the least amount of breath for the most resonance every time. He had been performing on stage since he was a kid; he had the 10,000 hours of practice toward his mastery. When you're in front of an audience, you're not just rehearsing; you've got to give it all you've got. He made his performances that kind of experience. I loved him for that reason.

There are some beautiful voices that I hear these days. We have come a long way from the mechanical singing training that dominated the field even a few decades ago; it certainly was more regimented when I was trained in the 1970s and 1980s until I met Margaret.

It can be nerve-wracking to perform in front of an audience; it's very scary for some of us. Most of us have various inhibitions and our own version of low self-esteem, apologizing for ourselves and looking for love in all the wrong places. It's quite a process to be in front of others.

You do not want to be thinking about how you're doing it. You just want to be totally connected and focused on what you're singing and how you're feeling about it, what you wish to convey. It's about wanting to share with other people. That's what's really happening when performers are singing. It's about the sheer joy of singing. It's not about thinking of the past or the future, it's all present moment, the eternal now.

As mentioned, there is a survival process that's always going on underneath a person's vocal performance, and that's the stuff we must get to with singers, the subconscious stuff they're unaware of; usually that's what is blocking them from going to the next level.

Humans are not machines; we're organisms, and organisms are way more complex than machines.

And remember, hearing music and listening to music are not the same thing. Hearing is a passive act while listening involves will. We use our will to listen. Choosing to listen to something specifically is a survival strategy. We hear a noise in the environment, our nervous system orients, and we listen. When we lived in the wild, without listening, we'd be dead. The saber-tooth tiger would have us for dinner. Listening is very well honed in us and it's an act of will.

We are all hearing all the time, but musicians must develop a musician's ear where they *listen* to a very sophisticated degree. That skill gives you the instinctive ability to deliver music because you love it, you're not thinking about anything else when singing, and you're sharing this with other human beings. It doesn't get much better than that.

JK: I appreciate your enthusiasm for the subject of singing. If there are readers that are interested in learning more about your work, beyond reading your book, what would you suggest?

DGD: I invite them to reach out to me, I love these conversations with colleagues. I love sharing. I'm an educator as well as an artist. I love speaking with people who are seriously interested in these subjects. Write to me at david@thesingerscenter.com.

JK: I so appreciate your time today, David. Thank you for sharing your work with us here in SFI Journal.

DGD: It was a delight; thank you, Jeffrey.

David George Delaney is an actor who sings and trains singers in the Bel Canto Physiological approach. Delaney is a graduate of the American Academy of Dramatic Arts in Manhattan and a member of the American Academy Actors Society. He holds a master's degree in counseling psychology and has numerous certifications in somatic therapeutic interventions. He teaches Psychocalisthenics®, Advanced Psychocalisthenics, and Chua K'a Bodywork® through his Arica Institute Sponsorship (see HumanPerformanceAssociates.com). Psychocalisthenics offer the best scientific approach to exercise he has found to date.

Delaney has taught T'ai Chi Chuan Yang Short Form since the early 1990s and teaches the Listening Posture and the Singer's State in workshops and private training. He is a level four Tomatis® Consultant in Audio-Vocal training. And for the Zengar Institute he is an Advanced Trainer and representative for the NeurOptimal® Non-Dynamical Neurofeedback training systems.

Jeffrey Kinnunen is a Certified Rolfer, American College of Sports Medicine Certified Clinical Exercise Physiologist, and American Council on Exercise Certified Health Coach. Kinnunen strives to facilitate positive outcomes with his clients.

Reference

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voice; performance; singing; vocal training; embodiment; self-expression; authenticity; dyslexia; Rolfing Structural Integration; body awareness; alignment; emotional release; physical touch; trauma; intrinsic singing; listening; hearing. ■

Credit the Photographer

An Interview with David Kirk-Campbell

By Lina Amy Hack, Certified Advanced Rolfer™,
and David Kirk-Campbell, MFA, Certified Advanced Rolfer

Lina Amy Hack

David Kirk-Campbell

ABSTRACT *This conversation with Rolfer™ and photographer David Kirk-Campbell shares insight into his iconic images of Dr. Ida P. Rolf in the 1970s. The discussion covers the context and motivation behind the three distinctive photos available to members of the Dr. Ida Rolf Institute®, Kirk-Campbell's memories of Rolf's teaching, insights from receiving three private sessions from Rolf, and building a practice in four different European cities in the 1980s. Key details include Kirk-Campbell's relationship with Rolf and other influential figures in the Rolfing® community, and the necessity of crediting the photographer by inserting close to the Dr. Rolf image – Photo credit: David Kirk-Campbell.*

Lina Amy Hack: Hello David, thank you for meeting with me to discuss your iconic images of Ida Rolf [PhD, (1896-1979)]. Members of the Dr. Ida Rolf Institute®, Rolf's original school, have access to three of your images of Rolf that we may use for our websites and promotional materials.

The most important thing I want our Rolfing® colleagues reading this article to remember is that they must credit you properly as the photographer when using these pictures by ensuring they have the following near your image:

Photo credit: David Kirk-Campbell.

As we learn about who you are as a Rolfer, a photographer, and your career, I know I'll never forget the person who gave us these essential pictures of our beloved Dr.

Lina Amy Hack and David Kirk-Campbell are on their July 10th, 2024 Zoom meeting.

Rolf. Thank you for meeting with me so I can put a face to the name.

David Kirk-Campbell: Thank you, Lina. I feel good talking with you.

LAH: What motivated you to take these photos of Dr. Rolf?

DKC: The motivation came as a wave of appreciation. I was sitting in my 1975 Advanced Training, listening to Dr. Rolf's morning lecture. My awareness wandered. I felt a wave of appreciation for what Rolfing [Structural Integration] had given me – purpose to my life and an enjoyable way to make money.

I asked myself, "Well, what can I give back?" I thought of different things—I could be a board member or teach with the institute. As a photographer, my specialty was portraits in life situations – people in their living rooms, working, relaxing – not studio portraits. So, I thought I'd take some photographs of Dr. Rolf and see what happens.

I asked Dr. Rolf, "Would it be okay to take some photographs while you are teaching? Will you give me permission?" She didn't ask any questions. She quickly and sort of seriously, but also nonchalantly, said, "Yes." Her "Yes," provoked my ambition.

Lina Amy Hack: What motivated you to take these photos of Dr. Rolf?

David Kirk-Campbell: The motivation came as a wave of appreciation. I was sitting in my 1975 Advanced Training, listening to Dr. Rolf's morning lecture. . . . I asked myself, "Well, what can I give back?"

LAH: What was it like taking the photos? Where were the photos taken?

DKC: The training was in a room on the top floor of a large house in San Fransisco, California.. The wall behind Dr. Rolf was angled, and all the windows were on one side, which was, luckily, the south wall. After the first day of shooting, the people and angled beam in the background bothered me, so I hung several sheets behind Dr. Rolf to create a neutral background for the next day. I also brought in some lights for the shadow side. Then I waited for days when there was sunlight slightly softened by clouds.

LAH: Wow, an exercise in patience waiting for the lighting.

DKC: I took a front-row seat so I could easily move to the floor. I kept my Leica camera up to my eye most of the time watching – anticipating the 'decisive moment' in Cartier-Bresson's tradition. I moved around to vary the angle by sliding on my ass. The other students ignored me. I only took one roll – thirty-six images.

LAH: When you look at these photographs now, do you remember what that felt like to photograph her? What do these images evoke for you now?

DKC: Since you approached me for this article, I have taken a fresh look at the photographs. When I look at them, I see her spirit, her essence.

Rolf's Working Elbow

LAH: Tell us of the one where Rolf is working with her elbow and leaning over her client. What is the context to this image?

DKC: Well, I guess the client is a young boy. And this is the third session. I see Dr. Rolf's concentration in the photograph. Actually, I studied this particular photograph afterward. It kept coming back to me. It almost haunted me, thinking: What is Dr. Rolf doing, working with her elbow and fingers?

LAH: Yes, I have that same question when I look at that picture.

DKC: I don't remember if anybody asked in the class. But what I do remember is that this particular photograph motivated me to want to receive sessions from Dr. Rolf.

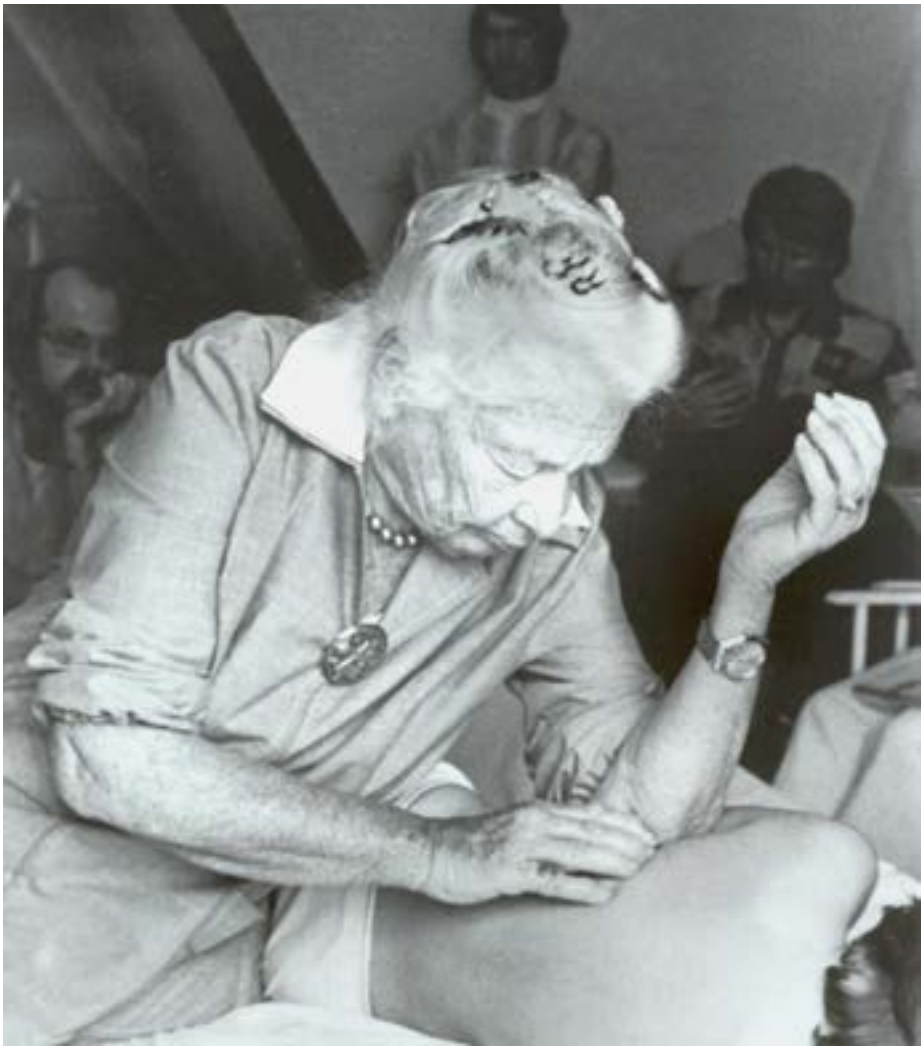
I was living in New York City then, and knew Rosemary Feitis [(1937-2018), Certified Advance Rolfer], the secretary for Dr. Rolf. So, I asked Rosemary if I could have a session with Dr. Rolf "Oh, no, that's not possible," was the answer, "Dr. Rolf doesn't give individual sessions anymore," I asked a second time two weeks later and got the same answer. I'm the kind of guy that doesn't give up. I continued asking Rosemary, and finally she said, "Why do you want sessions?" I referred to this photograph and explained.

Sometime after that, one day, Rosemary phoned me and said, "Dr. Rolf is coming to visit me tomorrow, and she agreed to give you a session." I didn't talk about the photograph with Rolf, I just walked in, stood there in my underwear, and laid down on the table. It was a very low table that Rosemary used at that time. Rolf started to work, she used her fingers, not her knuckles, only her fingertips. She was mostly sitting beside me, similar to this photo. My focus was on how she would work with the fingers of her hands in different ways.

She used one hand, usually her left hand, to contact the layer of connective tissue and hold it. And she would use her right hand to contact the same layer of connective tissue and invite it to become more resilient. She worked that way quite a bit. My interpretation is that she was doing the same thing with me as in this photograph. I think in the photograph, she's holding a layer with her elbow and inviting the same layer with her fingertips.

LAH: I'm zooming in on the left elbow and right hand, perhaps revealing the nuance you've just described. She has four fingers sunk in between the same ribs, and her elbow appears to be placed at that same level, also interacting inferior to that rib, and right along the lateral line.

DKC: [Rolf] used one hand, usually her left hand, to contact the layer of connective tissue and hold it. And she would use her right hand to contact the same layer of connective tissue and invite it to become more resilient.



One of the three David Kirk-Campbell images of Dr. Ida Rolf from her 1975 Advanced Training. Photo credit: David Kirk-Campbell

One of the three David Kirk-Campbell images of Dr. Ida Rolf. Photo credit: David Kirk-Campbell

Now I see that through your eyes, the two contact points are interacting.

DKC: Yes. And when she gave me those Rolfing sessions, she would anchor with her left hand and invite or move with her right hand. Those sessions were both beneficial for my own body, and I also learned a lot as a Rolfer. I would describe her pressure/force as firm, gentle, intentioned – not painful.

I eventually had three sessions with Dr. Rolf. She spent a lot of time working with my knees and ankles. When I noticed her repeated attention to my knees, I smiled inside, remembering an episode during the morning lecture of my practitioner training.

As she often did, she asked for volunteers to stand in a line in their underwear. She would go down the line, talking about a particular joint or part of the body, comparing and teaching how to understand what we were looking at. When she came to me, she said, "Look at those knees. David, with those knees, you'll never make a Rolfer." My knees shook with trepidation.

LAH: Classic Rolf, lining up students so others could learn. Looking very closely at her hands, I can see that her knuckles look swollen, especially her right index finger knuckle. Her hands, in general, look swollen, making me wonder about her comfort and whether there were sensations she was dealing with in her hands while working. The alignment of her fingers and the force going through her hand doesn't seem overwhelming.

DKC: Yes, and the force is moving through her back, shoulders, upper arm, and lower arm. Her fingers are just an extension of her body, as I see the picture. I watched her in three different classes; I watched her give thirty sessions. I noticed her knuckles then; now that you mention it, I remember she had these calluses or pads on her knuckles.

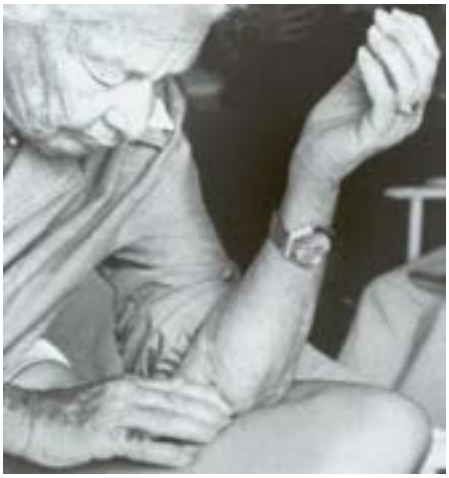
Two zoomed in views of Dr. Rolf's hand and elbow at work. Photo credit: David Kirk-Campbell.

In the image where she is working with the foot, you can see she's using her knuckles with her right hand. In class, watching her work, I thought about the anatomy of the finger. It seemed to me that if I worked with extended fingers, then I could transmit extension and lift more precisely to a layer of connective tissue. In class, I began experimenting, extending through my finger joints to the layer of contact.

Early in my Rolfing career, I decided to manage my career so that my hands and fingers could go the distance. In high school and college, I was a long-distance runner. I think of long distances. I've avoided using my knuckles.

Rolf Working with Client's Foot

LAH: What stands out to me when I look at this image has always been her



One of the three David Kirk-Campbell images of Dr. Ida Rolf. Photo credit: David Kirk-Campbell

DKC: Whenever [Rolf] would teach, she always had the flower in her hair. That was like her trademark.

LAH: This article is an essential note for all Rolfers who have benefited from your photography of Rolf. As you said, you have generously given these photos to the members of the Dr. Rolf Institute since the mid-1970s. You asked of us one thing . . . credit you as the artist . . .

DKC: Yes. The way to credit the photographer is very simple. Just underneath or on either side of the photograph include the following words: Photo credit: David Kirk-Campbell.

brooch and the flower in her hair. Also, her clothes look so perfectly sewn for her form. The seam in her pants is crisply down the middle of her knee. I can't help but impose meaning to these details and think about how she loved vertical lines, that's why she has these pants with a beautiful midline down the front of the legs.

What stands out to you about Dr. Rolf in this picture where she is working with her client's foot?

DKC: What you've mentioned is interesting. Whenever she would teach, she always had the flower in her hair. That was like her trademark. And she very often wore this same brooch.

What I focus on is her face. I don't exactly remember, but it looks to me as if she was speaking directly to one student, and answering a question. She has such focus, such concentration, and at the same time, she's working effectively.

LAH: Yes, nice points. The contact with her client is maintained. She's in contact with herself, with the ground, with that foot, and she's talking with someone with her face and eyes. She does look to me to be mid-phrase.

Rolf's Profile Portrait

LAH: Let's talk about the photo of Dr. Rolf's portrait [see page 46], a very close view of her. I think it looks like she may be speaking in this photograph as well.

That's a special thing to capture, to photograph when someone is speaking, the lens could capture an odd part of a verbal gesture. Here, you captured a natural presence of how her face looked when she was talking.

DKC: I can hear that you have really looked at this image. I still get moved when I see it. To me, it shows her vision. She was talking about something, I don't remember what. I like the look in her eyes, the expression on her face, and the contact that she's giving to the group.

As I see the picture now, she's looking beyond the room that we were sitting in, to a much larger space. I feel her inspiration based on her knowledge of connective tissue, comes from a larger space beyond that room.

When I take a portrait, it is a little bit like fishing – waiting and watching. I was constantly looking through the lens of my Leica, which was just an extension of my nervous system. When I took this photo, I sensed I had taken *the* photograph. I do remember when I clicked this picture, I knew, "This is it."

LAH: A profound image. The way each hair is perfectly captured, every line on her face telling the story of her life, is all there to be seen.

DKC: Yes, to be imagined.

LAH: It seems to show how open she was about sharing herself.

DKC: Very much so, sharing her wisdom and her knowledge. I see the energy from her eyes and mouth, she is a young, energetic, very bright person that's talking from this older body. I am reminded of a story I heard. Ken Dychtwald [PhD, American psychologist and author] was privileged to be with Dr. Rolf not long before she died. He said, "I pumped her with questions about her life and the past. She pumped me with questions about what I thought would happen in the future."

She seemed young and energetic when teaching. It was marvelous the way, in the space of forty-five minutes, she could just seamlessly change the subject. It all seemed to connect. She would talk about the properties of connective tissue, anatomy, human structure, and gravity. Also, she would refer to Alfred Korzybski [(1879-1950); Polish-American

semanticist, linguist, scientist] and how his philosophy helped her to look at what's really there in the client. To not deal with your expectations and what you think is there, look at what's actually in front of you. Through it all, she would spice in these stories, these anecdotes that were both humorous and relevant to what she was saying. I didn't experience her as an old lady.

One I remember is – "A traveler asks for directions on how to get to Pittsburgh. An old timer, sitting on his porch replies, 'If I wanted to get to Pittsburgh, I would not start from here.'"

LAH: That all comes through in that picture. This is a vibrant human who lived a long life.

On page 274 of Rolf's second edition of *Rolfing: Reestablishing the Natural Alignment and Structural Integration of the Human Body for Vitality and Well-Being (1989),* (I like saying the whole title to remind myself of the constructs Rolf used), there are a dozen eyes, each from a different client image. The caption reads:

"*These pictures show clearly that what our forebears called the 'windows of the soul' referred not to the eye itself but to its myofascial framework. They are further evidence of the fashion in which consistent emotional set determines myofascial organization and, in turn, is determined by it.*" (Rolf 1989, 274.)

DKC: She is so vivacious, and her voice was so animated.

LAH: Do you prefer working in black and white when taking photographs? And do you have a favorite image of Rolf, between these three?

David healing his back at his summer house. Photo credit: Arne Fribo.

David making an Ikebana Japanese flower arrangement. Photo credit: Arne Fribo.

DKC: This close-up portrait is my favorite. No question about it. When I was a professional photographer, I only worked in black and white. The essence of photography is light, how light reflects off the surfaces. If you're doing color photography, then you're really recording color, and the light is much more diluted and diffused. Whereas, with black and white photography, you can easily show the quality of the light, as it's reflected. The whole grayscale becomes so dramatic. I like black and white films the same way, like *The Great Escape*. It is so beautiful and dramatic. The viewer can see what happens in the black areas, the shaded areas, and the lighter areas. The black, white, and gray have an impact on people's unconscious. The gray is where the juice is.

LAH: I love that – the gray is where the juice is. You mentioned that these three photos came from a roll of thirty-six photographs. Do you still have the others? Perhaps they got put in the desk drawer?

DKC: You're partially right with the desk drawer. In the late 1970s, I decided to give the negatives to the Rolf Institute® [now the Dr. Ida Rolf Institute®] – along with a contact sheet and prints of these three photographs.

Some years later, I was talking with people in the office, and I asked what they did with the negatives. They didn't know where the negatives were and they couldn't be found at that time. What happened in the meantime, I don't know. That's sort of like your desk drawer.

LAH: Wow, that's interesting – a lost archive of photos.

I want to share more with our readers about the inspiration for this conversation and article, which came from a mistake I made in our November 2023 issue of *Structure, Function, Integration*. We put one of your photographs of Rolf on the cover, and I forgot to credit you as the photographer. This error was corrected promptly after you graciously and quickly reached out to inform us about the mistake. I apologize to you for my error.

This article is an essential note for all Rolfers who have benefited from your photography of Rolf. As you said, you have generously given these photos to the members of the Dr. Rolf Institute since the mid-1970s. You asked of us one thing, which we started talking about at the beginning of our chat – we must credit you as the artist for these three photos.

DKC: Yes. The way to credit the photographer is very simple. Just underneath or on either side of the photograph include the following words:

Photo credit: David Kirk-Campbell.

Those four words should be included in all uses in print, digital, and physical products like tee shirts or mugs. This is normal publishing procedure.

LAH: Absolutely. I can see now that I harbored a bias about these three images; they feel like family photos, and I see now that I took them for granted. It feels good to be talking with you, being accountable is learning. That's why it is a pleasure to meet you! And now that I have this connection with you as a colleague and better understand the origin of these essential images of Rolf, I'm sure I'll never forget to credit you appropriately now that we have this human connection. I hope it is the same for our readers.

Your email notifying us of the error was kind and straightforward. I'm so grateful for your grace. I love to learn from my mistakes; in this case, it is helpful to make sure Rolfers who also benefit from these images on their websites and print materials know about your role in our history with Dr. Rolf. There is a person behind the photo credit.

David sailing on Isefjord. Photo credit: Arne Fribo.

DKC's Start with Rolfing Structural Integration

LAH: How did you first encounter Rolfing work? How did you come into this profession?

DKC: In the early 1970s, my wife at the time was receiving psychotherapy, and we were living in a very small apartment in Manhattan, New York. I was teaching photography at Long Island University. My wife's psychotherapist recommended to her to also have Rolfing sessions. I still remember clearly when she came home from her first Rolfing session. We were sitting on bar stools in the kitchen as she told me about her session. Her voice came more from her diaphragm, her voice was more connected to her body, and her words were more connected to her being. Her change was so obvious. I said to myself, "I want some of that."

So, I called up Owen James, [trained by Dr. Rolf] and asked for a session. He was booked for six months. So I called Rosemary Feitis and received two sessions with her. When I went to Rosemary for my third session, the doorman told me she was out. Being young and a little bit brash, I called Owen back and told him what happened. He made room for me in his schedule the following week.

So, I was lying on my side. Owen was working with my ribs. A wave came over me, an awareness, 'I can do this work', not only do this work, I can do it well.

Ever since then, I've been focused on this work. I studied anatomy at the Columbia University Medical School, which had a course for people who weren't becoming doctors. I was focused like a Samurai shooting a straight arrow, no distractions, no anxiety. Years later, I took the Johnson O'Connor aptitude test and was told I had an off the chart aptitude for seeing and understanding structures in three dimensions. Seeing rotations and compensations from the surface form is very easy for me. From the surface I can visualize restrictions in the connective tissue layers. This visualization of the connective tissue layers was facilitated, because the anatomy professor saw my interest during the group demonstrations with a cadaver. He discreetly said, "If you come in late Saturday afternoons, you can have a torso and thigh to examine/explore." My career has been easy street.

From New York, to Germany, to Denmark

LAH: I know you've worked as a Rolfer in many places. Where did you start, and where did it take you after that? And how did you build a practice in different places?

DKC: First, I worked in New York City. My first few clients had cathartic reactions (overwhelming emotions, laughing, crying, shaking). So I trained as a psychotherapist to be more comfortable with client's emotions.

A couple of years later, my second wife, who was an opera singer, signed contracts to sing in Europe for two years. So we moved to Frankfurt, Germany. I had to build a practice with absolutely no network.

So, I got the Frankfurt telephone book, looked for psychologists, and wrote a letter inviting 200 psychologists to a lecture/demonstration on two different evenings. I rented a room and moved my table over there. My wife came, as well as a translator, because I didn't speak any German.

David joking around after a bicycle ride. Photo credit: Arne Fribo.

The first night, there were three people in the audience: my wife, the translator, and one other person. I gave the full lecture demonstration as if it were a full audience. Luckily, the one attendee volunteered for the demonstration. She didn't ask any questions, and she left. Then, I said, "What do I do? Shall I cancel two weeks from now?" I said, "No, I'll keep the reservation, see what happens." Two weeks later, the room was full.

Soon, I had a full practice in Frankfurt.

LAH: You told me you also worked in Berlin. How did you build a practice in Berlin?

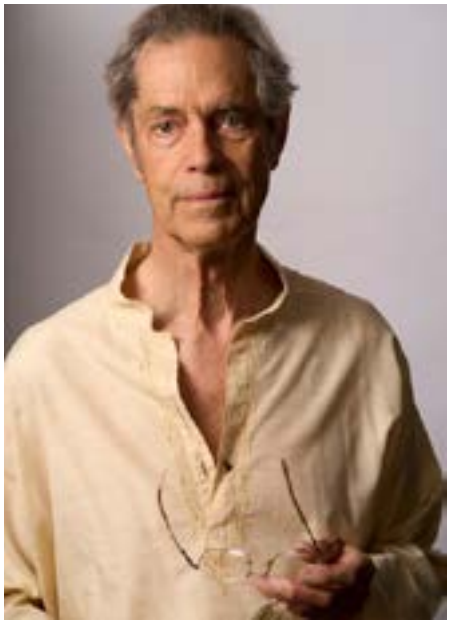
DKC: That is almost a magical story. The spring before moving to Frankfurt, a friend invited me to attend what turned out to be a large party. As an introvert, I was sitting on a sofa open to see who would sit beside me. A woman from Munich, Germany, sat down. When I mentioned that I was a Rolfer, she invited me to present Rolfing work at a TransActional Psychotherapy Conference in Seefeld, Austria, that summer. Little did I know that she was in charge of programming for the conference.

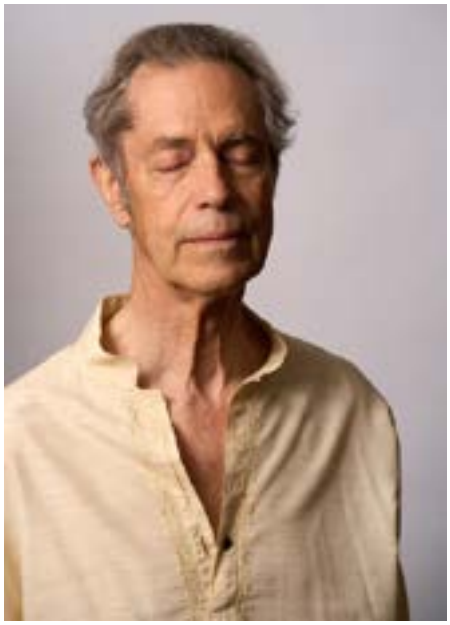
About sixty people squeezed into the presentation. That night, at dinner, the woman from the sofa said to me, "There's so much talk about your presentation, will you give it a second time?" I was overwhelmed by the response. Groups from five different cities invited me to come on weekends to do Rolfing [Structural Integration]. I chose Berlin. Many adult clients in Berlin told me that as children they had lost trust in their parents, because their parents would not answer questions about what they were doing during the war.

LAH: That is profound. You have a deep well of experience as a Rolfer. That's a great practice-building story. Where else have you offered your Rolfing work?

DKC: While living in Frankfurt, a psychoanalyst from Cremona, Italy, invited me to visit professionally. Working with patients from a psychiatric hospital with a translator was intriguing.

Of course, I have had a long connection to Denmark. The story of building my practice in Denmark, actually begins during my practitioner training when [somatics educator and author] Don Johnson was in the advanced class. On a day off, Don asked me to work on his forearms. Years later, Ken Dychtwald,





David after reading Rumi. Photo credit: Arne Fribo.

author of *Bodymind* (1977), asked Don to do the Rolfing for a Body-Mind Scandinavia two-year training which was being organized in Denmark. Don declined giving priority to a book he was writing. Don recommended me to Ken. I said, "Yes." This led me to travel to Denmark many times in the eighties teaching body reading to psychotherapists. I moved here in 1990 to live with my current wife.

Seek Two Mentors and Develop Your Intention

LAH: Would you have any advice for our structural integration readership from your fifty years as a Rolfer?

DKC: I hesitate with this word, *advice*. I know what you mean. I will share what has helped me.

After my practitioner class, I definitely wanted supervision, which is now called mentorship. I decided to have two supervisors at the same time. My thinking was, "If I have one, it'll be easy for me to just try to duplicate what that person's doing or what they're telling me. If I have two, they'll say different things, and then I have to think for myself."

I had both Rosemary Feitis and Owen James as supervisors. That put me on a fast track to decide things for myself.

I remember a time when I was unsure how to work with the roof of a woman's mouth. I phoned Owen's private number. Owen told me what to do as if his fingers were inside the woman's mouth.

For me, it was very important to train my intention. I realized that Dr. Rolf was using intention. Her intention had a great deal of focus. It wasn't just her physical force. She seemed to know and project the result she wanted into the client's tissue. So I wanted my intention to transmit more directly and clearly through my hands into the tissue of the client. There are many different ways to train intention. I chose to train with Dora Kunz in what later came to be called *therapeutic touch* (Kunz and Krieger 2004). And also learning and practicing the Gurdjieff movements. An unexpected benefit with Dora was that I began to see and understand auras.

A help to me was having access to a cadaver lab as part of the anatomy course I took.

To speak more personally, when I have indications that I am not at peace with my unconscious, I am quick to start psychotherapy again. Indications can include troubled sleep, my hair falling out, my teeth moving so close that dental floss will not pass between, and feces that have an unusual (for me) texture or smell.

LAH: Quite personal! All notes about embodiment – they are helpful recommendations and thoughtful.

Did Dr. Rolf ever talk with you about the images?

DKC: I don't know if she ever saw them. I like to think she did. I communicated with the Rolf Institute office.

LAH: Here we are, in 2024, and those three photographs are treasures for all of us who do Rolf's work. Thank you for capturing them for us. Thank you for meeting with me and discussing your photographs of Dr. Rolf. It's lovely to put a face to the name, now I'll certainly never forget to credit your photographs.

DKC: You are welcome. It's been a pleasure talking.

David Kirk-Campbell, MFA has been a Rolfer™ for more than fifty years. He is also a Gestalt Psychotherapist and founder of Touching Dialogue – a body centered psychotherapy. He reads Rumi, makes Ikebana flower arrangements, and writes haiku. He lives and practices in Denmark.

Lina Amy Hack, BS, BA, SEP, became a Rolfer™ in 2004 and is now a Certified Advanced Rolfer (2016) practicing in Canada. She has an honors biochemistry degree from Simon Fraser University (2000) and a high-honors psychology degree from the University of Saskatchewan (2013), as well as a Somatic Experiencing® Practitioner (2015) certification. Hack is the Editor-in-Chief of Structure, Function, Integration*.*

References

Dychtwald, Ken. 1977. *Bodymind*. New York: Penguin Publishing.

Kunz, Dora, and Dolores Krieger. 2004. *The spiritual dimensions of therapeutic touch*. Rochester, Vermont: Bear and Company.

Rolf, Ida P. 1989. *Rolfing: Reestablishing the natural alignment and structural integration of the human body for vitality and well-being.* Rochester, Vermont: Healing Arts Press.

Keywords

Dr. Ida Rolf; Rolfing Structural Integration; photography; lighting; teacher-student connection; connection; focus; photo credit; practice building; body reading. ■

We Can Work on This Together

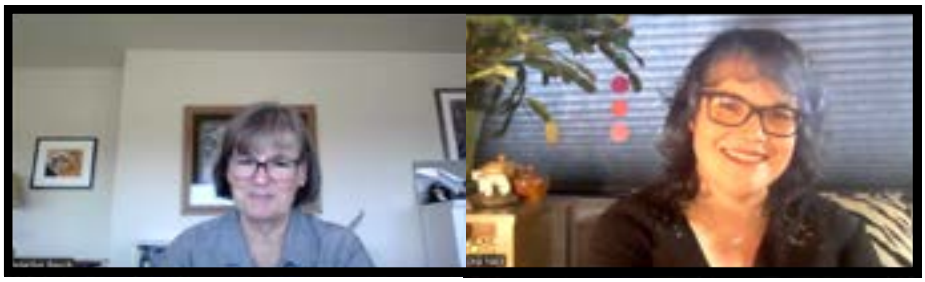
A Conversation with Marilyn Beech

By Lina Amy Hack, Certified Advanced Rolfer™,
and Marilyn Beech, Certified Rolfer

Lina Amy Hack

Marilyn Beech

ABSTRACT *In this interview, Lina Amy Hack interviews Marilyn Beech about the history and early development of the International Association of Structural Integrators (IASI). Beech delves into the challenges and achievements surrounding creating structural integration as an internationally recognized professional category. Once formed, the IASI volunteers developed the Certification Exam for Structural Integration (CESI) to standardize entry-level professional competencies and promote distinctiveness in the field. Hack and Beech reflect on the first IASI symposium in 2005, and Beech offers some future thoughts about the profession.*



Marilyn Beech and Lina Amy Hack on their August 2024 Zoom meeting.

Editor's note: Both authors (Lina Amy Hack and Marilyn Beech) are members of the IASI; this conversation is their personal opinions; they do not speak on behalf of the IASI organization or their Board of Directors.

The Start of Structural Integration as a Professional Category

Lina Amy Hack: Hi Marilyn, thank you for meeting with me today. In the spirit of our theme, The Lives Lived by Rolfers™, I want to spotlight your Rolfing® career because in the early 2000s, in your spare time, you and two Rolfing colleagues, Liz Gaggini and Lisa Fairman, led a movement intended to end the 'school wars' [from the early 1990s] that

had pulled practitioners from the then Guild for Structural Integration and the then Rolf Institute® for Structural Integration [now Dr. Ida Rolf Institute®] apart. You envisioned a membership organization where practitioners of any school that taught Dr. Rolf's work could meet and work to turn structural integration into a true profession. This is the organization we now know as The International Association of Structural Integrators, IASI.[1]

It's important to acknowledge the historical context of Rolfing® Structural Integration. Rolf started her school, known now as the Dr. Ida Rolf Institute, in 1971. She built both a school and a manual, movement, and somatic therapy profession that she called structural integration.[2] The faculty members that she trained were a passionate bunch of people, and after Rolf died they had a conflict about core ideas of how to teach structural integration. Some of them started their own schools of structural integration, and they teach their brand of Dr. Rolf's work. The Dr. Ida Rolf Institute (DIRI) teaches the brand Rolfing® Structural Integration and is the publisher of this journal.

Fast-forward to the late 1990s, eight schools were teaching a version of Rolf's 'Recipe': the Dr. Ida Rolf Institute, the Guild for Structural Integration, Hellerwork International®, Soma, Core, IPSB (Ed Maupin's school), Zen Therapy, and KMI (now known as Anatomy Trains® Structural Integration). Practitioners from that era remember how the Dr. Ida Rolf Institute and the Guild for Structural Integration were fighting for ownership of the Rolfer™ and Rolfing® service marks. Practitioners felt they had to take sides. The Dr. Ida Rolf Institute successfully defended its ownership, but the animosity between practitioners, faculty, and schools did not diminish. The rest of the six schools were out there on their own and pretty much unknown to each other.

I'm a Canadian Rolfer, so I didn't understand these tensions when I trained at the Dr. Ida Rolf Institute in 2001, 2003, and 2004. I'm proud and loyal to my school, and at the same time, I feel a kinship with the other structural integration schools. As I learned about 'the split' (Noel and Hack 2024), it mostly made me feel sad for us as a group. It is hard to find agreement among passionate groups of people, especially on how to best honor, teach, and safeguard the work of Dr. Rolf. The argument is understandable, but it has come at quite a cost to all of us.

Your leadership and volunteerism at that time were pivotal. As a student in 2001, I heard about IASI, and it brought hope to our structural integration field. The formation of IASI led us out of an endless and expensively litigious war between the two main schools. Your efforts moved us from being a little-known bodywork practice to a significant player in the manual and movement therapy category. One school doesn't make a profession; a collection of many schools teaching a category of manual therapy produces a profession.

Now, I know you had a lot of help, and many dedicated people worked many volunteer hours to create the International Association of Structural Integrators; you led the movement. Twenty-three years later, we still have this place where all the structural integration schools that meet the IASI standard have a home together – a container big enough for all the tensions, growth, and professional development. Because of your steadfast work, structural integration was able to begin its development into a recognized profession.

So, thank you for meeting with me today. Although many colleagues know you, I appreciate this chance to introduce you to our readership and talk about your life as a Rolfer.

Marilyn Beech: Thank you, Lina.

LAH: Let's start with what inspired you to become a Rolfer in the first place. Tell us about the beginning of your structural integration career.

MB: Well, I was at a place in my life that I needed a new career. I had been a ballet dancer until I was thirty, finished my bachelor's degree between gigs, then married and ran my now ex-husband's business. Once my boys got into grade school I turned to the problem of what I was going to do next. I needed my own career or I was going to turn into someone I didn't like.

LAH: Wow, I didn't know you were a professional ballerina. So you came into

Lina Amy Hack: Now, I know you had a lot of help, and many dedicated people worked many volunteer hours to create the International Association of Structural Integrators; . . . Twenty-three years later, we still have this place where all the structural integration schools that meet the IASI standard have a home together – a container big enough for all the tensions, growth, and professional development.

this work with sophisticated movement as your previous profession.

MB: Being a Rolfer is my third career. In the middle of doing the ballet work, I did a bachelor's degree in anthropology, which after I became a Rolfer, gave me great groundwork for understanding human bodies. Knowing how we got these two legs and started walking on the ground the way we do was absolutely essential to doing this work, I felt. All of that fed into becoming a Rolfer, as well as the administration work I had done for my ex-husband. I learned accounting and taxes in that job, and how to be organized in the business world. These things apply to being a Rolfer, but they also helped me take care of IASI and get it legally formed as an organization.

But I wasn't thinking about Rolfing [Structural Integration] that year as I was contemplating my next career. I met a Certified Advanced Rolfer and author at a health workshop, Briah Anson. We had lunch together, and I decided to get some of this Rolfing work with her. About session four, it just suddenly occurred to me that this might be something I could do and it would be interesting, a way to do something good in the world, and I could see that I would never get bored.

At first, I was worried that Briah didn't need a competitor starting a new practice in her area, so I didn't mention it at first. How many Rolfers do you need in one town? I went to session five, and about halfway through, we heard this door open and shut with a gush of air, only the door hadn't actually opened and shut. And there was nobody else in the office. Briah looked at me and said, "Did you hear that door open?" I said, "Yes, I did." She said, "Feel that breeze?" "Yes." And then a little while later, she said, "Marilyn, have you ever thought about doing this work as a profession?" And I said, "Yes, but I figured you might not want the competition." She was quick to say, "Oh, no, the more the merrier. We need more Rolfers."

LAH: That does sound like Briah.

MB: That steered me in the direction of studying Rolfing [Structural Integration]. It still took me a while to take the step to do the training. I had never worked on bodies before, never touched anybody in a therapeutic way. So I took a very short massage course just to see if I was averse to working on bodies. And it went well.

IASI Started in Montana

LAH: When did you complete your Rolfing training? And did you start your first practice near Briah in Kansas City?

MB: I graduated from the Rolf Institute in March of 1993. Kansas City, Missouri, was my last stop in my ballet career. It's where I got married and had my kids. I started my first Rolfing practice there, and after three years, events conspired to help me get back to a place that felt like home – Missoula, Montana. It was in Montana where a situation developed that led to the movement to form IASI.

It was about the year 2000 when we started having a problem with the physical therapists in Montana. They wanted to pass legislation saying that if you weren't a physical therapist, you couldn't physically touch anyone therapeutically.

MB: . . . events conspired to help me get back to a place that felt like home – Missoula, Montana. [Photo courtesy of Marilyn Beech.]

They had it worded so that not just bodyworkers but even sports trainers and yoga instructors would not have been able to professionally touch people. It was a lobbying organization for physical therapists that was pushing for this, and it was disconcerting not just to all of us who were looking at being put out of business, but also to a lot of physical therapists.

That's when a massage therapist in Missoula, who was watching the state legislature happenings, noticed this bill coming along and they started waving a red flag for the rest of us. The American Massage Therapy Association (AMTA) was very new and only beginning to do legislative stuff. They hadn't started any licensing legislation in Montana yet but jumped in to help us out with money and advice. The local massage therapists were very helpful to us Rolfers. I remember going to many meetings, and with the help of the AMTA, we were able to pay a lobbyist to stop this particular attempt. Without them, I don't know how we could have done it.

That's when I realized that another group could have a very detrimental effect on our profession. We were legislatively vulnerable and that's when Lisa Fairman, another Montana Rolfer, and I started wondering where we would get help with this. Our school seemed to be the obvious candidate, but they were busy with lawsuits and had no help to give. It was very frustrating. Lisa and I realized that we were going to have to handle this ourselves.

The massage world was coming on strong. AMTA and Associated Bodywork and Massage Professionals (ABMP) were working towards licensure with their own certification exams, which was a good thing. But they were trying to lump all bodywork and movement professions into the same massage category, creating a situation where structural integration practitioners would have to fulfill massage schooling and their continuing education (CE) requirements. It was getting complicated. These big players were vying for practitioners, and all the little players were going, "Whoa, stop. Leave me out of this." And it seemed nobody from the structural integration side of things was listening. So we focused on that to start.

Being International

MB: The first solution Lisa and I pondered was to start a state-wide Rolfing organization for Montana, to follow the legislation, get involved with it quicker than we had before, and work with the licensing processes that were beginning to happen. Not long after this, Liz Gaggini [Certified Advanced Rolfer] came to Missoula to teach a CE class, and during lunch Lisa and I told her about all of our legislative woes and thoughts about a state Rolfing organization.

Liz said, "Yes, you need to do that." Then she said, "Actually, you need to do this nationwide. . . . Well, really, internationally. There are other people who've talked about this, and someone just needs to do it." She was staring at us meaningfully as she said that, and Lisa and I realized at once that she meant *WE* needed to do this. She went on to say that she would

help, and she did. Lisa looked at me and said, "I'll do this if you will." So that's how it all started.

LAH: Wow. It was such a great vision on Liz's part to see that it needed to be international to include everyone. And when did IASI start? What was the moment that the paperwork made it real?

MB: It was 2000 when Lisa and I started figuring out how to find practitioners and what to tell them. It was 2001 when IASI was incorporated and got the nonprofit designation in the United States. Then, we could start taking in money from practitioners and offering memberships. We had a lot of meetings between Helena and Missoula, a lot of mailings, a lot of late nights, and it was so gratifying (and surprising) how quickly practitioners and some faculty responded.

MB: It was 2001 when IASI was incorporated and got the nonprofit designation in the United States.

After that first year, Liz needed to step away. She suggested we reach out to Tom Myers [founder of Anatomy Trains® Structural Integration] since he had come to know many players in the structural integration arena; he had a lot of energy and good ideas. Tom joined us, and with that, the rest of the structural integration schools at that time suddenly became a source of colleagues. He did know everybody: SOMA, CORE, IPSB, Hellerwork® International, and Zen Therapy, and brought them under the expanding IASI umbrella.

LAH: So, in 2001, the IASI was a nonprofit, and it was probably based out of Montana because that's where you and Lisa were? How did you connect with international partners?

MB: Yes, Montana is where this all started. Structural integrators from other countries didn't join us right away, but when they did, they were practitioners from Germany, Brazil, Australia, and Canada. Mainly from the schools in Germany and Brazil.

You have to understand we weren't a school organization; we were a membership organization. The schools were fighting, and we knew we could not go to the schools and ask them to stop. That wasn't going to happen. The two main schools were very suspicious of us. They didn't know what we were doing and why. We met with representatives at the then Rolf Institute and separately with the Guild. Over time, they came to understand what we were up to and either offered their support or just got out of our way, but our focus was not on the schools. We wanted a place for all practitioners to meet, exchange ideas, support each other, and promote our profession.

We had hoped that eventually, the practitioners would help to calm down the fight that had been ongoing and eventually support us in our bigger vision for the whole profession. And I think that's exactly what's happened.

Early IASI Goals

LAH: And what was the big vision? What were IASI's main goals?

MB: The main goal at that time was to create a coalition of all structural integrators, this whole community of people doing the work of Ida Rolf, so that we could stand together and face the massage world and say, "No, we're different. And this is how we're different."

MB: We needed to be able to regulate ourselves in a way that kept us different from what the massage professionals are doing. Pretty quickly we realized we needed to have a certification exam

We needed to be able to regulate ourselves in a way that kept us different from what the massage professionals are doing. Pretty quickly we realized we needed to have a certification exam. We needed one that wasn't only a licensing exam but was also something massage therapists couldn't pass. To be a distinct profession, somebody who took massage training alone wasn't going to pass an exam for structural integrators.

LAH: I hadn't thought about that, how true! It had to be specific to our lane of manual therapy.

MB: It did, yes. To reflect the different kind of training that basic structural integration certifications provide, to test

the understanding of the profession. Before you could do that, we had to come to an agreement on what the heck we were doing.

LAH: Defining this work is a challenge.

MB: And that's what we had to do: define the work, define the curriculum in general that all the schools shared, and communicate what are the elements required to become a beginning practitioner. Not an advanced practitioner, only defining entry into the work.

At first, this exam was meant to be the way practitioners would become members of IASI. We envisioned it as an entrance exam for IASI as well as a licensing tool for states, provinces, and countries. We didn't know how certifiable exams worked and that we could not have an entrance exam be a licensing tool at the same time. It was very difficult explaining that to our members and we lost some people through that misunderstanding. So then we had to be more rigorous in how we approved school curriculae as well as get through the difficult, expensive, and time-consuming project of exam creation.

LAH: The exam became something that members could opt into.

MB: Yes, practitioners would choose if they wanted to take it. It was important to us to create an exam that could be accredited through an independent national organization like NOCA (noca.org) and ANSI certifiable (www.ansi.org). We knew those two certification organizations would give our profession total legal standing internationally, as well as start us on the track of defining our profession. To me, it would have been good to get our own CPT® code [Current Procedural Terminology codes offer health care professionals a uniform language to identify interventions] or ICD code [International Classification of Diseases, a list of diseases and treatments by the World Health Organization].

I kept saving all our membership money, putting everything I could aside to get enough money together to hire a professional who could walk us through the process of creating a real certification. Liz Gaggini came back to take on the job of getting this exam done. She found a wonderful fellow to guide us through the process and she put in untold hours and energy to get this done.

LAH: That is a monumental job; thank you to Liz for taking that on.

Marilyn Beech, in the early 2000s, doing IASI paperwork with nephew Brandon Gilkeson, who helped get a computer organized and did a lot of volunteer envelope stuffing. Photos courtesy of Sharon Delaney

Marilyn Beech:

[Montana state legislation was] trying to lump all bodywork and movement professions into the same massage category, creating a situation where structural integration practitioners would have to fulfill massage schooling and their continuing education (CE) requirements. . . .

The first solution Lisa and I pondered was to start a state-wide Rolfing organization for Montana . . .

Liz [Gaggini] said, "Yes, you need to do that." Then she said, "Actually, you need to do this nationwide. . . . Well, really, internationally.

MB: Big job and she did it masterfully. She had two people assisting her: Anita Boser, a Hellerworker from Washington State, and Donald Soule, Rolfer from Chicago, Illinois. They are very dedicated and hard-working people. To get this done correctly, we had to bring in at least one, but we tried for two, faculty representatives from each of the schools, including all of the non-United States schools: Australia, Brazil, and Germany. This was the first time most of these people had met each other. I recall them working together, disagreeing, agreeing, pondering, and always maintaining (and enjoying) a respectful interaction.

LAH: You're describing real practitioner-driven momentum, grassroots, from the people doing the work.

MB: Exactly, yes.

LAH: Eventually, IASI must have become undeniable to the reluctant Rolf Institute and Guild. Their practitioners were joining this group together. Tell us more about these meetings where these representatives came together.

MB: We had two really big meetings. IASI paid for everybody to come to us. We paid for everyone's hotel room. This was a lot of money we had put together. Liz, Anita, and Donald had volunteered all their time, they didn't get paid, a labor of love.

LAH: Sounds like this was all born out of necessity and a fight to survive.

MB: Yes, exactly. And that was it. Many practitioners at the time understood that if we did not unite and face the growing world of legislation, research, medicine, insurance, and marketplace recognition, we would most likely lose our profession. If not through legislation, then through atrophy – other fields taking over our work piecemeal and the basic ideas of Dr. Rolf being lost.

LAH: I started my Rolfing training at the Rolf Institute in 2001 and completed my training in 2004. We had informal conversations about IASI and how to join during the breaks from class. I remember feeling relief hearing about this organization because, as a new practitioner, I wanted to join a growing profession. I joined as soon as I was certified. IASI gave me further legitimacy beyond just the school I graduated from and a professional membership organization to which I am proud to belong.

MB: Structural integration is unique. What Rolf developed for the world is a whole and distinct perspective. Maybe we can't help everybody, but *we can work on this together*.

The First Symposium

LAH: Another big part of IASI is the annual symposiums that bring everyone together. When and where was the first symposium? And what kinds of things were done at the members' first gathering?

MB: It was in 2005 in Bellevue, Washington, which was a much smaller place at the time. We had hoped to get about 125 people to show up, which would let us break even. It was so inspiring to have double that and need to move from a small room to a large one. Thank heavens the hotel was able to accommodate us.

We went out of our way to make sure we had keynote speakers from several schools as well as non-school-affiliated speakers/authors: Deane Juhan, Jim Oschman, Susan Melchior, Rosemary Feitis, and Dr. Louis Schultz. We also had breakout rooms with speakers from all the schools.

What I remember most about this Symposium was that everybody had a good time – it was very joyful. People got to meet new colleagues from different schools, take classes from instructors from different schools, and find out that we had an awful lot more in common than we had suspected. That was a big thing.

It was a chance to meet this vast, big world of people who we didn't know anything about. The conference made it possible for us to start getting to know all the players from the different schools, which made it a lot easier to bring faculty representatives together to start creating the certification exam. That was a huge help with our momentum.

I think that the first symposium was a kind of shot across the bow for structural integration schools that wanted to work in isolation. It was common for the schools to isolate themselves, to seemingly protect their intellectual property, but that made them stand out on their own. The graduates from all the schools brought the profession together.

LAH: By 2005, it had been more than fifteen years since 'the split', and many newer practitioners were not directly a part of that fight.

MB: Right, exactly. So, "Why are we fighting anyway?" Well, that symposium showed it was possible to get along and share ideas.

LAH: Let's help each other get better at this thing.

MB: And let's try to save this profession from being taken over and turned into something it's not. Massage practitioners often incorporate what they think is structural integration 'techniques' into different kinds of myofascial or deep tissue massage, calling it structural integration or "just like Rolfing" [sic]. We need to make sure our work is understood for what it really is and that it cannot be learned in a three-day weekend workshop. I tell people that Rolfing [Structural Integration] isn't a technique, it's a way of looking at the body. People react in a surprised way, "What? Not a technique?" No, not really.

LAH: I've had that conversation with so many people.

Speaking of the 2005 symposium, I attended that event, and being such a new practitioner, I didn't really know many people or the details about IASI. I didn't realize that was the first one! It felt like I was among a work family that knew each other, and I was so glad to be joining this vibrant group. It was fun.

MB: It was lots of fun. During those years, I had been in touch with the structural integration teachers on the phone but I hadn't met them in person until that event. And we had an open board meeting where anybody could come, and mostly faculty members from the various schools came to ask questions and find out what we were doing.

LAH: I remember there was a big meeting room packed with so many people, it was standing room only, and the board was at the front of the room. Microphones were set up for people in the audience to give feedback to the board. I remember that very well; it was spicy, and listening to intense comments about this work was exciting. I remember thinking there were hundreds of people in the room, so many different points of view and things people wanted. And the IASI board seemed to be listening, writing it down, and responding to the group.

MB: Well, that was the thrust of it. You've got to listen to people. Ask questions when you don't understand, and make sure everybody gets their point across so that it's understandable. Then, take it from there.

LAH: In the foyer, there was a market-place-type set up where people had tables showcasing their products, their gadgets, and artisan-type things. I remember there were cool items: innovative Rolfing benches, tensegrity models, and anatomy models. Things like that.

Also, the Seattle Seahawks having their training conference in the same hotel. Do you remember that? I remember the whole professional football team would come down the escalator in that foyer of our conference, looking at our stuff with interest. I talked with a few of them in the elevator; they had three dedicated floors where they were doing pregame preparations; they noticed our group and were wondering what we were up to.

Still Working for Widespread Recognition

LAH: These topics you, Lisa, and Liz were talking about way back in the late 1990s that led to the creation of the IASI, are still salient today. Every structural integration practitioner, depending on where they are, has to face different challenges to get recognition as a practitioner in their community. Each state in the United States is a little bit different. Each country is different, but we all share this problem: how do we get recognition as valid health practitioners? Here in Canada, insurance companies with wellness packages typically don't cover our work for their clients. For me, my clients pay out of pocket.

MB: I am the same. Insurance companies can be a pain to deal with even if they do offer coverage, getting paid by them can seemingly take forever. Here in the United States, most Rolfers I know don't like to take insurance. There are a few that do, they got it worked out in a way that fits for them.

LAH: Years ago, you passed the reins of IASI on to the next generation of leadership, and it has been going strong ever since – thankfully!

In general, where do you think structural integration practitioners need to focus now? How does our profession need to grow in the years to come, in your opinion?

MB: I've been thinking about that. One thing that comes to mind that would be good to do is networking between the schools, creating an opportunity for them to discuss questions: What are they teaching right now? Are they teaching the Ten Series? Have they veered into having other focuses? Are they looking at teaching fix-it work, symptomatic work, or maybe more movement work? Or less movement work, more psychology content, or what theoretical ideas are grounding their teaching?

That's where I think we are at; we still need to come together as a collection of schools and find out – where are we at right now with *what is structural integration education*? What relationship does each school have with what Rolf was doing? Each school has different

MB: We can't describe [structural integration] work in technical terms: I push this button and I will always get this result. We don't do that. We don't know what's going to happen, but when we follow the road that Dr. Rolf laid out for us, not only do we see where it goes, we participate with how healing happens.

certifications; it would be useful for all of us to know how each school frames its concept and the requirements they have for its graduates. Are the schools giving their practitioners more awareness of the medical perspective of this work? Maybe people are doing more post-surgery work?

LAH: I like that and think about that, too; what specificity do we have with different pathologies? As a profession, are we all addressing non-specific low back pain with the same theoretical framework and then interventions?

MB: Yes. Are we heading towards working with pathologies? As practitioners, we learn from experience working with people who have surgeries, car accidents, migraines, etc., and we can help them a lot. But our knowledge is anecdotal. We do systemic work, wholistic and global for the whole person, with their relationship to gravity.

We can't describe our work in technical terms: I push this button and I will always get this result. We don't do that. We don't know what's going to happen, but when we follow the road that Dr. Rolf laid out for us, not only do we see where it goes, we participate with how healing happens. We follow these routes in the body. That's what Rolf left for us to work with – how to help people heal themselves. We don't fit well into the medical model, but we could be very helpful to people if the medical model knew more about us.

LAH: True. And people who are professionals in the medical model, like doctors, nurses, and the many professionals, they benefit from our work, they come to see us as clients.

MB: They do. Exactly. Part of our problems are the insurance bit, people have to pay out of their own pocket for us, which is hard for people to afford.

LAH: It is a barrier, for sure.

MB: At the same time, once insurance is paying us for our work, people expect us to fix them, and they aren't as engaged with the process we have to offer.

LAH: That's true too.

MB: People who experience the Rolfing Ten Series™ have to be involved in their own awareness and maintenance. We support people to be responsible for their own bodies and health. Our clients come to us because they're already taking responsibility for their situation.

LAH: So true, people who find us are self-selected for being engaged with their health.

MB: And people out there in the big wide world get used to the medical model where the expert takes responsibility for the patient and people think the doctor fixes them. They say to the doctor, you're the expert, so you should tell me what to do.

LAH: Right. The doctor has the power to decide for us, hopefully with us. As Rolfers, we hand the power back to our client, we empower and educate so they deepen their experience with themselves. And hopefully expand the comfort they feel.

MB: Right, we tell our clients one way or another, we're going to work with this together. It's a different model. We can be a big help in this way. And for this reason, we can't let ourselves get turned into this other medical model. We can't become reductionist, that's not who we are. Structural integration is unique. What Rolf developed for the world is a whole and distinct perspective. Maybe we can't help everybody, but *we can work on this together*. We have to stay strong about what it is that we do and keep communicating this to the world.

LAH: That's well said. The more the public hears about our unique work, the more we practitioners will remain very busy. Our schools will also have prospective students enrolling, keeping the momentum going. The more developed structural integration is as a professional category of manual therapy, the more it offers solid ground for students and practitioners to stand on when interacting with the public.

MB: Yes, and to offer people more access to a different kind of help for their discomforts. People need to know that, in many cases, they don't have to suffer chronic problems. Our clients tell us what this work means to them, like when they can hike again after they had thought they'd never be able to. Or, the value of feeling our feet, feeling our toes.

Since we put so much effort into creating that certification exam, I want to see that it continues to be useful in defining our professionals. It's a tool we have.[3]

We need to push all structural integration practitioners to join the IASI, to keep getting specific with our vision for the profession. It takes all of us, not just those who are on the IASI board of directors, but all of us members need to push this. We have a lot more integrity as a profession now than when we first started IASI over twenty years ago, but we need everybody, the schools and their graduates, to get involved.

Keeping the profession strong is in our hands, it's something active to do, to get it out in the world so we don't lose it in the generations to come. I'd love to see another IASI symposium in person, so we see people face to face and have those discussions that are so fun.

LAH: This reminds me of the lunches I had with colleagues at that 2005 symposium. A large group of us would spontaneously go out for meals together at a restaurant. Gosh, one time I remember there must have been thirty of us at a long table. All of us loudly talked about all our topics, and bonding. It was so fun.

MB: Yes! We just couldn't stop talking with each other, that's my memory too. That's what I mean, it would be fun to have that happen again. And as Briah Anson said so long ago: "The more the merrier!"

LAH: I agree; I would love that, too. Thank you so much for your time, Marilyn. I've enjoyed revisiting the beginnings of the IASI. To think you did all that while being an active Rolfer and a parent. You've lived quite a life as a Rolfer. Thank you for helping SFI Journal tell the story about the lives of Rolfers. It's a rich professional life in many dimensions.

MB: You're welcome. It's been fun talking with you.

Endnotes

1. The International Association of Structural Integrators (theiasi.net), which has the acronym IASI, is the professional membership organization for structural integration and it works to advance and promote the highest professional standards for the profession of structural integration. In 2024, there are fifteen IASI-recognized schools that are compliant with IASI's educational standards in teaching the work of Dr. Ida Rolf.

2. "Structural Integration (SI) is a process-based approach to somatic education, typically involving manual therapy, that explores the possibility of change in how you use and experience your body. Through education, awareness,

and therapeutic touch, you can release painful, stressful patterns of tension." (Available from https://theiasi.net/content.aspx?page_id=22&club_id=386922&module_id=535853).

3. The Certification Exam for Structural Integration (CESI) is available worldwide at Pearson VUE Testing Centers. Practitioners must graduate from an IASI recognized basic training in order to be eligible for the CESI. For more information, see https://theiasi.net/content.aspx?page_id=22&club_id=386922&module_id=651516.

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References

Hack, Lina Amy, and Elisa Jane Noel. 2024. Be big, inhabit your space: The legacy of Emmett Hutchins. *Structure, Function, Integration* 52(1):94-100.

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Rolfing® Structural Integration and Chronic Pain

Alan Richardson

By Alan Richardson, Certified Advanced Rolfer™,
Rolf Movement® Practitioner

ABSTRACT *Delve into the nature of pain through the lens of Certified Advanced Rolfer™ and Rolf Movement® Practitioner Alan Richardson. In this article, Richardson distinguishes between acute pain and chronic pain, and highlights how modern understandings of pain have evolved from a purely biomedical model to a biopsychosocial perspective. The role of Rolfing Structural Integration with clients who are experiencing chronic pain include: validation and safety, pain education, body map refinement, graded exposure, and counterirritation. By leveraging the body's natural capacity for neuroplastic change, Rolfers and structural integration practitioners can enhance recovery from chronic pain.*

Prior to the advent of brain, there was no color and no sound in the universe, nor was there any flavor or aroma and probably little sense and no feeling or emotion. Before brains the universe was also free of pain and anxiety.

(Sperry 1981, 2.)

—Roger Wolcott Sperry (1913-1994), American neuropsychologist and neurobiologist, and 1981 Nobel Prize laureate in physiology and medicine.

Many of our Rolfing® Structural Integration clients come to us because of their experience of pain. Often their pain reduces or disappears because of the effectiveness of our specific fascial interventions that help distribute weight and forces more evenly throughout the body. Structural integration reduces stress on specific muscles and joints that may be causing pain. Some clients, however, report persistent pain that does not resolve easily. They may

have undergone other treatments, both medical and somatic, and be frustrated because nothing has worked to significantly alleviate their pain. So, what is chronic pain? And how can the Rolfing practitioner help? This article is an attempt to answer these questions.

What is Pain?

The International Association for the Study of Pain (IASP) is a global organization of scientists, clinicians, healthcare providers, and policymakers that has been collaborating since 1974 on bringing relief to those in pain.[1] The IASP researchers summarize pain as "an unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage" (O'Malley et al. 2024, 1446).

The traditional view of pain is known as the biomedical model, which asserts that pain directly indicates tissue damage or injury (Lugg 2022). This kind of pain is called nociception, meaning that unspecialized free nerve endings are triggered by tissue damage or injury; these nerves initiate the sensation of pain (Purves et al., 2001).

As you can see from the IASP definition, the modern view of pain recognizes pain as a multifaceted experience influenced not only by biological but also psychological and social factors.

Key milestones in this pain research transformation from biomedical to biopsychosocial include:

1. Gate control theory (Melzack and Wall 1965) suggested that pain is not just a direct result of sensory input but is modulated by the central nervous system.[2]
2. The biopsychosocial model (Engel 1977) then laid the ground for a more holistic approach to pain management.[3]
3. Advances in neuroscience in the late twentieth to early twenty-first centuries uncovered the complexities of pain processing in the brain and the phenomenon of neuroplasticity, where chronic pain could lead to lasting changes in the nervous system (Doidge 2007).
4. The central sensitization concept (Woolf 1983) is where researchers began to understand how the central nervous system becomes hypersensitive to pain signals, leading to persistent pain even in the absence of ongoing tissue damage (Latremoliere and Woolf 2009).
5. With the validation of the central sensitization concept, there has been increased recognition and understanding of chronic pain conditions such as fibromyalgia and neuropathic pain, which do not always have clear links to tissue damage (Harte, Harris, and Clauw 2018; Woolf 2011).

Pain is a Complex Phenomenon

Pain can arise without a clear cause, persist after tissue recovery, and occasionally remain absent despite evident injury or pathology. The intensity of pain may not align with the seriousness of the underlying condition, with individuals experiencing similarly severe injuries often reporting differing levels of pain.

The traditional view, that pain is a detector of tissue damage, at first seems reasonable when we consider acute pain. You stub your toe or burn yourself on the stove, feel pain, and there is an obvious response in the tissue, usually reddening and inflammation. It seems as if pain and tissue damage are the same thing, that pain *is* tissue damage. If pain were a straightforward detector of tissue damage, however, then shouldn't the level of pain be proportionate to how dangerous that damage is to the organism?

Consider the experience Australian neuroscientist G. Lorimer Moseley, PhD, recounted in his widely viewed TEDxAdelaide video on YouTube, *Why Things Hurt* (2011).

As a boy, Moseley often played outside in tall grass in his Australian landscape and was habituated to the multiple minor scrapes and grazes that came with walking through the territory. Fast forward to his adulthood. While on a hike in tall grass, he feels a painless little nick on his leg, thinks nothing of it, and carries on walking. Soon thereafter, he notices two fang puncture marks on his leg, goes into shock, and has to receive life-saving treatment having been bitten by the deadly Australian Eastern Brown snake.

A few years later, Mosely is hiking again; something scratches the same area of his leg, and he feels an excruciating pain. His pain level and whole-body reaction make him think he was bitten by a snake again. This time, however, the event was a minor scratch from a twig, but the pain level was severe. Context, perception, memory, and pain are inextricably intertwined. How can the pain Moseley felt be so disproportionate to the amount of harm to his organism? The view based on the latest neuroscience is that pain is a protector, not detector, and that pain is not in the tissues but in the central nervous system.

So how is pain produced?

Acute Pain

The pain might have started in the big toe, but the brain is the thing that gives you the ouch. Up until then it is not pain.

(Bryson 2019, 35.)

—Irene Tracey, PhD, head of the Nuffield Department of Clinical Neurosciences at the University of Oxford.

Acute pain normally lasts less than three months, declines with time, analgesics work well, and physical symptoms are normally visible in forms such as redness or swelling (Sizer 2019). With acute pain, the issue is usually in the tissue.

Acute pain is effective as a protective and adaptive mechanism to keep you safe. It prompts an immediate protective reflex response and sympathetic arousal to enhance the body's ability to defend against potential threats. Acute pain can be caused by inflammation, a tissue response to isolate and repair damaged tissues, recruiting immune cells to the site of injury, and preventing the spread of infection.

If you stub your toe, your nervous system processes the nociceptive input in the form of neural-electrical information sent from your toe to your central nervous system and then produces pain as an output of the system. As already mentioned, nociceptive input refers to unspecialized free nerve endings called nociceptors, which are sensory receptors, responding to potentially harmful stimuli by sending pain signals to the spinal cord. Nociceptive pain information passes through three neural pathways: from toe to dorsal horn (nociceptive neurons), from the spine to the thalamus (afferent sensory tracts), and from the thalamus to various cortical regions (thalamocortical neurons), where the experience of pain is created.

knowledge, confidence [sic] *and hope really can cure.*

(Lyman 2021, 162.)

Our body is like a beautiful, intricate garden. Persistent pain is like a thorny weed. It feeds on soil – unchangeable factors such as past tissue damage, past trauma, upbringing [sic] *and genetics. But to grow it also needs to be watered – with stress and inflammation: psychological stress, smoking, a poor diet, insomnia, a lack of exercise, anxiety and social isolation, to name a few."*

(Lyman 2021, 179.)

—Monty Lyman, MD, is an author and research fellow at the University of Oxford.

Chronic pain is a learned response by the neuroplastic brain and central nervous system causing the experience of pain to persist long after the injury has healed.

Pain is a perceptual process and can also be considered an output of the system after the brain has interpreted and integrated not only sensory inputs but emotional and cognitive context as well. Emotional responses to pain include fear, anxiety, and distress, which prompt a motivational drive to escape or alleviate the pain. Cognitive aspects involve the appraisal and interpretation of pain, including the person's thoughts, beliefs, and attitudes toward the pain, and, as in Moseley's example in his TEDx talk, can include how past experiences influence the overall meaning assigned to the pain experience.

Even though acute pain often reflects tissue damage, the intensity of pain an individual feels is sometimes disproportionate to the amount of actual damage. In cases of hypersensitivity to pain, sensory input is modified by context. Nociception may be present, but it is not necessary nor sufficient for pain to exist. As an example of nociception without pain, most people have had the experience of noticing a cut or a bruise after the event, having felt no pain at all.[4] There are extreme examples of stress-induced analgesia, where no pain is experienced in spite of extensive tissue damage, such as soldiers with horrific wounds who feel no pain in the heat of battle. It can go the other way, too, where there is pain without nociception. As in the case of a British builder who was in excruciating agony when a nail pierced all the way through his boot. He was convinced that the nail had skewered his foot, only for the doctors to peel off the boot to reveal that the nail had passed between his toes without so much as a scratch to his foot.

These mismatches between pain and tissue damage occur because the purpose of pain is to protect the organism, not to detect tissue damage. The brain makes its best guess based on various inputs and creates an experience of pain that is proportionate to the level of perceived threat. In the example of the wounded soldiers, the brain decides not to create the experience of pain because being immobilized by pain in the heat of battle would be more threatening than keeping moving to escape or defend oneself. The brain chooses the response most likely to ensure survival. Conversely, in the case of the builder, the strong visual information of a nail through the boot causes the brain to create the perception of pain to motivate the appropriate response for the severe injury it believes has occurred.

In the words of Giandomenico (GD) Iannetti, PhD, a sensory neuroscientist at University College London, with acute pain, "generally, you feel what is useful to feel" (Young 2021, 249). Pain is not an objective thing that can be identified in the body. It is an experience produced by the brain, more like an action signal than a detector of tissue damage. This distinction is crucial when it comes to treating people with chronic pain.

Chronic Pain

It's clear that believing that the pain equals damage actually worsens the pain, whereas treatments that provide

Chronic pain is synonymous with persistent pain. Chronic pain normally lasts more than three months, the pain level goes up and down, analgesics are less effective, and it is often invisible. The issue is in the nervous system rather than the tissues. (Sizer 2019, 35.)

Unlike acute pain, chronic pain often exists without any detectable tissue damage, in which case it can be classified as *nociplastic pain*, where the central nervous system produces the experience of pain without clear tissue damage. This is the central sensitization process mentioned earlier, where the pain circuitry in the central nervous system is amplified, and the pain experienced is independent of peripheral injury or inflammation (Harte, Harris, and Clauw 2018). If the pain pathway is hyperactivated centrally over time, then a low threshold of sensation peripherally could trigger the experience of extreme pain. While central sensitization is considered real pain by the medical community now, there was a time when physicians believed "that pain in the absence of pathology was simply due to individuals seeking work or insurance-related compensation, opioid drug seekers, and patients with psychiatric disturbances; i.e. malingerers, liars [sic] and hysterics" (Woolf 2011, 54).

Chronic pain is a learned response by the neuroplastic brain and central nervous system causing the experience of pain to persist long after the injury has healed. Because of central sensitization, also called pain wind-up, the pain threshold is lowered and the person's nervous system is more responsive to experience any sensory input as pain. Pain is a product or

output of the predictive brain.[5] In chronic pain, the pain has stopped being the symptom and has become the disease.

An extreme example of nociplastic pain is phantom limb pain, where the sufferer feels the sensation of pain as if the amputated limb were still attached to their body. Indian-American neuroscientist Vilayanur S. Ramachandran, MD, PhD, has published innovative research on neuroplasticity and phantom limb pain, documented in his 1998 book *Phantoms in the Brain*, co-authored with Sandra Blakeslee. Ramachandran worked with mirrors, placing them so the participants suffering from phantom limb pain would see the reflection of their intact limb in place of their missing limb. The brain would think the missing limb had returned. When the brain could perceive the mirror image, it was given the illusion of no tissue damage, the pain signal in the missing limb would subside, and many amputees report no pain after several treatments with the mirrors.

The whole body is a phantom, one that your brain has constructed purely for convenience.

(Lyman 2021, 193.)

Most musculoskeletal injuries heal within three months of the onset of pain, yet I have seen clients in my practice whose pain started with an injury and persisted for much longer. How is it possible for an injury to cause pain so long after the initial event? It is because pain protects against a *perceived* threat, not an actual threat, and the brain's perception of reality in this regard can simply be incorrect. In the words of Andy Clark, PhD, professor of Cognitive Philosophy at the University of Sussex, our "predictive brains are guessing machines, proactively anticipating signals from the body and the surrounding world. That guessing is only as good as the assumptions it makes, and even a well-informed best guess will frequently miss the mark" (Clark 2023, xiii). Many factors other than tissue damage influence the brain's decision whether or not to create pain, such as stress, anxiety, fear, memory, social exclusion, and feelings of helplessness.

If you feel a muscle twinge in your lower back, it is easy to believe that your spine is damaged, especially when you have been exposed to ominous-sounding jargon such as 'slipped disc', 'bulging disc', and 'bone on bone'. Your brain assumes something serious has occurred, so you become fearful and avoid movements that demand even minor effort from your back. You may start to brace yourself in order to protect the 'injury' and unwittingly create a constellation of tension around the painful area that only serves to perpetuate the discomfort. Before long, your avoidant behavior occurs in anticipation of pain and not in response to it. You become anxious and irritable, which only seems to further worsen the pain. Your expectation of pain perpetuates a vicious cycle.

There is a poor correlation between pain and structural anomalies in the back. In a 2015 study published in the *American Journal of Neuroradiology,* 37% of pain-free twenty-year-olds and 96% of pain-free eighty-year-olds had signs of 'disc degeneration' on scans (Brinjikji et al. 2015). The problem is that correlation can be mistaken for causation. People with back pain may receive surgery with mixed results when the original motivation for the surgery was the finding of a degenerated or bulging disc on an MRI scan. Often, people seek surgery before exploring other methods of help.

The good news is that the neuroplastic brain changes according to input. Just as the brain can rewire itself in a learned response to create chronic pain, it can also rewire itself in order to recover from chronic pain.

How the Rolfing Practitioner can help with Chronic Pain

What helps with chronic pain is adopting a wide perspective. This means looking at the whole of life, not just the medical aspects. When you do this, you may see something important that has been missed. You may find a solution to one bit of the puzzle and therefore improve the whole.

(Sizer 2019, 23.)

Pain causes us to withdraw from danger, but persistent pain causes us to withdraw from life.

(Lyman 2021, 184.)

Chronic pain affects many aspects of a person's life such as sleep, mood, confidence, fitness, relationships, finance, and work. People feel frustrated

Educating clients about chronic pain can help their recovery, and Rolfers and structural integration practitioners are well-placed to do this. Education modifies the output of pain by changing the cognitive and emotional inputs, such as the sense of threat and anxiety about the pain, and unnecessary fear of healthy movement.

and fearful that their pain is not getting better or is even getting worse. They can feel helpless and guilty that they cannot do things they feel they should be able to do. Perhaps the most frequent emotion attached to chronic pain is fear: fear of the pain, fear of damage, fear that this situation is going to last for ever, or fear related to any one of the other areas of life affected by the pain. This accumulation of factors creates stress, which in turn exacerbates the pain.

As Rolfers and structural integration practitioners, we are in a good position to help our clients with chronic pain in a variety of ways: 1. Validation and safety within the therapeutic relationship, 2. Pain education, 3. Refinement of body maps, 4. Graded exposure, and 5. Counterirritation.

1. Validation and Safety within the Therapeutic Relationship

As Lorimer Moseley affirmed on *The Thinking Practitioner Podcast* (Luchau and Lowe 2022), "Our advantage is in the relationship." As we take the client through the ten-session series of the Rolfing® Structural Integration paradigm, we have time to get to know them and create a therapeutic environment that supports their holistic healing process (Richardson 2024).

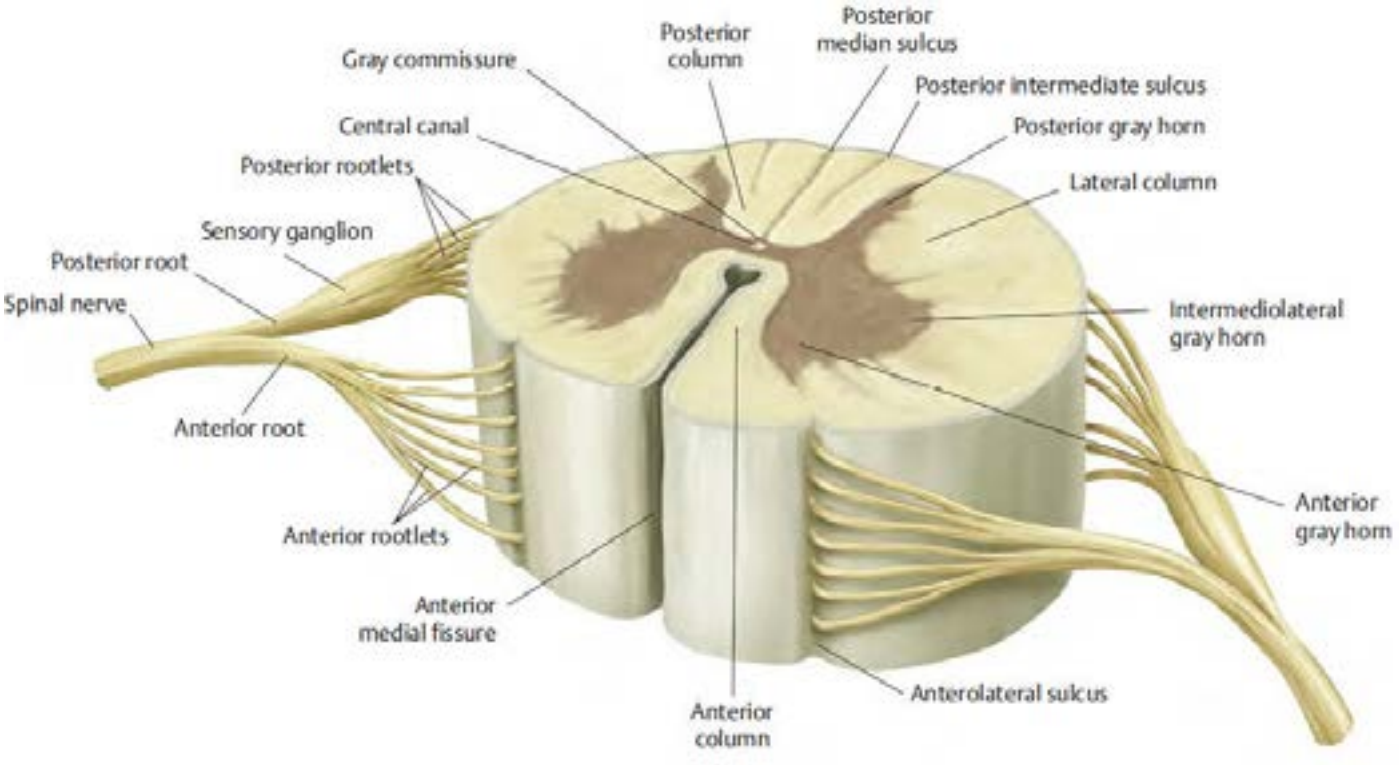
Many people who suffer from chronic pain have run the gamut of medical tests and are told that there is no reason for their pain, that their pain is somehow not real, and that they should just ignore it. Labelling pain as not real because no tissue damage can be found on a test can be extremely unhelpful for the pain sufferer who feels that no one believes them and they may also become even more fearful that there is some mysterious physical damage in their body that even modern medical tests are unable to find.

Chronic pain is most definitely real. If no tissue damage has been discovered by a test, this does not mean that the pain "is all in your head" (a phrase that seems to imply unnecessary complaining or even feigning), nor is it something that can be made to disappear merely by thinking it away. We can start to help a client who arrives at our practice suffering from chronic pain by listening to their story, empathizing, and validating the reality of their pain.

We should resist jumping to conclusions or claiming we have the solution to their pain. They have probably heard all this before: "It's probably a muscle knot, or a rotated vertebra, or a muscle imbalance," yet they are still in pain. We may have ideas about how we can help them that we can share with them, but initially we must simply validate their experience. Possibly the most important thing we can say in the initial interview, while developing the foundations for a safe therapeutic relationship, is "That must be really difficult for you. I am so sorry you have had to go through that."

Here is Dr. Rangan Chatterjee, reporting the words of his colleague, a respected spinal surgeon in the United Kingdom, on his *Feel Better, Live More Podcast* (2022, 1:27:42):

"The most important thing that I do for my patients when they come to see me is I listen to them . . . surgery's great for acute cases where we can see



Anatomy of the spinal cord. 'Dorsal horn' is synonymous with posterior grey horn. Copyright Thieme Medical Publishers, Inc. 2024.

Pain is a complex phenomenon.
It can arise without a clear cause, persist after tissue recovery, and occasionally remain absent despite evident injury or pathology.

Alan Richardson

something's going on, but for a lot of the time we just don't need to do it. For these people with pain, what they need is to feel heard and validated."

The safety of the therapeutic container is paramount with all clients, but especially in cases of chronic pain. The pain is a result of the brain's response to a perceived threat. Part of the healing journey is to retrain the autonomic nervous system to come out of the sympathetic fight, flight, or freeze state and to relax. It is good practice to clearly express to the client that it is important that they feel safe and comfortable communicating how they are feeling. Threat increases pain, safety decreases it.

As Ida Rolf, PhD (1896-1979) wrote (1989, 202):

So many therapists are striking at the pattern of disease, instead of supporting the pattern of health. One of the things that you as Rolfers must always emphasize is that you are not practitioners curing disease; you are practitioners invoking health.

The vital question we and our client can ask together is, "How can we promote health?"

2. Pain Education

If people living with persistent pain are given a sense of controlled empowerment, the intensity and unpleasantness of the pain should diminish. Clearly, the best way of doing this is by explaining what pain is and what it isn't.

(Lyman 2021, 93.)

Educating clients about chronic pain can help their recovery, and Rolfers and structural integration practitioners are well-placed to do this. Education modifies the output of pain by changing the cognitive and emotional inputs, such as the sense of threat and anxiety about the pain, and unnecessary fear of healthy movement. Many people who suffer from chronic pain have unsupported ideas about pain, such as the pain in their knee is "bone on bone," they "have the neck of an old person," or they are powerless to change their pain. Education about pain can help to dispel these myths and reassure pain sufferers that their body is not broken.

Professor Lorimer Moseley with the University of South Australia, whose TEDx talk I mentioned earlier, is also coauthor of *Explain Pain* (Butler and Moseley 2013), a valuable resource for all manual therapists, and has made excellent online resources available to the public to learn about pain science, which he presents as a website: The Pain Revolution. [See www.painrevolution.org.] Moseley is committed to sharing pain science discoveries with the public with free resources (see www.painrevolution.org/newresources).

The Pain Revolution website is in a neat format, which makes it easy for Rolfers and structural integration practitioners to share clear and accurate information about pain with clients over the course of the Ten Series. The following four pain facts come from an eleven-year study that investigated what were the most important facts people suffering from chronic pain valued learning during their recovery. I share these four essential pain facts as examples that could be a part of the education we can offer our clients (see www.painrevolution.org/painfacts):

The Four Essential Pain Facts:

i. Pain protects us and promotes healing,

ii. Persistent pain overprotects us and prevents recovery,

iii. Many factors influence pain,

iv. There are many ways to reduce pain and promote recovery.

i. Pain Protects Us and Promotes Healing

We can imagine pain being like a cliff, where the body knows falling off a cliff brings harm to the tissues. Pain arises when we have fallen over the cliff and injured ourselves, but pain also arises when we are near the edge of the cliff, when there is a high risk of injury. In this way, pain protects us, like a barrier that prevents us from getting too close to the edge of the cliff. When we get injured, it's usually because we quickly bypassed or gradually slipped past the pain-barrier information at the edge of the cliff.

Injury causes pain because damaged cells and inflamed tissues are more sensitive than normal. In the cliff analogy, this heightened sensitivity of being injured moves the barrier further away from the cliff's edge, so the pain will likely prevent you from even approaching the point where you might cause further damage. Pain keeps you safe from more serious harm. Normally, the inflammation resolves, sensitivity reduces, and the protective barrier returns to its normal place closer to the cliff's edge, where you can once again enjoy the view (McKechnie 2022).

ii. Persistent Pain Overprotects Us and Prevents Recovery

Clients often think their chronic pain means that they have unresolved damage in their bodies. If a careful

Receiving skilled touch over many areas of the body throughout the Rolfing Ten Series™ is an excellent way to provide rich sensory somatic information to the brain and nervous system in order to refine the body maps.

medical evaluation shows no injury or clear pathology, we can point out that chronic pain often occurs because of hypersensitivity caused by their nervous system being too enthusiastic in doing its job of protecting them.

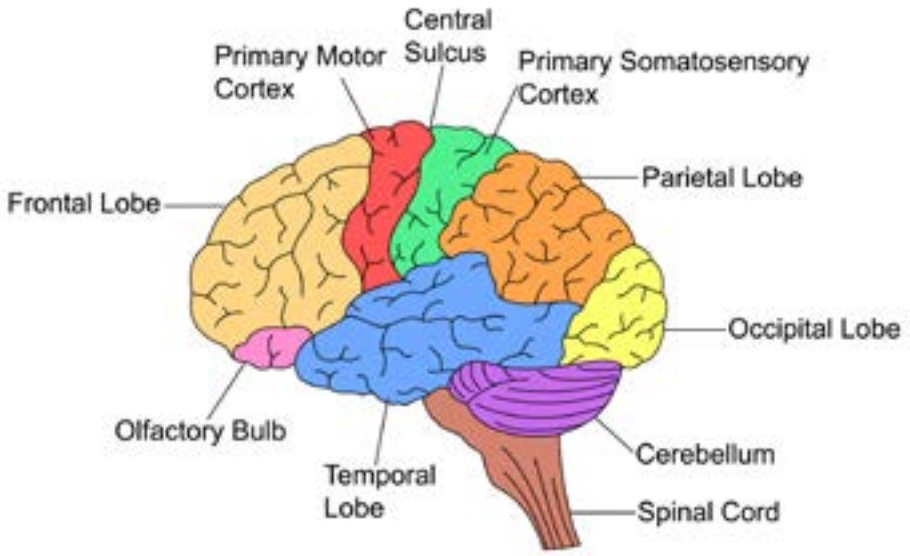
The encouraging news is that because of neuroplasticity, just as the pain system can learn to be overprotective, it can also learn to return to a more reasonable level of protection. The phrase *neurons that fire together, wire together* [Hebb's law] encapsulates this capacity of the brain and nervous system to learn from, and adapt to, changes in sensory information, thoughts, or actions (Hebb 1949).

iii. Many Factors Influence Pain

. . . we have the ability to regulate our own physiology, including some of the so-called involuntary functions of the body and brain, through such basic activities as breathing, moving, and touching.

(van der Kolk 2014, 38.)

The primary somatosensory cortex is a brain region posterior to the central sulcus. Photo credit: mrhighsky with istockphoto.com.



Clients may think that their tissues cause their chronic pain. While it is true that tissue irritation, excessive loads, and inflammation can be a cause of pain, we also know that other factors such as memory, fatigue, negative predictions, poor nutrition, past traumas, and especially stress can contribute to chronic pain. It is useful to talk to clients about such lifestyle factors that may be relevant to their condition and we can share some of the many scientific studies showing how pain can be modified by emotional and cognitive factors.

Here are some examples:

A 2018 study led by Tor D. Wager, PhD with the Department of Psychology and Neuroscience at the University of Colorado, Boulder, placed participants in an fMRI and showed them visual cues of either the word 'high' or 'low' while they were subjected to blasts of high or low heat (Kragel et al. 2018). Although there was actually no correlation between the verbal cue and the heat intensity, participants felt more pain when they saw the word 'high' regardless of how hot the stimulus was. The experiment shows how expectation affects pain perception.

In a study described in the book *Unlearn Your Pain* (Schubiner and Betzold 2019), volunteers wore a bracelet that gave electric shocks. Before receiving the electric shocks, all participants were given a pill that they were told was a new painkilling medication, similar to codeine but faster acting. Half of the people were told that the pill cost $2.50 per pill, and the other half were told that each pill cost ten cents. All the pills were, in fact, placebos. The people who received the supposedly expensive pill reported feeling significantly less pain than the other participants, which again shows the power of expectation to modify the pain experience.

In another study described in *Unlearn Your Pain* (Schubiner and Betzold 2019), people with chronic hand pain due to complex regional pain syndrome were shown pictures of hands in various positions. When they were asked to imagine moving their own hand into the same positions as seen in the pictures, results showed increased pain, and swelling in their hands. This shows how imaginative input can have a significant effect on how we feel pain.

iv. There are Many Ways to Reduce Pain and Promote Recovery

The process of undergoing the Rolfing Ten Series™ can significantly help clients to retrain their pain system towards normal because of refinement of body maps, graded exposure, and counterirritation (explained below). In addition to this, it can be useful to hold the space for an open dialogue with the client during their Rolfing session about how lifestyle can influence their experience of pain. The most common relevant talking points are stress, exercise, sleep, and diet.

Clients usually appreciate when we show genuine interest in their well-being and also when we are willing to collaborate by recommending specialists beyond our scope of expertise, such as yoga and Pilates teachers, nutritionists, somatic experiencing® practitioners, craniosacral therapists, and/or acupuncturists. (Of course, some Rolfers and structural integration practitioners are also trained in these modalities.) It can be appropriate to sometimes share information based on personal experience, such as, in my case, how meditation, mindfulness, and exercise help to reduce my stress levels.

Also, having a handy digital resources catalog to text or email to clients with relevant TED talks and websites to share with clients is recommended. An example of this appears at the end of this article.

3. Refinement of Body Maps

The brain's representation of the body in the sensorimotor cortex is often referred to as a body map, or sensorimotor map. Chronic pain conditions can lead to persistent neuroplastic alterations in the way the brain represents and processes sensory input, potentially leading to

distorted body maps, sometimes referred to as "smudging" of body maps.[6]

In the words of author, blogger, manual and movement therapist Todd Hargrove (2019, 107):

Imprecision is one reason why chronic pain can spread beyond the area of actual tissue damage, move from one area to another, or become more difficult to locate in a specific area.

Hargrove (2019) points out that chronic pain sufferers have been shown to have difficulty in tasks that require accurate perception of body location and motor control. However, studies have shown that sensory discrimination training helps patients reinstate brain precision. The goal of such training is to enhance the brain's ability to distinguish between different sensory inputs, which can help reduce pain perception. Techniques used include two-point discrimination, where patients practice distinguishing between two points of touch on the patient's skin that are progressively moved closer together, and graphesthesia where patients recognize letters or numbers traced on their skin with a finger or blunt object.

Another example of sensory discrimination training being used to help reduce chronic pain is the thermal grill illusion; the index finger and ring finger are placed in warm water, and the middle finger in cold water. The unusual sensory input causes people to feel that their middle finger is in painfully hot water. However, pain levels were cut by 64% when subjects were able to press their fingers together; this is because the brain received sensory information to correct the sensorimotor mismatch (Hargrove 2019).

Receiving skilled touch over many areas of the body throughout the Rolfing Ten Series is an excellent way to provide rich sensory somatic information to the brain and nervous system in order to refine the body maps. Clients frequently report an increased awareness of a body part and make comments such as, "Wow, I didn't even realize that I had a muscle there!" Indeed, a general increase in body awareness and feeling of being more identified with their body is extremely common for Rolfing clients. Incidentally, this strengthening of body awareness sometimes brings an increased awareness of one's personal boundaries and can possibly explain why some clients report improvements in confidence and self-esteem.

If inaccurate body maps contribute to chronic pain, as the evidence suggests, then it follows that the rich sensory information provided by Rolfing Structural Integration can help refine these maps and contribute to chronic pain recovery. We can talk to clients as they go through the Ten Series to help them understand the role of touch as reorganizational information for the central nervous system in relation to their chronic pain recovery. Inviting the body's nature of neuroplasticity to lead toward lessening the experience of pain. There are also many somatic explorations within the Rolf Movement® training that are very effective at refining perception and body maps.

4. Graded Exposure

Graded exposure is "the progressive introduction of threatening movements or other stimuli . . . in a way that causes the nervous system to become less threatened [by the stimuli]" (Hargrove 2019, 114). Again, as Rolfers and structural integration practitioners, we are in a good position to help clients with chronic pain by using graded exposure through touch and movement. The application of careful, focused touch on specific hypersensitive areas of the body with the intention of dialing down the hypersensitivity is part of the overall project within the Rolfing Ten Series. In our work, we are bringing all parts of the body into congruence with each other and with the body as a whole.

So, how can we reduce hypersensitivity? Once a hypersensitive area of the body is identified, we have an opportunity to frame the discomfort in terms that invite the client's curiosity and participation. We could say, "It is clear that your nervous system is protecting you in this area. Let's see if we can help it feel safer." We can cooperate with our client to contact the area carefully and precisely, with the appropriate dosage of pressure and timing, in order to reduce perceived threat. The client can be invited to direct their breath into the area as a way to meet the touch, which will reduce the sense of threat.

It is valuable to encourage clients to give ongoing feedback and guide the practitioner's touch to where they feel it is most needed. They can help identify what is a tolerable level of pressure and what is not; this serves to strengthen the client's sense of agency and control. (Remember: helplessness and lack of control can be contributory factors in chronic pain.) A number scale between one and ten, where ten is the highest pain level and one is the lowest, can be useful to compare the level of pain experienced before and after the intervention. As the client is able to relax and the level of perceived threat is dialed down, they will often report a lower level of discomfort even though the same pressure of touch is being applied. Using a graded exposure approach when touching sensitive areas is an effective way to give the client's brain good news about the health and capacity of their body.

5. Counterirritation

Rolfing sessions can also reduce pain perception by counterirritation, which is where tactile stimuli in the body's connective tissue induce descending inhibition, a mechanism by which the brain suppresses the transmission of pain signals in the spinal cord.[4] The descending inhibitory pathways release neurotransmitters that act on receptors in the spinal cord to inhibit the activity of pain-transmitting neurons, down regulating nociception.

Descending inhibition occurs in the context of 'good pain', or hedonic pain, where the nociceptive stimulus is caused by something that the brain considers to be healthy to the organism, or, in the words of Todd Hargrove (2019, 105), " ... the brain's opinions about the particular stimulus help determine how it gets processed even at the level of the spinal cord." So when the client feels safe, trusts the practitioner, and believes the Rolfing intervention to be beneficial, descending inhibition enables them to perceive the deep tactile pressure as a good feeling, albeit a little uncomfortable, because an important area of tension in the body is being addressed. In other words, the expectation that the stimulus will reduce pain increases the effectiveness of descending inhibition to reduce pain and hypersensitivity.

Conclusion

Between the stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and freedom.

(Frankl 1959, unknown page number).

—Viktor Frankl, MD, PhD, neurologist, psychiatrist, philosopher, and author.

In *The Thinking Practitioner Podcast*, episode 111, which was the inspiration for this article, Lorimer Moseley makes a bold challenge to somatic practitioners. He says: "You are in this job. You have a responsibility to people to be good at it" (Luchau and Loewe 2022, 44:07) That includes educating ourselves about pain so that we can be part of a transformational process for our clients' chronic pain.

Within the context of the Rolfing Ten Series, with its comprehensive layered treatment of the whole body, we are able to use our skilled touch to provide a rich source of sensorial information capable of tuning down the nervous system of our clients from a state of red alert to one of rest and repair. Chronic pain is a learned response of the nervous system that can be unlearned, and an essential part of our role as somatic practitioners is to help our clients do this.

Resources Catalogue

TED Talks and TEDx about Pain

- Lorimer Moseley – TEDxAdelaide (November 22, 2011) – *Why Things Hurt* (15 mins)

  https://www.youtube.com/watch?v=gwd-wLdIHjs

- Elliot Krane – TED Talks (May 19, 2011) – *The Mystery of Chronic Pain* (8 mins)

  https://www.youtube.com/watch?v=J6--CMhcCfQ

- Lauren Cannell – TEDxHobart (June 12, 2023) – *A New Way to Think about Pain* (16 mins)

  https://www.youtube.com/watch?v=ruKVTOK8gTg

- Julia Gover – TEDxNorthwich (August 21, 2019) – *Pain and the Brain* (11 mins)

  https://www.youtube.com/watch?v=zR-1M95Kthw

- Sid Anandkumar – TEDxChilliwack – *Low Back Pain: Myths vs. Facts* (14 mins)

  https://www.youtube.com/watch?v=ErmOTERAnQo

The Pain Revolution Website

www.painrevolution.org

The Pain Revolution resources page

www.painrevolution.org/newresources

Four Essential Pain Facts

www.painrevolution.org/painfacts

Endnotes

1. For more information about the International Association for the Study of Pain, see their website at https://www.iasp-pain.org/. In 2020, IASP revised its definition of pain: "Pain is always a personal experience influenced to varying degrees by biological, psychological, and social factors. Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons. Through their life experiences, individuals learn the concept of pain. A person's report of an experience as pain should be respected. Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being. Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain" (International Association for the Study of Pain 2024, online).

2. The gate control theory of pain suggests that pain perception is regulated by a complex interaction of signals within the nervous system (Campbell, Johnson, and Zernike 2020; Sufka and Price 2002; Melzack 1996). The spinal cord functions as a gatekeeper, either permitting or blocking pain signals that travel along small nerve fibers to the brain. Larger nerve fibers carrying non-painful sensations, like touch, can close this gate and inhibit pain signals. Furthermore, the brain can affect this gating mechanism, with psychological factors such as attention, expectations, and emotions either opening or closing the gate, thus modifying the pain experience. This theory highlights that pain is not simply a direct sensory response but also involves significant psychological and emotional factors, which explains why individuals experience pain differently. In chronic pain, this gating mechanism may become dysfunctional, leading to a heightened sensitivity to pain or the perception of pain without any obvious physical cause. This can result in persistent pain even after the original injury has healed, emphasizing the need for treatments that address both the physical and psychological components of pain.

3. The biopsychosocial model was introduced by George Engel in a seminal paper titled "The Need for a New Medical Model: A Challenge for Biomedicine," which was published in the journal *Science* in 1977. This model offers a framework for understanding health and illness through the integration of biological, psychological, and social/cultural factors, and is particularly relevant in the context of chronic pain (Lugg 2022). Biological factors in chronic pain include genetic predispositions, neurochemical imbalances, chronic inflammation, nerve damage, maladaptive pain pathways, and ongoing infections or illnesses. Psychological factors in chronic pain include anxiety, depression, negative thoughts, avoidance behaviours, muscle deconditioning, and ineffective coping strategies can all amplify and perpetuate the perception of pain. Social factors in chronic pain include limited access to healthcare, financial stress, cultural attitudes, family dynamics, social support networks, and environmental and societal norms, all of which can influence the experience and management of pain. Cultural differences significantly influence how chronic pain is perceived, expressed, and managed across different societies. These differences encompass attitudes toward pain, beliefs about its causes and consequences, and cultural norms regarding pain expression and treatment-seeking behavior. For example, some cultures may view pain as a natural part of life and prioritize stoicism and endurance, while others may encourage more open expression of pain and seek immediate medical intervention.

4. The process where nociceptive input does not create the experience of pain is called *nociceptive modulation* or, more specifically, *descending inhibition* (Apkarian 2019; McKune et al. 2015). This process involves the brain and spinal cord mechanisms that can suppress or modulate pain signals before they reach

conscious awareness. In this context, the nervous system regulates and sometimes inhibits nociceptive input to prevent it from being perceived as pain; it is like turning the volume knob down on nociceptive signaling. This can happen through various mechanisms, such as the release of endogenous opioids (such as endorphins and enkephalins) or the activation of certain neural pathways that dampen the pain signals, such as the dorsolateral funiculus, a spinal pathway that carries the descending inhibitory signals from the brain stem to the dorsal horn of the spinal cord, where they can inhibit nociceptive transmission (Latremoliere and Woolf 2009; Harte, Harris and Clauw 2018; Woolf 2019).

5. According to Andy Clark (2023, xii): "Contrary to the standard belief that our senses are a kind of passive window onto the world, what is emerging is a picture of an ever-active brain that is always striving to predict what the world might currently have to offer. Those predictions then structure and shape the whole of human experience, from the way we interpret a person's facial expression, to our feelings of pain, to our plans for an outing to the cinema. Nothing we do or experience – if the theory is on track – is untouched by our own expectations. Instead, there is a constant give-and-take in which what we experience reflects not just what the world is currently telling us, but what we – consciously or unconsciously – were expecting it to be telling us. One consequence of this is that we are never simply seeing what's 'really there,' stripped bare of our own anticipations or insulated from our own past experiences. Instead, all human experience is part phantom – the product of deep-set predictions. We can no more experience the world 'prediction and expectation free' than we could surf without a wave."

6. Smudging of body maps refers to changes in the brain's representation of the body, particularly in the primary somatosensory cortex (Hargrove 2019). Smudging is also called cortical remapping or cortical reorganization. The primary somatosensory cortex contains a somatotopic map, known as the *homunculus*. This map spatially organizes different parts of the body, with specific regions of the cortex corresponding to distinct body parts. Chronic pain can cause an altered sensory representation where the specific areas of the brain that represent particular body parts can become less distinct and more diffuse. There can also be changes in neuronal activity in the somatosensory cortex, where neurons that previously responded to stimuli from a specific body part may start responding to stimuli from a broader area or even from different body parts.

Alan Richardson is a Certified Advanced Rolfer™ and Rolf Movement® Practitioner with a private practice in London, UK since 1998. He is also qualified as a craniosacral therapist. Richardson is passionate about knowing other cultures and languages, having lived in Japan, Taiwan, Australia, and Brazil.

References

Apkarian, Apkar Vania. 2019. Definitions of nociception, pain, and chronic pain with implications regarding science and society. *Neuroscience Letters* 702:1-2.

Brinjikji, W., P. H. Luetmer, B. Comstock, B. W. Bresnahan, L. E. Chen, R. A. Deyo, S. Halabi, J. A. Turner, A. L. Avins, K. James, J. T. Wald, D. F. Kallmes, and J. G. Jarvik. 2015. Systematic literature review of imaging features of spinal degeneration in asymptomatic populations. *American Journal of Neuroradiology* 36(4):811-816.

Bryson, Bill. 2019. *The body: A guide for occupants.* London, United Kingdom: Doubleday.

Butler, David S., and G. Lorimer Moseley. 2013. *Explain pain, second edition*. Adelaide, Australia: Noigroup Publications.

Campbell, Travis S., Jillian A. Johnson, and Kristin A. Zernicke. 2020. Gate control theory of pain. In *Encyclopedia of Behavioral Medicine* M. D. Gellman (Ed.), 914-916.

Chatterjee, Rangan. 2022. *How to heal chronic pain with Dr. Howard Shubiner*. Episode 310. Available from https://podcasts.apple.com/gb/podcast/310-how-to-heal-chronic-pain-with-dr-howard-schubiner/id1333552422?i=1000585376328.

Clark, Andy. 2023. *The experience machine: How our minds predict and shape reality*. London, United Kingdom: Penguin.

Doidge, Norman. 2007. *The brain that changes itself*. New York: The Penguin Group.

Engel, George. 1977. The need for a new medical model: A challenge for biomedicine. *Science* 196:129-136.

Frankl, Viktor E. 1959. *Man's search for meaning*. Boston, Massachusetts: Beacon Press.

Hargrove, Todd. 2019. *Playing with movements: How to explore the many dimensions of physical health and performance*. Seattle, Washington: Better Movement.

Harte, Steven E., Richard E. Harris, and Daniel J. Clauw. 2018. The neurobiology of central sensitization. *Journal of Applied Biobehavioral Research* 23:e12137.

Hebb, Donald O. 1949. *The organization of behavior*. New York: Wiley and Sons.

International Association for the Study of Pain. 2020. IASP announces revised definition of pain. Available from https://www.iasp-pain.org/publications/iasp-news/iasp-announces-revised-definition-of-pain/. Accessed November 27, 2024.

Kragel, Philip A., Leonie Koban, Lisa Feldman Barrett, and Tor D. Wager. 2018. Representation, pattern information, and brain signatures: From neurons to neuroimaging. *Neuron* 99(2):P257-273.

Latremoliere, Alban, and Clifford J. Woolf. 2009. Central Sensitization: A generator of pain hypersensitivity by central neural plasticity. *The Journal of Pain* 10(9):895-926.

Lugg, William. 2022. The biopsychosocial model – history, controversy and Engle. *Australasian Psychiatry* 30(1):55-59.

Lyman, Monte. 2021. *The painful truth*. London, United Kingdom: Bantam Press.

Luchau, Til, and Whitney Lowe. 2022. Episode 111. *The Thinking Practitioner Podcast.* Available from www.youtube.com/watch?v=JZhf0QNassE.

McKechnie, Grant. 2022. *Webinar: Introduction to the essential pain facts pain revolution*. Available from https://www.youtube.com/watch?v=5ga8CRAqGkk.

McKune, Carolyn M., Joanna C. Murrell, Andrea M. Nolan, Kate L. White, and Bonnie D. Wright. 2015. Nociception and pain. In *Veterinary Anesthesia and Analgesia: The fifth edition of Lumb and Jones*. New York: John Wiley and Sons, Inc.

Melzack, Ronald. 1996. Gate control theory: On the evolution of pain concepts. *Pain Forum*. 5(1):128-138.

Melzack, Ronald, and Patrick D. Wall. 1965. Pain mechanisms: A new theory. *Science* 150:971-979.

Moseley, G. Lorimer. 2011. *Why things hurt*. Available on YouTube at https://www.youtube.com/watch?v=gwd-wLdlHjs&t=89s.

O'Malley, Callum A., Samuel A. Smith, Alexis R. Mauger, Ryan Norbury. 2024. Exercise-induced pain within endurance exercise settings: Definitions, measurement, mechanisms and potential interventions. *Experimental Physiology* 109:1446-1460.

Pain Revolution. 2024. Pain facts. Available from www.painrevolution.org/painfacts. Accessed November 27, 2024.

Purves, D., G. J. Augustine, D. Fitzpatrick, et al. (Eds.) 2001. Nociceptors. In *Neuroscience. 2nd edition*. Sunderland, Massachusetts: Sinauer Associates.

Ramachandran, V. S. and Sandra Blakeslee. 1998. *Phantoms in the brain: Probing the mysteries of the human mind*. London, United Kingdom: William Morrow.

Richardson, Alan. 2024. Rolfing Holism. *Structure, Function, Integration* 52(1):106-111.

Rolf, I.P. 1989. *Rolfing: Reestablishing the natural alignment and structural integration of the human body for vitality and well-being.* Rochester, Vermont: Healing Arts Press.

Sizer, Phil. 2019. *Chronic pain the drug-free way*. London, United Kingdom: Sheldon Press.

Schubiner, Howard, and Michael Betzold. 2019. *Unlearn your pain: A 28-day process to reprogram your brain*. Pleasant Ridge, Michigan: Mind Body Publishing.

Sperry, Roger Wolcott. 1981. Changing priorities. *Annual Review of Neuroscience* 4:1-15.

Sufka, Kenneth J., and Donald D. Price. 2002. Gate control theory reconsidered. *Brain and Mind*. 3:277-290.

Van der Kolk, Bessel. 2014. *The body keeps the score: Brain, mind, and body in the healing of trauma*. London, United Kingdom: Allen Lane.

Woolf, Clifford J. 2011. Central sensitization: Implications for the diagnosis and treatment of pain. *Pain* 152:S2-S15.

Woolf, Clifford J. 1983. Evidence for a central component of postinjury pain hypersensitivity. *Nature* 306:686-688.

Young, Emma. 2021. *Super senses: The science of your 32 senses and how to use the*m. London, United Kingdom: John Murray.

Keywords

pain; acute pain; chronic pain; nociception; gate control theory; Rolfing Structural Integration; neuroplasticity; central sensitization; biopsychosocial model; pain education; sensorimotor maps; graded exposure; therapeutic relationship; counterirritation. ■

Intrinsic Singing

by David George Delaney (Self Published, 2024)

Reviewed by R. Kerrick Murray, Certified Advanced Rolfer™

I first met Certified Advanced Rolfer™ and author David George Delaney over breakfast at Dot's Diner, the go-to place for new students at the then Rolf Institute® (now known as the Dr. Ida Rolf Institute®) back in 1985, when the Institute was nearby on Pearl Street in Boulder, Colorado. We had both successfully interviewed for what was then called the auditing phase of the Basic Rolfing Training. David exuded a rare quality of charisma that intrigued me. We would go on to partner up for both our Basic and Advanced Training with Advanced Rolfing Instructor Michael Salveson. A life-long friendship ensued. [See page 34 for an interview with David George Delaney.]

But on that morning, we went for a walk that led us to one of Boulder's underground pedestrian passages and I first experienced the phenomenal quality of David's voice. He demonstrated a vocal event called 'sonic return'. Standing in the middle of the tunnel, he produced a sound that had such a profound resonance that it continued long after he had stopped singing. It was not an echo! It brought me and other pedestrians there to open-mouthed amazement. This living soundscape, created by David, became a self-sustained, lingering, emotional entity. This man, I thought, had a special talent to share.

Decades later, here are some of his bona fides: David is an actor/singer and graduate of the New York City American Academy of Dramatic Arts. He holds a master's degree in counseling psychology, is an Advanced Certified Rolfer™, and teaches the Tomatis® Method of audio-vocal training, as well as T'ai Chi Chuan. He is credentialed in craniosacral manipulation, somatoemotional release, and visceral manipulation.

With the publication of his book *Intrinsic Singing* (2024), David presents the story of his love of singing, the paths and teachers that he found, the challenges he's faced, and the wisdom and insights that he has gleaned over the decades in his quest for understanding and appreciation of the power of singing. He considers himself a teacher/trainer who sings, and his book serves as a resource guide to anyone who wishes to develop and explore their own voice.

He has taken on the challenging task of describing a wholistic approach to singing, and has collected and developed a unique lexicon to describe his ideas. *Intrinsic Singing* includes both a comprehensive glossary and a thorough index to help track and weave together specific ideas that appear throughout the chapters.

There is much to explore in this endeavor, and David leaves a trail of savory bread crumbs. He writes of the reverence he feels for his many teachers that led him to his insights, and the pearls of wisdom each has conveyed. He credits his own somatic experience of singing to training with Margaret Laughlin Riddleberger of the Italian Bel Canto School of Singing. He credits the scientific explanations of sound and its treatment to Dr. Albert Tomatis and the Tomatis Method. Much of the book credits his Rolfing training and emphasizes the importance of understanding the anatomy of whole-

body integration in developing one's authentic voice.

According to David, it is the ear that sings, and true singing is an extension of the physiological process of speaking. Any singing issue is a listening dysfunction. One can learn through training and coaching to keep the speech and sound centers separate, the essential quality in developing an authentic singing voice.

As many of us have experienced in our structural integration practices, a well-executed Seventh Hour, when a good 'Line' is established, is a transformative event for the client. David emphasizes that a balanced laryngopharyngeal space is key to intrinsic singing. David likens this to creating a string of pearls hanging in space, allowing for the potential of voice transmission. As he asserts, the power of intrinsic singing is the capacity to transmit emotion, and there is no better therapy for human emotional imbalances than developing a singing voice.

Recently, I read an article about the singer Jon Bon Jovi and the crisis he faces with his faltering singing voice (Colapinto 2024). He opted for a thyroplasty, which can have nasty side effects. I wish him the best of recovery, but as we know as structural integrators, sometimes it's easy to miss the forest for the trees. David presents us with the forest, so to speak. As he writes, unless you can learn to keep your throat and soft palate out of the picture, misperceptions about the singing voice will only result in eventual injury.

I think David's book is a valuable contribution to understanding what it means to be human, and I recommend it. Our voice is a creative act, and anyone can aspire to develop an authentic voice. Structural integrators, singers, speakers, and actors will benefit from this book. It's a pleasure to read and it will be a resource for anyone curious about their voice. Moreover, I hope that anyone interested in developing their voice, beyond reading his book, will recognize the unique resource to be found in what David has to offer as a teacher.

References

Colapinto, John. May 23, 2024. Jon Bon Jovi's long journey back: 'Life has happened'. AARP. Available from https://www.aarp.org/entertainment/celebrities/info-2024/jon-bon-jovi-interview.html. ■

Institute News

Meet Samantha Sherwin

Executive Director of the Dr. Ida Rolf Institute®

The Dr. Ida Rolf Institute has a new Executive Director, Samantha Sherwin. She is a dedicated professional with over thirteen years of experience in the field of education. Her expertise lies in Financial Aid (Title IV), Veteran's Education, and Compliance. Since joining the Dr. Ida Rolf Institute in 2017, she has taken on pivotal roles such as Director of Financial Aid and Director of Faculty and Student Services. Her impact extends to working closely with the community clinic and membership services departments.

Following the completion of her MBA from Southern New Hampshire University in 2019, Samantha is currently pursuing her doctorate (EdD) in Education Leadership, with an expected graduation year of 2026. Her passion for education and her extensive experience make her an invaluable asset to the Board of Directors and administrative team. She looks forward to sharing her knowledge and driving the institute's growth in line with Dr. Ida Rolf Institute's mission.

Hailing from the Northern Colorado region, Samantha finds joy in spending time with her family, her two beloved dogs, and her cat. When she's not engaged in professional endeavors, she indulges in reading, listening to true crime podcasts, and passionately cheering on her favorite teams at sporting events. Go Rockies! Go Broncos!

2025 & 2026 USA Rolfing® SI Certification Training*

Program	Start Date	Location	Instructors
UA1.25	March 10th, 2025	Boulder, CO	Neal Anderson & Nobuko Muth
UA2.25	August 4th, 2025	Boulder, CO	Neal Anderson & Nobuko Muth
UA1.26	March 16th 2026	Boulder, CO	to be announced
UA2.26	August 10th, 2026	Boulder, CO	to be announced

2025 USA Advanced Rolfing Certification Training

Program	Start Date	Location	Instructors
AT1.25	April 14th, 2025	Bellingham, WA	Russell Stolzoff & Kevin McCoy
AT2.25	October 20th, 2025	Boulder, CO	Valerie Berg & Bethany Ward

2025 USA Continuing Education Classes*

Program	Start Date	Location	Instructor
CER2.25	January 11th, 2025	Atlanta, GA	Neal Anderson
Thematic Neck Work in the Series and Session 7			
CER1.25	February 7th, 2025	Boulder, CO	Valerie Berg
Pelvic Girdle and Legs: Structural Aging, Structural Patterns that Age Us, Postural and Functional Breakdowns			
RMI1.25	March 24th, 2025	Boulder, CO	Hiroyoshi Tahata
Seeing Centering in Hara, Integration with Ma			
CER3.25	April 4th, 2025	Boulder, CO	Bethany Ward
*Shoulder Girdle, Arms, Axial Relationship*s			
CER4.25	April 19th, 2025	Boulder, CO	Tessy Brungardt
Spinal Biomechanics			
CER5.25	May 15th, 2025	Charles Town, WV	Neal Anderson & Ellen Freed
Integration in the Rolfing Ten-Series™			
RMI2.25	September 22nd, 2025	Boulder, CO	Hiroyoshi Tahata
Translation of the Rolfing Ten-Series™ Recipe into Movement for Core Sessions			

* All classes can be found at **https://rolf.org/courses**

The Dr. Ida Rolf Institute® is committed to cultivating academic growth and therapeutic skills in all of its graduates. Continuing education studies can cover a broad range of relevant subjects. Certified Rolfers® may take workshops in specific manipulative techniques or may explore other related subjects such as craniosacral therapy or visceral manipulation. Classes are continually being added – please visit www.rolf.org/courses for the most recent updates or to register.

2025 & 2026 Europe Rolfing® SI Certification Training

Program	Start Date	Location	Instructor
Level 1	March 14th, 2025	Munich, Germany	Rita Geirola, Gerhard Hess, Pierpaola Volpones
Level 2, Part 1	November 3rd, 2025	Munich, Germany	Kathrin Grobelnik
Level 2, Part 2	January 13th, 2026	Munich, Germany	Kathrin Grobelnik
Level 3	June 8th, 2026	Munich, Germany	France Hatt-Arnold, Rita Geirola

See the website for more information: **https://rolfing.org/find-a-course**
Contact Martina Berger for more information **martina.berger@rolfing.org**

2025 & 2026 Europe Rolf Movement® Certification Classes

Program	Start Date	Location	Instructor
Part 1	May 7th, 2025	Munich, Germany	Pierpaola Volpones
Part 2	October 8th, 2025	Munich, Germany	Nicola Carofiglio
Part 3	February 11th, 2025	Munich, Germany	Rita Geirola

See the website for more information: **https://rolfing.org/find-a-course**
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2025 Europe Advanced Rolfing® Certification Training

Program	Start Date	Location	Instructor
Advanced Training	March 10th, 2025	Germany	Pedro Prado, France Hatt-Arnold

See the website for more information: **https://rolfing.org/find-a-course**
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Japanese Rolfing Association Classes

Program	Start Date	Location	Instructors
Advanced Training	Part 1: April 8, 2025 Part 2: June 24, 2025	Shinjuku, To JAPAN	Ray McCall, Hiroyoshi Tahata

Contact Yuta Otomo for more information
education@rolfing.or.jp

Brazil Rolfing Association Classes

Contact **rolfing@rolfing.com.br** for more information

Rolfing Association of Canada Classes

Program	Start Date	Location	Instructors
Phase I Spring 2025 – Rolfing SI Certification Training	May 5th, 2025	Edmonton, Alberta	Marius Strydom

Contact Kathleen Coulombe — education@rolfingcanada.org for more information.

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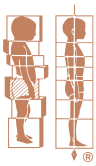

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