

Structure, Function, Integration.

Journal of the
Dr. Ida Rolf Institute®

November 2021



What Is Integration?

Ida P. Rolf, PhD, named her work 'structural integration' and spoke often of the 'random' body versus the integrated body that has been 'processed' through a series of Rolfing® Structural Integration sessions. In this issue, we share a collection of articles examining integration from various angles: the unified whole person... the journey from embryo to person... ease in movement... and what the embodied 'Line' organized in gravity really means.

Inclusivity: Keeping the Conversation Going

Our ongoing focus on inclusivity and diversity continues with faculty member Phoenix L. Quetzal DeLeón exploring the aptitudes we need to work across differences. Also, Marekah Stewart, the first Black female Rolfer®, takes an honest look at our history.

Also in this issue

Movement Inquiries

Celebrated UK dancer and choreographer Russell Maliphant, who draws from his background in Rolfing SI, discusses flow as the natural order of the body's movement patterns.

November 2021/ Vol. 49, No. 3

Publisher

Dr. Ida Rolf Institute®
5055 Chaparral Ct., Ste. 103
Boulder, CO 80301 USA
(303) 449-5903
(303) 449-5978 Fax
(800) 530-8875

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Dickson Mbi in *The Rodin Project*
A Russell Maliphant Dance Company
Production
Photographed by Charlotte MacMillan

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Structure, Function, Integration: Journal of the Dr. Rolf Institute (ISBN: 978-1-7332838-7-8, ISSN 1538-3784) is published by Dr. Ida Rolf Institute
5055 Chaparral Ct., Ste. 103
Boulder, CO 80301 USA.

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Photo credit: Charlotte MacMillan

Performer: Dickson Mbi in
The Rodin Project

November Cover Art

Dancer Dickson Mbi in *The Rodin Project*,
photographed by Charlotte MacMillan.

The Rodin Project was a Sadler's Wells/Russell Maliphant Production first staged in 2012 and co-produced by Théâtre National de Chaillot, Les Théâtre de la Ville de Luxembourg, and The Joyce Theater New York and supported by Arts Council England. Choreographed by Russell Maliphant and inspired by the works of the sculptor August Rodin, *The Rodin Project* came after Maliphant's Olivier Award nominated and Critics' Circle National Dance Award-winning *AfterLight (Part One)*.

For *The Rodin Project*, Maliphant worked with a diverse mix of talented performers using influences from dance forms such as popping, breaking, and contemporary dance alongside language of flow, form, and dynamics.

The work was set to a commissioned score by Russian composer Alexander Zekke and made in collaboration with lighting designer Michael Hulls, set designers Es Devlin and Bronia Housman, costume designer Stevie Stewart and features dancers Tommy Franzén, Thomasin Gulgec, Dickson Mbi, Ella Mesma, Carys Staton, and Jennifer White.

Russell Maliphant formed his Company in 1996. He has also worked with renowned companies and artists including Sylvie Guillem, Robert Lepage, Isaac Julian, Balletboyz, and Lyon Opera Ballet. He became an Associate Artist of Sadler's Wells in March 2005. In 2011 Maliphant was awarded an honorary doctorate of arts from Plymouth University. In March of 2021, Maliphant was awarded a PhD in performing arts from Canterbury Christ Church University for his thesis "Thinking Through The Body."

At *Structure, Function, Integration: The Journal of the Dr. Ida Rolf Institute®*, we are thrilled to use a still photograph from Maliphant's body of choreography on our cover, and equally thrilled to share an interview with him on page 68. As you'll learn in the interview, Maliphant trained as a Rolfer®, and although he no longer practices Rolfing® Structural Integration, he continues to credit its influence on his dance and choreography.

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From the Co-Editors-in-Chief

Lina Amy Hack
and Anne Hoff



Lina Amy Hack



Anne Hoff

The body of any living organism is not a simple unit. Nor is it just an aggregation of separate elements. The body has an intrinsic organic wholeness. In the matrix of the developing embryo, cartilage and bone are laid down together. While this unity has been separated and analyzed into its parts to further an ongoing understanding, still, the integration, the wholeness, resulting from unitary interplay is the basic fact.

Rolf 1977, 179.

The body of any living organism is not a simple unit. Nor is it just an aggregation of separate elements. The body has an intrinsic organic wholeness. In the matrix of the developing embryo, cartilage and bone are laid down together. While this unity has been separated and analyzed into its parts to further an ongoing understanding, still, the integration, the wholeness, resulting from unitary interplay is the basic fact.

Rolf 1977, 179.

For this, our third issue of *Structure, Function, Integration* (SFI) in 2021, we offer a primary theme 'What Is Integration?' Integration is a foundational concept for the Rolfing® Structural Integration (SI) profession. As seen from the opening quote, Ida P. Rolf, PhD, taught that human structure should be considered as a whole unitary organism. Integration occurs when higher-order organization is realized within the gravitational field through Rolfing SI manual interventions and Rolf Movement® interventions becoming part of the client's way of being in the world. From Jan H. Sultan's article about the Principles of Intervention to Michael Maskornick's deep consideration of the 'Line', our integration articles illustrate some of the many aspects Rolfers® focus on when they work to integrate structure. We also turn your attention to this issue's Letter from the Embryo, where Konrad Obermeier describes the integrated embryo before and after birth. Did you know that you are a *post-natal embryo* still in a process of becoming?

Our second theme – 'Diversity and Inclusion: Keeping the Conversation Going' – continues vital lines of inquiry around cultural influences, social membership, equality, and equity as they relate to SI work. An interview with Marekah Stewart considers her career and her experiences as the first Black female Rolfer. Dr. Ida Rolf Institute® (DIRI) faculty member Phoenix L. Quetzal DeLéon invites SI practitioners to expand their perceptual awareness about their individual social membership and how our culture of origin informs our observational skills as Rolfers. We close this theme considering people-first language.

In our Perspectives section we are honored to feature an interview with Russell Maliphant, a critically acclaimed choreographer and dancer who trained

in Rolfing SI and highlights its influence on his work. Maliphant is interviewed by Rolfer-dancer Tristan Koepke, and their collegial dialogue is a backstage pass to the creative process involved in producing inspired movement performance. Dance is a human endeavor that highlights the human form and integrated structure/movement. Our cover image to illustrate the theme of integration is thus drawn from Maliphant's body of work and features Dickson Mbi, a member of Russell Maliphant Dance Company. Please see the cover art statement for more information.

Rolf, Ida P. 1977. *Rolfing: Reestablishing the Natural Alignment and Structural Integration of the Human Body for Vitality and Well-being*. Rochester, VT: Healing Arts Press.

Lina Amy Hack

Anne Hoff

Co-Editors-in-Chief

In Memory of Pat Heckmann

(1954–2021)

by Mary Devlaming



Editors' Note: We are grateful to Mary Devlaming, Pat Heckmann's sister, for this remembrance.

Patricia Marie Heckmann was born September 3, 1954, in Louisville, Kentucky. Pat, or "Patsy" as we called her, was the youngest of four children in our family. She was raised in a good Catholic family; our mom was one of twelve children and our dad was one of seven. Needless to say, there were endless cousins and family occasions. After our parents' passing, Pat was ready to leave Louisville and explore the rest of the United States, and get

out from under the well-intentioned but often overwhelming family. We, the other siblings, had all left while Pat was in school. Pat initially worked for an insurance agency with the 'new' computers (that filled a room). Continuing along that line she then worked for a hospital in the computer department, then on to KFC that became YUM and corporate America. Along the way she had a daughter, our beautiful, sweet, strong-willed Lindsay (just like her momma).

Pat became unhappy with the demands of the corporate world and opted to retire

early and move to Colorado – curiously landing in the city of Louisville, spelled exactly the same as her home town in Kentucky! She took time off to acclimate but quickly figured she needed to work, to supplement her retirement income and continue supporting Lindsay, who by now had graduated high school. She worked for the Borders bookstore until they closed and then found work in the office of a church near her home. She met a friend at the church and in their time together Pat said she would like to leave the church job for something else and was introduced to your then Rolf Institute® of Structural Integration, now the Dr. Ida Rolf Institute® (DIRI).

She loved the people at DIRI; you quickly became more than coworkers and she was happy. When Pat got health insurance, she was able to initiate the process of getting her teeth fixed, a problem that had plagued her. As a young child she slipped and fell down our basement stairs, damaging her two front teeth. They were capped and that required changing at times because of discoloration. It made Pat feel self-conscious. With insurance she was able to get them pulled and worked towards getting implants. During the process her dentist sent her to a doctor for her blood pressure, who sent her for a CAT scan – where they found an abdominal aortic aneurysm, not deemed ready for immediate surgery. It is believed that her aneurysm ruptured, causing her death. Our only consolation is that it must have been quick.

Patsy is, was, and always will be loved and missed by her daughter and family. We are thankful she worked in such an incredible place with such kind, understanding people who she enjoyed.

A tree was donated by DIRI's landlord Ron Smarron and planted outside DIRI's Boulder, Colorado office. There will be a plaque with the following memorial:

Pat's Tree. The tree behind you was planted in October 2021 to honor Pat Heckmann, who worked with us for many years. She was a feisty sentinel with a heart of gold who could make you laugh with her dry wit or stop you in your tracks like a mama bear. As you linger in the shade of Pat's Tree, we hope you'll reflect on someone you are grateful for and honor them today in some small way.

– The Dr. Ida Rolf Institute®

Fascia Insights: Deconstructing Lung Fibroblast Research

An Interview with Stephen P. Evanko, PhD

By Lina Amy Hack, Certified Advanced Rolfer® and Stephen P. Evanko, PhD, Certified Advanced Rolfer



Lina Amy Hack



Stephen P. Evanko

ABSTRACT *In this interview, Lina Amy Hack seeks to examine the constructs and results of the recent 2020 research article by Stephen P. Evanko, PhD, “A Role for HAPLN1 During Phenotypic Modulation of Human Lung Fibroblasts In Vitro” published in the Journal of Histochemistry and Cytochemistry. The application to Rolwing® interventions is discussed.*

Lina Amy Hack: Thanks for your time for this interview. You are both a researcher and a Rolfer. For years you maintained both a molecular biology laboratory as well as seeing Rolwing® Structural Integration (SI) clients (Evanko and Hoff 2014). In 2020 you published your recent laboratory findings in the *Journal of Histochemistry and Cytochemistry*, for this Fascia Insights we are going to deconstruct that article and discuss the broader application of biochemical research and Rolwing SI (Evanko et al. 2020). How does that sound?

Stephen P. Evanko: That sounds great!

LAH: Let's start with the basics, the title of your research article is very technical: “A Role for HAPLN I During Phenotypic Modulation of Human Lung Fibroblasts In Vitro.” I have a biochemistry degree and this doesn't immediately paint a picture in my mind. So, let's deconstruct it.

To start, and correct me where I go astray, I zoom into *what* you are studying: human lung fibroblasts and the proteins they make. What is a human lung fibroblast?

SPE: These are cells that have been obtained from generously donated cadaveric lung tissue or from biopsy specimens. Commercial companies and research colleagues prepared the cells I was using. In the lungs, the fibroblasts are located underneath the gas exchanging epithelium. As their name implies they form the fibrous architectural framework, or stroma of the lung, as well as the ground substance in which they and the fibers are embedded. They are generally similar to cells in fascia, tendons, ligaments, and dermis. There are techniques used to separate them from other cell types in order to grow a pure cell population.

LAH: My understanding is that a fibroblast has a range of functioning, could we describe it as a continuum between 'healthy' fibroblasts who produce proteins into the extracellular matrix that are hydrophilic (water-loving), producing soft and supple collagen, on one side; and 'stressed' fibroblasts who produce proteins that stiffen the extracellular matrix? That either a fibroblast is producing a *gel* cellular texture or a *solid* cellular texture?

SPE: Yes, viscoelastic tissues display either more viscous, gel-like character or solid character depending upon the strain rate or the speed at which force is applied, as well as the overall composition. *Compliant* or *stiff* are also useful terms to describe the quality of the fascia. This is controlled by the cells and their responses to mechanical input, and things like the chemical environment, nutritional factors, hydration state, and pH. Ultimately, it's the combination and relative amounts of fibers, ground substance, counter ions, and water in the extracellular matrix, and the degree of cellular contractility that gives the tissue its textural quality.

This transition to a stiffer fibroblast is called the fibroblast-myofibroblast transition. It is important and necessary during normal wound healing and following other inflammatory events, where these cells facilitate wound contraction, i.e., pulling the wound edges together. It also occurs pathologically during diseases like idiopathic pulmonary fibrosis, scleroderma, and liver fibrosis. The primary driver of myofibroblast activation and the resulting fibrosis is a growth factor called transforming growth factor beta or TGF-beta.

LAH: Right, so TGF-beta is a cellular molecule that drives fibroblasts to becoming myofibroblasts. A Rolfers has their hands on this range of cellular states

from compliant tissue to stiff tissue. Is it important to know why the fibroblasts change to myofibroblasts?

SPE: It's important because we as Rolfers have the potential to alter the tissue compliance to a more youthful state through our manipulations.

The myofibroblast transition can also occur as a result of mechanical loading of the tissues. Repetitive tension is one thing that will activate myofibroblasts. It is thought that this also involves TGF-beta. Tensional forces on the tissue translate to the collagen fiber matrix and to other proteins that connect the extracellular matrix to the nucleus, including other structures inside the cell. There is another protein complex, latent TGF-binding protein together with LAP (latency-associated peptide), which sequesters TGF-beta in an inactive form. In experimental studies, tension applied to the cell substrate pulls the complex open, allowing the TGF-beta to become free to dock on the cell surface receptors. This latent complex is bound to fibrillin fibers in the extracellular matrix (fibrillin fibers are different from collagen).

LAH: Okay, yes. So interesting. But then a mechanical force that stretches, shears, or torsions the matrix will spill all that TGF-beta into the extracellular space. [Cells can be but are not necessarily wounded for this to happen.] This becomes a signal to that local environment for the cells to stiffen up, and prepare for wound healing. But sometimes that cascade of molecular events happens without a direct injury, the tissue stiffens up for other reasons.

SPE: Yes, and as I mentioned, the result is fibrosis, or a build-up of collagen fibers, primarily, that leads to increased stiffness of the connective tissue. It can also be induced by repetitive motion injury, where muscular action puts tensile strains on the connective-tissue matrix. This is what we are working with all the time in our practices with our manual myofascial

and neuro-fascial techniques. (Generally, collagen fibers provide tensile stiffness while the ground substance and the water it holds provide viscoelasticity, swelling pressure, and compressive stiffness.)

In the lungs, fibrosis is extremely dangerous, because it prevents normal expansion of the alveoli and movement of all of the structures in relation to each other, and may interfere with gas exchange.

LAH: When a fibroblast is switching its function between these two states, is that what is meant by "phenotypic modulation" in the title of your article?

SPE: Yes, phenotypic modulation is the switch in appearance and behavior of cells usually accompanied by changes in protein production and/or metabolism. Most fibroblasts are capable of contracting the collagen in which they reside to some extent. Depending on the tissue from which they're derived, they will be more or less contractile and display other slightly different characteristics from each other. However, during myofibroblast induction the cells become especially contractile. They develop more actin stress fibers and other muscle proteins. They secrete more extracellular matrix including hyaluronic acid and its binding proteins in the ground substance as well as collagen fibers. The cells are more actively contractile due to an increase in a specific protein called alpha smooth muscle actin which helps drive the slow progressive contraction of these cells. A sheet of fascia containing myofibroblasts essentially becomes living *shrink-wrap*, as they are the cells that are thought to be principally involved in connective-tissue contraction.

LAH: Rolfers certainly have felt that shrink-wrap fascia, really great to have that phenomenon described. So the transition, this shift from fibroblasts to myofibroblasts, if we attribute a preference to a biological process, is it better if our cellular communities have fewer myofibroblasts? The myofibroblasts

Compliant or stiff are also useful terms to describe the quality of the fascia. This is controlled by the cells and their responses to mechanical input, and things like the chemical environment, nutritional factors, hydration state, and pH.

A sheet of fascia containing myofibroblasts essentially becomes living *shrink-wrap*, as they are the cells that are thought to be principally involved in connective tissue contraction.

are the cellular source of stiffer fascia in the ground substance?

SPE: Yes, theoretically, it makes sense that they are the primary source of the stiffness. Actually the ground substance is one component of the fascia comprising glycosaminoglycans, proteoglycans, and other *glycoproteins*.¹ Myofibroblasts actually make large amounts of hyaluronan (HA) and the binding proteins. These can make the extracellular matrix stiffer and more adhesive for inflammatory cells. They also form the collagen, fibronectin, elastin, and fibrillin fibers; the molecular filaments that Rolfsers contact.

LAH: This is where I think we need to spend a moment with the different levels of examination that we are talking about. When Rolfsers are doing a body reading, looking at tissue, the eyes are collecting information at the observation level of one meter, down to one centimeter, and we even do visual differentiation from centimeter to millimeter at times. When we touch, we are gathering information and interacting with tissue at the centimeter to millimeter size, and then even smaller, to fractions of a millimeter at times.

Your human lung fibroblasts are at the observation level of micrometer (μm), correct? Which is to take one millimeter and divide it 1000 times, one of those sections would be one micrometer. How big are the human lung fibroblasts that you investigate?

SPE: These cells can be up to $100\mu\text{m}$ long or about one tenth of a millimeter. So you could have ten to twenty of these cells spanning the thickness of a fingernail.

LAH: And then you take one more leap of observation, even closer to cellular events, to look at the proteins that the human lung fibroblasts are producing, that is investigating biological life at the nanometer, do I have that correct? Where we take one micrometer and divide that one up 1000 times again. You study HA and proteoglycan link protein 1 (HAPLN1), how big is the HA molecule and is it made by the human lung fibroblasts?

SPE: HA is found in a range of sizes. It's a long linear polymer of a repeating

disaccharide. A single molecule of hyaluronic acid or HA can be up to $10\mu\text{m}$ long. It starts to rival DNA in its size.

LAH: Ah, it is not a protein, it is a molecule in the sugar type in terms of organic chemistry. A repeating chain of two saccharide molecules bonded together, which can be as large as DNA. That is a very big size for a cellular molecule and a unique construction.

Does the fibroblast make HA? Or does the body perhaps make HA somewhere else?

SPE: Yes, HA is made by most cell types. Fibroblasts and synoviocytes [and also rapidly dividing cells; fibroblasts and synoviocytes are not particularly rapidly dividing cells *in vivo*] are rich sources. There are HA synthase enzymes which extrude the growing polymer chains directly through the cell membrane, out to the cell surface and extracellular matrix. It looks like hair growing out of the cell.

HA is one of our body's main lubricants. It's found in high concentrations with other lubricating proteins in synovial fluid and in skin. Together with binding proteins, such as large aggregating proteoglycans, they provide a gel into which the fibers are embedded. They hold water in the tissue and help create the viscoelastic properties of connective tissues.

LAH: So cool. What is so special about HAPLN1 to make it the focus of your study?

SPE: I've been interested in all the proteins that interact with HA. HAPLN1 is a smallish protein ~45kDa that stabilizes the interaction between HA and large proteoglycans. It might be thought of as a stabilizer of the ground substance. It was originally purified from cartilage where the proteoglycan-HA aggregates provide compressive stiffness. We since found out that fibroblasts and other cells make HAPLN1 but its function is only beginning to be understood. As a potential stiffener of the extracellular matrix, it's important to know more about how this contributes to myofibroblast induction and tissue mechanics.

For example, viral infection in the lungs, (such as with SARS-COV2), can induce the production of highly cross-linked HA which can further trap more inflammatory

cells and is part of the viscous secretions that clog up the lungs in COVID-19.

LAH: Ah, okay, so characterizing HAPLN1 is part of your focus. Your article mentions other proteins, can you give us a rough sketch of them? Versican and others?

SPE: Versican is one of the chondroitin sulfate proteoglycans that binds to HA, forming large aggregates. Another chondroitin sulfate proteoglycan is called aggrecan, and is found predominantly in cartilage. HAPLN1 stabilizes the binding between HA and the proteoglycan in a three-way interaction, a threesome. These proteins can also be found in other places such as aorta, intestines, uterus, nerve, brain, cancers, and other sites of inflammation. Due to the high negative charge of the hyaluronic acid and the chondroitin sulfate, these molecular complexes imbibe water and create a swelling pressure.

LAH: When I read the introduction of your 2020 article, I thought "HAPLN1 is bad, it is playing a necessary part of lung fibrosis." This area of research is about lung fibrosis, scar tissue in the lung, which causes a lot of suffering. Am I on the right track to think you are kind of getting at two birds with one stone with your research? On one hand, you are studying the molecular pathways involved in the disease processes of lung fibrosis (a debilitating and at times fatal increase of stiff fascia in the alveoli of the lungs), and on the other hand, you are a Rolfer who is interested in the global mechanisms of fibrotic tissue; is this a good model to investigate fascia in general, from the perspective of the deeper cellular processes?

SPE: Yes, fibroblasts have many things in common although there will be differences between the fibroblast from the different tissues. So you can learn a lot regardless of the cell type you choose. However, specific questions regarding fascia, joint capsules, or whatever is under investigation, researchers should be using fibroblasts from that tissue for their studies. We also happened to be funded primarily for studying lung inflammation and interactions of cells of the immune system, like lymphocytes with the fibroblasts and their extracellular matrix.

It's hard to know if HAPLN1 is "bad" because it can be highly dependent on the situation, the tissue, or the disease. Also, it is only beginning to be studied rigorously.

LAH: And you take really cool pictures of three-dimensional cells as part of your workday. What I understood right away from your research publication is that you are looking at where these proteins are in the lung fibroblasts over time? You are looking at them as the cells divide to see where these proteins congregate? With special staining procedures you can make these proteins of interest glow without killing the cell, so you can see the proteins *in vivo*.

SPE: Most of the images I took were of fixed dead cells treated with phosphorescent molecules that bind to HAPLN1 and versican (see Figure 1). However, you can use those fluorescent markers on living cells, do time-lapse and high-resolution microscopy on living cultured cells and tissue, *in vivo*.

LAH: Of course, that makes more sense, the cells are preserved for observation

by microscopy. In your Figure 1, what are those fluorescent markers in the images in your article telling you? It looks to me like the bright spots fill the cell cytoplasm throughout, so it is helping the cell swell and have girth with water while it becomes two cells?

SPE: That is one possibility. Some have theorized that the HA inside the cells helps to push the two daughter cells apart after mitosis. Others found that the HA outside cells facilitates cell adhesion and migration. It can have multiple functions.

LAH: When a fibroblast starts to change, to have its phenotypic modulation, is that when the mitosis is taking place? Cell division? Does the cell division change the cell into a myofibroblast? And I'm still thinking – myofibroblasts are bad, they lead to the disease state of fibrosis in the tissue.

SPE: It depends on the situation. Often times, they are inhibited from proliferating when they differentiate into myofibroblasts, and sometimes the cells proliferate. TGF-beta can act bi-phasically (i.e., it can do different things depending on the

concentration) and is sometimes an inhibitor of proliferation. Myofibroblasts are generally not good to have around unless you are in a wound-healing situation where they are necessary for part of the process. After the wound is healed and contracted, you want the myofibroblasts to go away. They typically die in a process called apoptosis and normal healthy fibroblasts take over. Often times they persist, presumably due to the residual tension held in the tissue. As you know, scar tissue or adhesions can become like a black hole, pulling fascia from quite distant areas.

LAH: Yes, exactly, which is why your research is so compelling. Okay, so for your 2020 article, you investigated human lung fibroblasts over time as they transitioned, via cell division, from fibroblasts to myofibroblasts. You took pictures of these cells from different angles where you were able to make the HAPLN1 glow in the images, so you could see how much was there at each step and where in the cell it was at each step of mitosis?

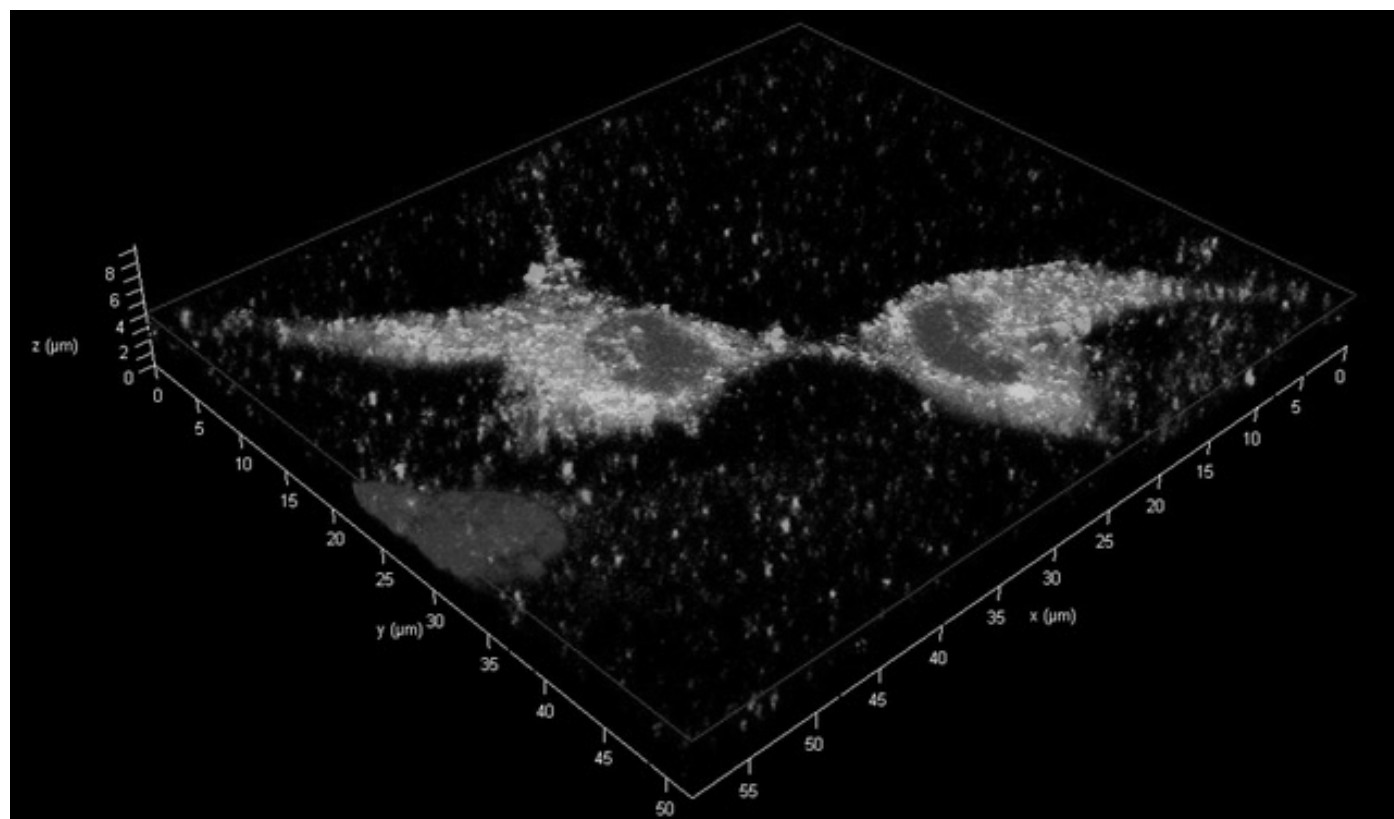


Figure 1: Mitotic lung fibroblasts. Specific monoclonal antibodies were used to identify the HA-associated proteins HAPLN1 and versican (lighter spots around the membrane of the cell and interspersed throughout the cytoplasm). HAPLN1 and versican appear as the bright spots throughout the cytoplasm of the cell. This is an oblique view of two fibroblasts that are almost completely finished with the telophase portion of mitosis. Stacked confocal microscope images were used to generate the three-dimensional appearance. Note how the bright vesicles containing the HAPLN1 and versican span the entire thickness of the cell(s). We previously found that HA is also taken up in the same way during cell division. The significance of this is not yet known.

SPE: Yes. And the fact that we find an extracellular protein associated with the nucleus is also of interest. There are now a number of proteins previously thought to be only in the extracellular matrix that also may have some function inside cells. This is quite exciting and interesting to many folks studying these proteins.

LAH: Oh yeah, now I get it. When studied biochemistry in the 1990s, the understanding was that information flowed from DNA to RNA to proteins, the arrows of the flowchart only went one direction. Now, we know, that molecules of varying types go right into the cell, into the nucleus, and affect the DNA. That is a big deal. So, you are interested in a potential feedback loop by HAPLN1 to the DNA during the phenotypic modulation, the transition from fibroblast to myofibroblast?

SPE: Exactly. Knowing more about how the extracellular matrix can impact the inside functioning of cells during these processes can help us devise better strategies to improve fibrotic situations.

LAH: And you research this cellular system because the more you can correctly describe the different proteins involved in this process, the more likely future research may be able to disrupt that biochemical pathway, produce pharmaceutical interventions to prevent lung fibrosis patients from developing this scar tissue in their lungs. And, it is really cool to understand fibroblasts as a Rofler because this is one possible mechanism of change for our touch interventions?

SPE: I really enjoy peering at cells through the microscope. There's a whole other universe in there! I'm sure it helps inform about what is happening under our fingers.

LAH: Absolutely. You've written about this previously as well, in your article

"Extracellular Matrix and the Manipulation of Cells and Tissues" in the 2009 *IASI Yearbook*. A very good read.

So now, with all your help here, I do understand the 'discussion' section of your 2020 publication, in a general sense. Tell me how this summary sounds, let me know where I go astray and what I missed:

1. You found HAPLN1 in the pericellular matrix (in the ground substance around the fibroblasts) of the lung tissue, which matches previous findings about HAPLN1 in the brain.

2. You found dots, or small spots, of concentrated HAPLN1 in locations where you thought the cell had moved away from, which lead you to propose that was HAPLN1 concentrated in that spot, left after that movement. So perhaps the HAPLN1 plays a role in stabilizing cell adhesion, cell stickiness.

3. The cluster of HA, versican, and HAPLN1 were imaged in the nucleus of the fibroblasts, which is pretty interesting, and suggests that it has a role in the structure and/or the function of the nucleus. Like you said, this cluster of molecules attract water, so I'm imagining the nucleus being more water filled with those three molecules present, like a water balloon? And you reported the possibility that these molecules may help fill the shape the nucleus after going through the cell division process.

SPE: That's right. Other folks have found that HAPLN1 can impact cancer metastasis by as yet unknown mechanisms, so these are important processes to understand.

LAH: The final point in your 2020 publication is quite complex, but I'd like to try to understand it. You state, "Extracellular matrix stiffness is a known regulator of myofibroblast formation"

which you describe as collagen fibers dominating, producing this stiffening effect (Evanko 2020, 808). You propose that HAPLN1 may be modifying this by making the matrix more compact. It sounds to me like you think HAPLN1 is part of the molecular cascade involved in phenotypic modulation, both in the extracellular matrix and in the nucleus of the fibroblast-myofibroblast?

SPE: Yes, it is probably like several other proteins that play multiple roles in cellular physiology.

LAH: The idea that is staying with me the most after reading your 2020 article, you are the first lab group to be reporting that HAPLN1 is also in the nucleus, which is a really interesting finding for sure. Was that a good day in the lab when you saw the cleaned-up images and conclusively could say – that molecule is for sure in the nucleus?

SPE: It's always exciting when you see something new. It usually just leads to more interesting questions and another research project for someone.

LAH: Okay, wow, I find this stuff quite intriguing, how molecules' presence, absence, and/or concentration can shift the whole entire cell.

Now we know what you were studying and why you studied it. Tell us about the laboratory: you were growing cells, you bathed them in special immunocytochemistry proteins and mixtures, then you looked at them under a microscope, took pictures of those cells. What was that work environment like? Did you find it easy to switch between lab work to Rolfing SI work? Very different kind of thinking I would imagine.

SPE: Yes, a very different work environment for sure. There were fancy microscopes and PCR (polymerase chain reaction) machines sitting around on black bench tops and lots of chemical solutions on shelves above. There were small desks with a computer nearby. I enjoyed the camaraderie of working with other folks on a project and discovering new intriguing things about how the body works. The complexity of it all is fascinating.

LAH: This is very cool to me, my first career was in the lab as well, working with neural stem cells as an entry level lab technician, then later photosynthetic bacteria researcher, and right before becoming a Rofler I was an assistant lab manager for a water quality laboratory.

**After the wound is healed
and contracted, you want the
myofibroblasts to go away. They
typically die in a process called
apoptosis and normal healthy
fibroblasts take over. Often times they
persist, presumably due to the residual
tension held in the tissue.**

What I know about lab work is that there is a lot of repetition, did your protocol take a long time to develop in order to look at this cellular phenomenon?

SPE: There definitely is lots of repetition. It was only possible because of past research that I can do this work now and is directly based on the work of a lot of other people before me. They first characterized these molecules and developed techniques and reagents, including making antibodies to identify the proteins that we were interested in (like those used in the image of Figure 1).

I appreciate any interest in this kind of nerdy topic because it really does relate to what we do as Rolfers.

LAH: Absolutely, it is really important that Rolfers be empowered with this knowledge, the cellular mechanisms that our interventions affect are real, they are studied, and thanks to researchers like you, we really can understand what's happening under our hands. You've given us a lot to conceptualize, I hope we can do this again.

Stephen Evanko is a Certified Advanced Rolfer and conducted cell biology research at The Benaroya Research Institute in Seattle, Washington.

Lina Amy Hack is a Certified Advanced Rolfer based in Saskatoon, SK, Canada. She is also the Co-Editor-in-Chief of this journal.

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Endnotes

1. Proteoglycan is a category of molecule known as glycosylated proteins. Generally speaking, it has a chain of amino acids forming a central protein while also having covalent bonds with one of several carbohydrate chains (polysaccharides) dangling off that central protein chain. They can be embedded in the cellular membrane with the majority of the mass of the molecule projecting into the extracellular matrix. There are many different types of proteoglycans and it is an active area of research. The primary biological function is to provide hydration and swelling pressure within tissue in order to withstand compressional forces (Yanagishita 1993)

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Letter from the Embryo

Becoming

By Konrad Obermeier, Basic Rolfing® Instructor



Konrad Obermeier

ABSTRACT *In the theme of 'integration', Konrad Obermeier reviews the process of becoming a human from the embryo, to birth, to post-natal embryo.*

The *embryo* is a specialist of *becoming*.

Becoming as a process is located in the continuity of nowness and this developmental movement has a distinct beginning: fertilization, and an unavoidable end: death.

Under specific circumstances a human ovum can manifest an amazing potential, it can initiate and maintain the process

of *becoming*. With unsurpassed beauty and elegance, the intimate, intracellular cooperation of nucleus, cytoplasm and membrane enable the unfolding of this potential through the skillful means of growth, differentiation, and maintenance. In a coordinated dance between the sound stability of genetics, the awesome activities of the cytoplasm, and the distinct discrimination of the



Figure 1: Embryos from posterior, length: 16mm, 30mm, 43mm. Volume, contour, and appearance change continuously. Embryological images and illustrations are originals from different publications by Dr. Erich Blechschmidt, used with permission from the author of this article and Kiener Verlag, Munich.

membrane, all the cellular components of the embryo relate to each other and to the environment in a meaningful way.

Initially the environmental field for this developmental movement is the uterus, equipped with a substantial number of relatively stable parameters. The predominant relational structure here is the placenta. After the fundamental and transitory change through birth, most relevant parameters for growth, differentiation, and maintenance will be less stable. Nevertheless, the *becoming* of the organism is not ending with this transition. Birth fundamentally alters the external circumstances, but the *post-natal embryo* keeps *becoming*. The environment is now called the world, topographically located on planet Earth, and *becoming* is the resulting totality of being impressed by this world and expressing into this world through adaptation.

After birth, *becoming* is the process in which the organism is extensively deepening the inhabitation of an unpredictable environment and expansively grows the relationship to this 'world out there' with more and more experience and refinement. *Becoming* mandates the necessity of interacting with increasing intimacy to an open environmental field. For the *post-natal embryo*, this is equivalent to relationships, and relating means being affected by the world. The world is a question, *becoming* is the answer (see Figure 1).

Ontogenetic development is lawful and obeys the rules of physics, chemistry, and biology. It respects the regularities of balancing metabolic gradients and engages the rules of fluid dynamics. The forces of fluid pressure and membranous tension always match each other perfectly. Internally the form, position, and structure of cells, tissues, and organs

continually change in this origami-like process. External volume, contour, and appearance morph and flow seamlessly through stages toward manifestation as an individual. And as always, manifesting only a transitory adult form (see Figure 2).

For the *post-natal embryo*, *becoming* is the manifestation of potentiality, the application of options, and the navigation between alternatives. The obvious changes of size, volume, and form of the organism are facilitated through the incorporation of fluid 'material'. This incorporation resides in the domain of biodynamic fluid forces. Additionally, the individual body realizes, co-creates, and maintains an active/reactive relationship with the environment on many levels, and at all times, until the end of its life.

We may assume that for any functional relationship with and in the environment, the *embryo* and the *post-natal embryo*

After birth, *becoming* is the process in which the organism is extensively deepening the inhabitation of an unpredictable environment and expansively grows the relationship to this 'world out there' with more and more experience and refinement.

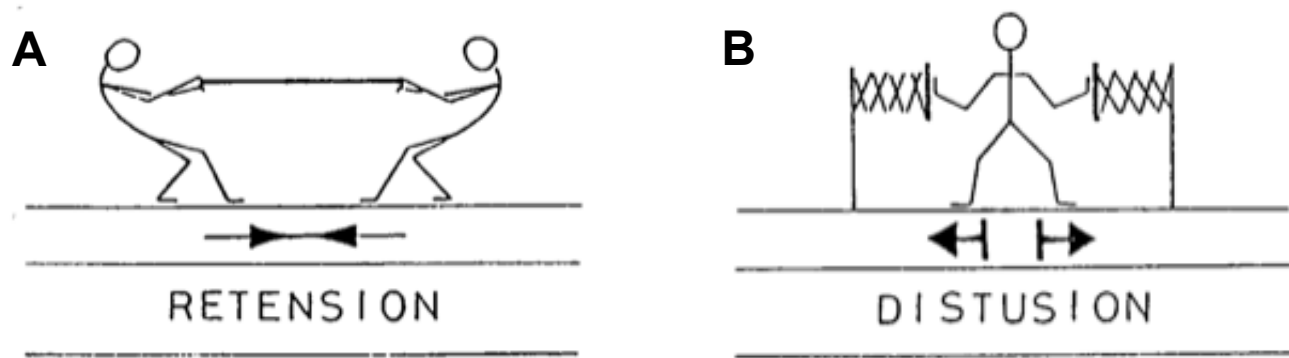


Figure 2: (A) Retension and (B) Distusion as examples of biodynamic forces met by cells, tissues, and the whole organism during ontogenetic development. Embryological images and illustrations are originals from different publications by Dr. Erich Blechschmidt, used with permission from the author of this article and Kiener Verlag, Munich.

keeps engaging in a two-way operation. One way of engagement is to move and express in an adaptive and meaningful way through locomotion and tonic function. The potential of this locomotive system can be explored and applied in countless ways, with a limited number of people becoming athletes participating in the Olympic finals.

The second way of engagement is to register and evaluate the world through the

potential of receptors and the processing of their activities in the nervous system. This fundamentally important haptic potential of orienting through the senses is continuously calibrated and coordinated with locomotion and becomes refined as a pivotal asset be it for survival, application of skill, or for pleasure. Perception does not exist *per se*, perception is never 'neutral', meaning free of motor activity. The two-way operation is actually a combined

single, integrated activity. Perception and motor activity are oscillating co-variations of *becoming* with 'expectation' being the background and the pre-movement of this senso-motricity.

The development of a physical structure (like a hand) brings along a potential of hapticity that can be realized in an infinite number of ways. For the *embryo* and the *post-natal embryo* hapticity is not restricted to the touch process alone. As soon as we understand hapticity as a fundamental developmental quality it becomes apparent for any other structure. Motor development and development of perception are integrated from the very beginning, they are (in-and-out) the heartbeat of *becoming*.

The structural manifestation of face and nose for example is unfolding within biodynamic forces, bringing along and opening up an enormous potential of olfactory hapticity (see Figure 3).

A beautiful and elegant example for the continuity of *becoming* in this sense is the training of the 'nose' for the perfume industry. Imagine a five-day workshop. In this weeklong training the nose, with all its potential for detecting airborne molecules, is exposed to fragrances from the sharpest to the smallest contrasts (see Figure 4). In the process of this 'education' (guided refinement and accumulation of experience) the owner of the nose becomes increasingly competent in perceptive differentiation and motor-navigating in an olfactory world.

To have a body *becoming* is to continuously learn to be affected by the *world*, to explore and be moved by this relationship, no matter how old this body is.

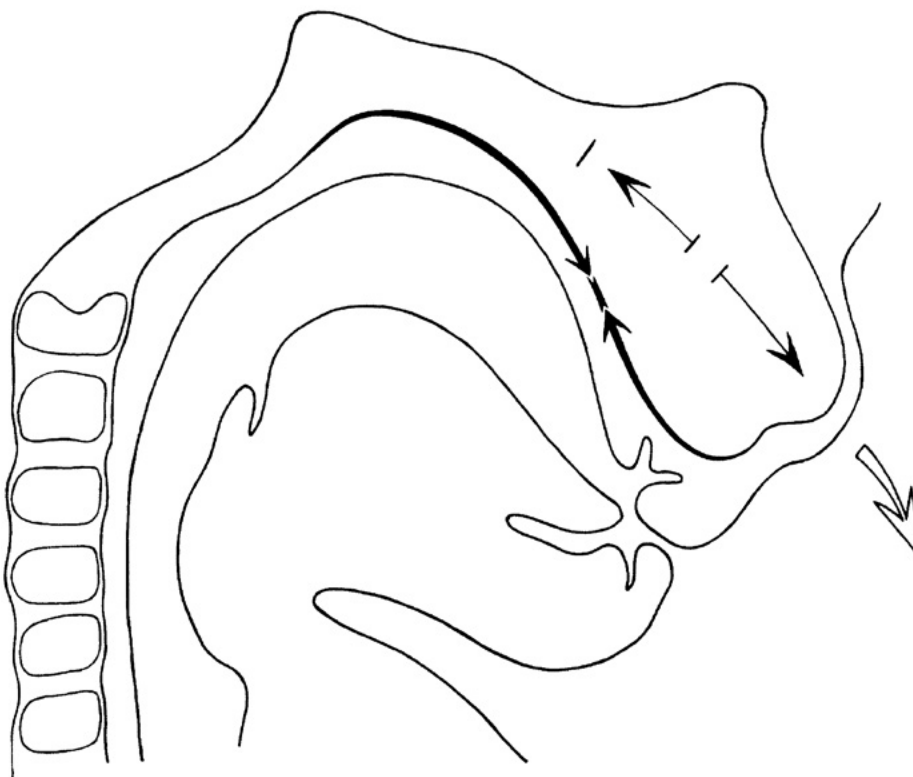


Figure 3: Illustration of embryo, 39mm. Retensional forces at the inferior septum nasale (connective tissue) meet distusional forces at the superior septum nasale (cartilaginous tissue). Embryological images and illustrations are originals from different publications by Dr. Erich Blechschmidt, used with permission from the author of this article and Kiener Verlag, Munich.

The embryo knows:
Relationship is substantial,
it empowers me to be
and enables me to thrive.

The author wants to explicitly express his gratitude to Hubert Godard. His comments and pointing out the paper of Bruno Latour: "How to Talk About the Body? The Normative Dimension of Science Studies" (2004) was inspiration for this article. You can download Latour's article from his website at: <http://www.bruno-latour.fr/sites/default/files/77-BODY-NORMATIVE-BS-GB.pdf>. Bruno Latour teaches sociology at the École Nationale Supérieure des Mines de Paris.

Konrad Obermeier holds a degree in communications from the University of Munich and has been a Rolfer since 1991. Currently, he serves as chair of the Anatomy faculty for the European Rolfing® Association. He is the editor of a series of books on the biodynamic embryology of Erich Blechschmidt.

The development of a physical structure (like a hand) brings along a potential of hapticity that can be realized in an infinite number of ways. For the embryo and the post-natal embryo hapticity is not restricted to the touch process alone.



Figure 4: Embryo, 40mm. The tensional forces between the falx cerebri (neurocranium) and the thyro-hyoid ligament (viscero-cranium) lengthen the face and nose. Physical structures provide the structural topography for the simultaneous and ongoing development of receptors, senses, and haptic potential. Embryological images and illustrations are originals from different publications by Dr. Erich Blechschmidt, used with permission from the author of this article and Kiener Verlag, Munich.

The Rolfing® SI Principles of Intervention

An Integrated Concept

By Jan H. Sultan, Advanced Rolfing Instructor, and Lina Amy Hack, Certified Advanced Rolfer®



Jan H. Sultan



Lina Amy Hack

ABSTRACT *The foundational theory of Rolfing Structural Integration (SI) is the Principles of Intervention. This article contains the complete description of the five Principles of Intervention as taught by Jan H. Sultan.*

Authors' note: This article is written in the voice of Jan H. Sultan. It is a consolidation of many conversations between the two co-authors, putting to the page the Sultan legacy teachings for the Dr. Rolf Institute® (DIRI).

In 1979, when Ida P. Rolf, PhD, died, she left the Rolfing® Ten Series to those who studied with her. We have passed it on to those of you who have in turn studied with us, and to the next generation of you who have studied from them. Within the Ten Series, she left both a way of thinking and a way of touch that works. Rolfing Structural Integration (SI) produces

effects across a wide range of body types. It has fallen to us to coherently explain the how and the why of Rolfing SI's outcomes. This article is about our inquiry into uncovering the underlying Principles of Intervention that drive these results. We don't have much hard information on Rolf's developmental history of the work. In her 'Recipe' we had her findings, but not her 'searchings'.

I came to Rolfing SI as a client of Rolf, and as a virgin to bodywork in general. I had never had a massage or acupuncture. There was no internet to study beyond what Rolf taught, so for her early students

she was the fountain of all knowledge. It was not until Rolf asked me to assist in her classes that I realized I needed a lot more study to be able to coherently represent the work. It was not enough for me to pass on the formula of the Recipe without understanding the nature of the body more fully. That realization has led my whole life on a journey of study in this area.

So it is here, halfway through my eightieth year, and with fifty years of practice behind me, that I want to pause and lay out my searchings as well as my findings. My hope in doing this is that the reader may use this to deepen their own journey of discovery. Rolf started me on a journey and introduced to me a way of thinking about the nature of human bodily being. For these fifty years I have been in a vigorous private practice, and engaged in teaching the work that I learned from Rolf. This distinction is essential. There is the work Rolf developed, and her ten-session formula. And now these many years later, there are a set of Principles of Intervention that differentiate Rolfing SI from other systems of manual therapy and somatic education. This is empirical science in action. The outcomes are predictable and can be reproduced by following this map. This is the technology of Rolfing SI that is embedded in the system that Rolf taught us.

I use this metaphor often: Rolf giving us the Ten Series is like somebody pulled a beautiful sports car up to the curb in front of us and said, "Go ahead, take it

for a drive." The keys are in it and it's an automatic. The driver doesn't have to do much, just get in, put it in gear, and drive it away. But if you want to know how that thing works, then you have to start backtracking. What makes a car a Ferrari? What makes it go so fast? What makes it steer and handle so well? In a way, the Rolfing faculty of the 1980s and 1990s looked at the Rolfing system and considered this project. We got the Ten Series as a universal template that produces generally predictable results. We had the experience that the Rolfing process helps to mediate the effects of aging, it resolves (perhaps) some genetically driven strains and stressors that the person inherited from their family line. We can mediate, if not fix, and guide the person's understanding of their body to a place where their balance works better for them. And if they're adolescent, Rolfing SI can support the emergent shape to be more coherent over time. The Rolfing faculty looked at all that and said to themselves, this is a Ferrari at the curb.

We were tasked with teaching this work. More than passing on the formula of the Ten Series, we had to go deeper in

educating our students about the nature of the body. It was not enough to produce a technician who could follow the rules. We intended to teach a practitioner who could carry on the work, and the inquiry. We wanted to produce students who could be of use in their communities as a resource for supporting health and well-being.

With some noteworthy exceptions, most of the other professionals who work with the body are concerned with repair, and the restoration of function lost to injury or age-related conditions. With all due respect, the bodybuilder and the yogi are truly polar in their concept in working to build a 'better body' and not just repairing it. But, there is little attention given to the creation of a structure that is fluid, more resilient, ages well, and is both strong and graceful in motion. What we could call the heightened lived experience.

The Quest for the Principles of Intervention

What is the difference between Principles of Intervention and strategies (or tactics)? Simply stated, principles define the game that is being played, and strategies

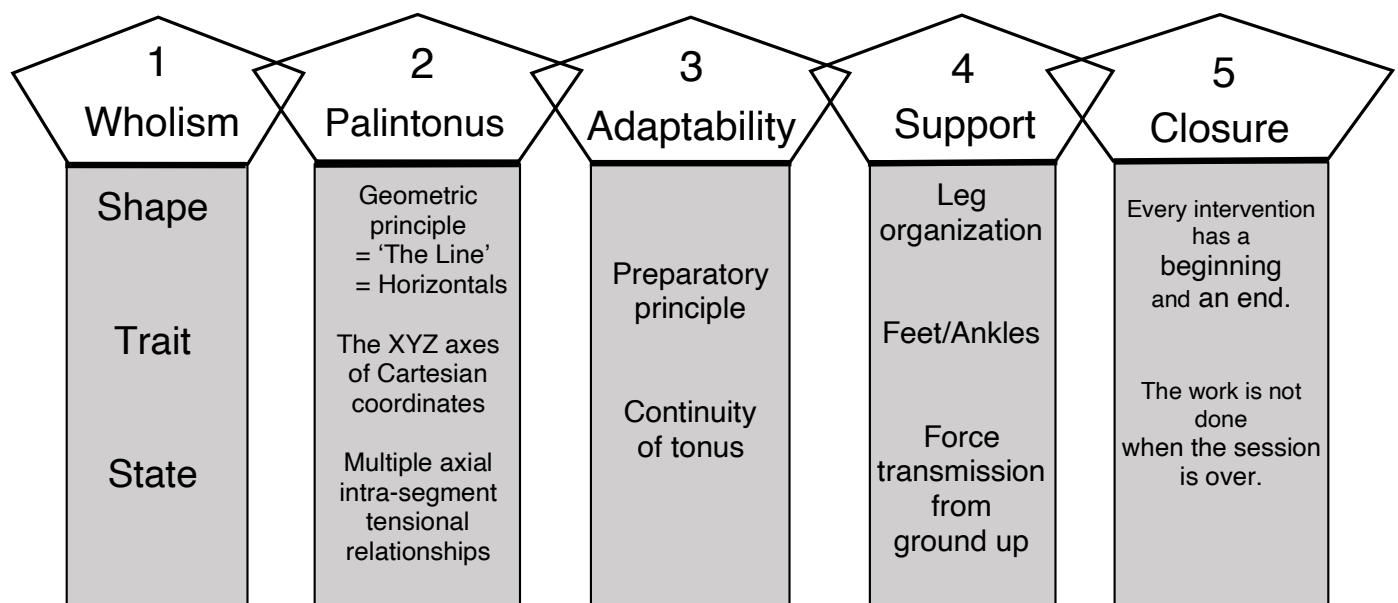


Figure 1: The five Rolfing SI Principles of Intervention.

are how it is played well. Principles are usually simple and somewhat fixed, while strategies are emergent and fluid, within the context of the game. If we are playing the board game of checkers, we have the basic principles about how the pieces move, and what constitutes winning. Without those principles, it's simply not checkers. On this basis then, we set out to understand what makes Rolfing SI what it is and what it is not. To do this we took apart that metaphoric Ferrari at the curb to study what make it so special. In mechanics, this process is called reverse engineering.

Unlike other professionals in our category like physical therapists, massage therapists, and even orthopedists, Rolfers are guided by principles; these principles are the upstream thinking that frames our perception and methodologies (Maitland and Sultan 1992). They establish the logical priorities when thinking about and executing a Rolfing session for the client. The Principles of Intervention are the *a priori* (before the fact) thinking needed to plan strategy and then offer manual and/or movement intervention. What makes Rolfing SI unique in the field of manual therapy is that we work according to these principles. Just like we cannot play checkers without a shared understanding of the constitutive principles of the game, a Rolfer must apply all five Principles of Intervention at the same time to execute a Rolfing SI session: wholism, palintonicity, adaptability, support, and closure (see Figure 1). By definition, the principles do state the logical foundation of our work, but do not state a temporal order of the sequence of interventions. That level of action is under strategy and tactics. The strategic questions are “What are we trying to accomplish, and how do I work to get there?” And, usually, “How do I know when the intervention is done?”

Rolf gave us the Ten-Series Recipe, then the faculty of the then Rolf Institute® of Structural Integration (RISI) [now the Dr. Ida Rolf Institute® (DIRI)], went to work defining Rolfing SI, describing the

paradigm of Rolfing SI (Maitland 1993), and an early publication of the Principles of Intervention described four of the now five principles (Maitland and Sultan 1992). As a profession we have moved from being a formula-driven approach toward client-centered sessions. This evolution is in part due to the history of the development of the Principles of Intervention. To present each principle, let us take a moment to first examine the role of abstractions as descriptors of process.

Abstractions

Rolf would say to the class that if we had a year to spare some time, Rolfers should learn about general semantics by reading *Science and Sanity* by Korzybski (1933). A classic quote by Alfred Korzybski is “There are two ways to slide easily through life: to believe everything, or to doubt everything; both ways save us from thinking” (Moncur 2018). General semantics is about the language we use to store information in our brain, how language itself limits and organizes the knowledge that we retain. An abstraction is a word or phrase used to explain a complex concept. It can sound like a metaphor with profound meaning or it can sound like nonsense. Rolf used to say, “If you are going to use an abstraction, that is to use words disassociated from their common usage, you have got to take the time to define it for the reader or the listener.” The Principles of Intervention are such abstractions and here I will lay them out in as grounded a way as I can. In Rolfing SI we have this struggle about the difference between a really good abstraction that will help to grasp a big concept, and of using abstractions because it is easy to use high-level abstraction language. It can sound like great rhetoric and yet does not produce cognitive understanding. This has been the job of the second generation of Rolfing faculty after Rolf, to coherently define the work.

In retrospect, this concept of abstraction took up a fair amount of lecture time, as

she struggled to teach her students how to think and communicate about the work. Rolf would point out, if you want to study abstraction, look at a transcript of a political speech and circle every word you can't concretely define. You will see that there are loaded words, and that these words are being used to elicit an emotional response, without having a clear, grounded reference. That is how politics works. In order to be alert for this, if you run into an ungrounded abstraction, make note of the emotional response: it can be excitement, it can leave the reader ungrounded and uncomfortable. In this discussion of the Rolfing SI Principles of Intervention, we aim to have the abstractions linked with concrete ideas, and references. They are intended to elicit learning and communicate high-order phenomena about the human form; they are backed by my fifty years of teaching and practice. Here then are the Principles of Intervention.

1. Wholism

Rolf would say, “This is a wholistic approach to organizing the body.” Rolf intuited wholism from way back in the 1930s, and now, wholism is practically a household word in the wellness industry. Rolf talked about it long before the concept became a common idea in the culture as it is now. Wholism became the first Principle of Intervention in defining Rolfing SI. In essence, wholism is a meta-principle. Any place that you touch the body gives you access to the whole body. The idea, confirmed by the study of embryology, is that the skin is the outer layer of the brain. Imagine someone who is sitting quietly; if you touch them with the tip of a feather, or a fly lands on them, their whole system will orient to the stimulus. In an aware person, if their personal space is entered by another person, they know it even without touch contact. So in this way, the Rolfing SI idea of wholism is that you can get to the whole body from any place in the body. For example, if a Rolfer is working with a troubled joint, he or she

An abstraction is a word or phrase used to explain a complex concept. It can sound like a metaphor with profound meaning or it can sound like nonsense . . . It can sound like great rhetoric and yet does not produce cognitive understanding.

is enjoined to also work two joints away to ensure connections in the brain/mind. In this way everything is interconnected. Rolfers don't think in parts, we think in global terms. This is our wholism.

This is quite different from our colleagues in the practice of physiotherapy and massage therapy, to name only two. They are trained in the medical model, which carries the philosophy of reductionism. Their practice is to narrow the inquiry to the region of discomfort to do their work. Physical medicine is dramatically compartmentalized to the extent that an orthopedist may specialize in shoulder problems and would refer you to a hand surgeon for any symptoms in the hand. The insurance industry has something to do with this as well, to the extent that physical therapists cannot even work on potentially related parts of the body and get paid for it. The reductionist treatment model is driven by both economics (not spending to support health), and compartmentalized payment when the insured is in need. As Rolfers, our entire approach is, by definition, wholistic.

The Rolfing concept is that the human body is a unified whole that stands in relation to gravity (Rolf 1977). The execution of Rolfing work aims to allow a newly emerging pattern of order within the whole structure of the client, that these changes of organization in gravity must be brought to the highest level of available integration. The wholism principle applies to the academic concept the Rolfers develop from their anatomical and physiological studies. It applies to the body reading done by the Rolfers at the beginning and the end of sessions. And it applies to these Principles of Intervention (as a whole) as well. All the Principles of Intervention work together and wholism is a meta-principle where "no principle can be fulfilled appropriately unless all principles are" (Maitland and Sultan 1992, 19).

Wholism is a perfect example of an abstraction. What do we mean by Rolfing wholism? Rolfers do not address all aspects of wellness for a client, we don't advise about nutrition or exercise (unless we have elsewhere acquired those appropriate credentials to do so). Rolfing SI is about how to approach the structure of the body in the gravitational field. We mean structural wholism and functional wholism; all the tissue components that, taken together, are the entire body of a person and all the behaviors that these tissues express. Rolfing SI is uniquely driven by the practitioner's ability to

see the shape of their client's body organization in gravity. Rolfers look at how the body form takes up three-dimensional space, and how the person literally occupies that space.

Shape

What does the form of this person look like? Rolfers ask themselves this question that has spatial and temporal lines of inquiry and it delivers quite a lot of information about the client. We look at the silhouette of the person, the shape and global form. Rolfers use a unique professional gaze that involves taking the long look at the whole person in gravity. To that end, we have clients walk around the room for a minute, we tell them, "No, don't try to look good, just be how you are." We make mental note of their individual form, distribution of mass, how the shape goes through spaces, as well as, how does the person appear when standing still. We observe the push and pull phases of the gait, and how the weight is managed in motion. A Rolfers may have a client sit on a bench and stand up again, as an investigation of how the shape folds and unfolds. Rolfers get their information wholistically. The shape imprints with the Rolfers before doing other analyses.

Maitland gave us this important phenomenology question (Maitland 1994): what is the nature of human bodily being? We can evaluate the body objectively, as one type of inquiry. We also analyze how people report their sensations, and the gestures they use in description. Rolfers often ask: what is the present pre-reflective experience? That is to say, what is happening before a person grasps for words to describe the experience. There is a big container of knowledge that Rolfers draw from to work with the nature of human bodily being. We always come back to the body's structure and function. Wholism doesn't deny any part of the body.

In Rolfing SI, we know each client is a unique individual who is the summation of all their life experiences, their environment, and their genetics. Genetics express a host of characteristics that match their biological family members. A person's structural shape is the end point of evolution of their ancestors, coupled with the wear and tear of their lifetime. In biology this is the nature/nurture equation. Every person has longstanding traits that are visible and have been with this person perhaps their whole lifetime.

At the same time, people have relatively stable states that are the resultant of their life experiences. These are the more transitory qualities of autonomic nervous system function. Rolf was shape driven. She'd have people stand straight and direct them to get their geometry in order, and that's all about shape. Rolf didn't talk about trait, not ever. This idea came to me when I was chewing on the abstraction of wholism and what she meant by that, or indeed what it meant to me.

Trait

A trait is a distinguishing quality about a person's shape, often it is an inherited characteristic from that individual's ancestors, but it could also be an enduring state that has become fixated in their structure and movement. A trait is a long-enduring curve of behavior. By contrast, states may be enduring or transitory. The leading question "what is the nature of human bodily being" drops us right down into the traits of the person in front of us. This is one of the places where our work has influence. Rolfers are working with traits to raise adaptability, to get more plasticity of both shape and behavior, perhaps challenging the limits of my grandfather and grandmother (whom I'm carrying in my blood and bone). These limits can be stretched and shifted.

Let's conduct a thought experiment. Let's say we have person A and they are a person living in the northern Mediterranean as their people have done for a thousand years and we have person B who is Nordic in birth, life, and ancestry. Say they are the same gender, same height, weight, have had comparable stressors and strains through their lifetime, and at age forty they experience the same fall off a bicycle, for argument's sake, the same twisting and deceleration forces. These two human forms will have very different adaptive responses to this injury because the traits they each possess are quite different. Their hard frame skeletons and the associated tissues for these two people would be so unique and individual, that when the forces of the fall get dispersed through the body, they would be distributed differently. The way the energy of the crash flowed through each body would be unique. This is the level of trait; it is a primary driver of the individual difference between clients.

As a person is nurtured, they take the form of the cultural imprint of their people

and their family group, like a collective trait expression. Traits are these long, stable variables, they reflect where a person started out in life. Traits generally have less plasticity than states. These are the events that shaped a person on a relatively long time curve. Trait was this missing bit we had to figure out after Rolf. How do we make observations when somebody walks into your office? It's not just their posture, it's also their ancestors living in them. How much of this can you change? If you are trying to change adaptability from the genome, you're in relatively stable material so you must put effort in to stir it up.

Rolf's original technique put an organized stressor into the body so that some of the deeper genetic stuff could respond, and change the way it was adapted. In those old days, when we would do Rolfing sessions on people, some of them would change a lot. They would change what they were doing for a living, they would sometimes change their gender preferences. They would get a divorce. I don't see that kind of dramatic lifestyle change after our work any more, and I believe it's because we have backed out of the original technology enough that we're not bringing latent traits online. I think the original Rolfing work did that.

When thinking about the traits of my client, the first thing I look for is whether the structure is congruent onto itself or incongruent. Trait-driven body reading brings in the question: what is dominant? Let's say the dominant trait of a client is how the pelvis finds its support through the legs. I might try to bring the rib cage more over the legs, get more or less dorsal kyphosis, a little more cervical curve. Once those matched better, then I would start working on the legs to drive the organization up to

a higher level. That's how I work with trait, I really think about congruence and how well somebody fits together.

Sometimes we will have a client that comes with high congruence as a trait. We all intuitively know what a person like this looks like. Naturally well-organized structures have a beauty to their presence, in that they seem to be well put together. These folks are natural athletes if they choose. This is high congruence. With the well-organized structure, we can still raise the adaptability of their traits, we can resolve some of the old strains. When it comes to traits, sometimes the ancestry of the mother and the ancestry of the father come to produce a highly coherent offspring. They were born with coherence as a trait.

Incongruence in the traits can come from the ancestral line or it can be the result of an adaptive demand that made the structure take a different shape. Sometimes being the endpoint of a mother and a father from very different heritages will produce incongruent body segments for the person. But also, incongruence in the traits of a person could be from growing up in an abusive household for example. If a person is always ducking conflict or always walking quietly, that kind of adaptive behavior then gets imprinted deeply in the expressive behavioral traits of the individual. You see the person years later still walking quietly, still ducking their head, still always looking up as though the parent is going to come down on them.

Within the observable shape of a person, the traits are visible. Inherited from their parents and ancestors, there has been an interaction of genotype with the environment (their phenotype), and taken

together, we are looking at the physical expression of genes, nurturance, culture, and adaptation when we look at one person's whole shape.

State

States are transitory ways of being, visible and easily observed, they represent the structure and function of the autonomic nervous system. They have a lot of plasticity. States are events that are on shorter oscillations when compared to the long arc of traits. Considering a client's state gets into the psychobiological line of inquiry, noticing information about a person's worldview. To observe state is to notice the expressive behavior that people carry with them: always angry, depressed, or timid for example. People may be wired up about hard things that they are dealing with in their life, or they may be feeling generally happy – that is state. States fluctuate. An individual's state is associated with their psychological adaptation. Are they able to modulate their own state as a means of self-care? Do they have habits that support good self-regulation in their lifestyle? A lot of times people will have discomfort due to the high arousal of their dominant state. They will do what they can to self-correct, like yoga or they go for a run. Then as they come down from the run or the yoga class, this helps to regulate their state, even as it may never touch the genesis of the habitual state.

Like shape and trait, state is a variable of wholism. Tracking state can offer quite a bit of information, both as the client's state changes throughout a session, but also between interventions. Their habitual states may shift. Also, you may become aware of states of the person's being that have become immobilized, their nervous system or part of their body may be stuck in activated states or stuck in muted states. A person can become habitually activated, like the car accident was happening every day from the perception of the person's nervous system. The state can persist for quite some time, as it is being carried around in the tissue. It may look like the person is always angry or grumpy, or they are always scared. Some people can be easily triggered into high stress states. For a complete description of the range of stress states that people experience, see the work of Peter Levine, PhD, his discipline of Somatic Experiencing® is foundational knowledge for all Rolfers. Levine was a

Inherited from their parents and ancestors, there has been an interaction of genotype with the environment (their phenotype), and taken together, we are looking at the physical expression of genes, nurturance, culture, and adaptation when we look at one person's whole shape.

The higher-order application of the palintonic principle is being able to perceive the nature of each client: the Line, the horizontals, the three-dimensionality of their shape, and the multiple axial intra-segmental tensional relationships.

student of Rolf in the early 1970s and went on to develop his own unique brand of state-driven psychotherapy called Somatic Experiencing.

Trait + State = Shape

Wholism is the first Principle of Intervention applied by Rolfers, we look at the whole shape of our client during the body reading. A person's structural shape is the end point of evolution of their ancestors, the nature of what our ancestors gave us: our blood, our bones. The preexisting states and traits visible to the Rolfer, the whole shape of the person, are the matrix that absorbs the life experience. There was a trait there before the hurt, and in that part, a Rolfer may have to get plasticity in the trait variable before they can get restoration of their normal function. A lot of times, if you want to get a state change, you've got to get a trait change, because the state and trait are intertwined.

State, trait, and shape are interacting variables that Rolfers are continuously paying attention to, tracking, following, and listening. During body readings, Rolfers make detailed observations of people and to apply the Principle of Wholism ask these three questions:

1. How much of what I'm looking at is an ancestral pattern?
2. What has happened to them, recently and in their lifetime?
3. What is their state right now?

2. Palintonicity

Palintonicity is a word Rolfers use to describe the dynamic geometry of tension within the body as it spans the lived space, stretched between the far stars and planet Earth (see Figure 2). This expression of palintonicity, of 'The Line', is Rolfing SI's fundamental principle of organization (Maitland 1991). The word comes from Heraclitus, a Greek philosopher who was active around 500 BCE. His doctrines included the unity of opposites (Graham

2021). Heraclitus posited that the harmony of the world is like the tension found in the bow and the lyre (an instrument like a violin). Rolfers started using the term palintonos in the 1990s to describe a similar nature of the body and its fascia in the gravitational field where the human body is organized or disorganized under the tension of being upright (Maitland 1991). 'Palin' is a Greek root word that means 'back again' and 'same backwards and forwards' like in palindrome. 'Tonos' is a Greek root word that means tone, like a musical sound from the balanced tension of a guitar string.

Rolf often spoke of the Line as a logo of relationship between the body and the planet, as well as a symbol of the relationship between the body and the far

stars. As Rolf talked about the Line, she was talking about the physics of gravity between the planet, the human body, and the open space of the universe. Palintonicity is an organizing Principle of Intervention that integrates Rolf's Line model with the notion of an ideal balanced tension within the structure and movement of people. Verticality with ease requires being both grounded on the Earth while also allowing an uplift to the sky. One pole of the human body cannot be fully organized without the other (Maitland 1991). Palintonic harmony is a visible quality about an individual, Rolfing interventions are directed towards clients finding their awareness of balance between the up and the down of verticality, in standing, sitting, and dynamic movement.

Over time, I came to call palintonicity the geometric principle as well, because so many people stumbled on palintonos. The geometric principle is concerned with the spatial order of the human body, which was another way we described Rolf's original thinking about the Line. She would have us look at the horizontal structures organized around the vertical (see Figure 3). Rolf would talk about hinges (see Figure 4), planes (see Figure 5), the vertical Line, and the many horizontal lines of the body. Rolfing SI is a system of myofascial and movement interventions to organize the human body in gravity by creating palintonic order in the body (Maitland 1991).

Francisco Varela (1946-2001) and Humberto Maturana (1928-2021) described a similar phenomenon in biological systems called autopoiesis (self-producing). An autopoietic system has unity within a closed biological system where the molecular components maintain life by interacting with each other and having flux between components. Autopoietic organization refers to the nature and the boundaries that contain these components. They are subject to change and have compensatory adaptations (Zeleny 1981). Varela and Maturana were linking the way the body moves to the way an amoeba moves. The amoeba is a blob-

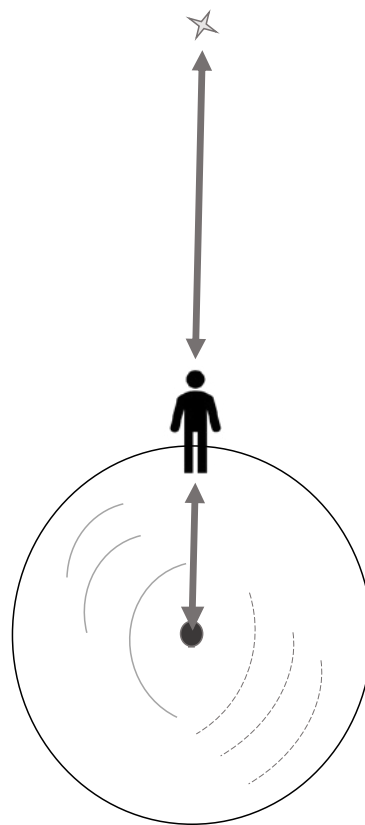


Figure 2: Human beings organize in a space between planet Earth and the far stars.

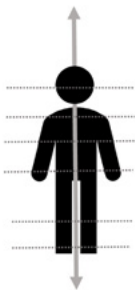


Figure 3: The horizontal structures are organized around the vertical Line.

of-an-organism that puts out a pseudopod to move, fills the pseudopod with itself, and moves. That the real function of a body is shape change in space, that we are flowing from one place to another, except as humans we're articulated with bones and joints that clickity click along. When someone is moving with profound grace, they seem to flow . . . it's more amoeboid. We know it when we see it, this is what is visible about the palintonic principle.

In this sense, Rolf's original geometry of the vertical Line and the associated horizontals is a simple abstraction, whereas palintonicity is a high-level abstraction. Palintonicity is the felt sense that the head has an innate impulse to reach upward to the far stars while at the same time the feet and legs organize to reach to the planet. It is the abstract notion that arms reaching opposite directions have an interaction within the tissue of spaciousness pulling away from itself, the body can be moving in two directions at one time.

Palintonic lines can be thought of as mathematical geometry where the horizontal of the ground is the x-axis, the verticality of the Line is the y-axis, and the spacious organization of the shape is along the z-axis; that is to say this Principle of Intervention is concerned with the three-dimensionality of the human body based on the Cartesian coordinates. That in addition to the tension from gravity, each body segment has axes of movement, these axes relate between the segments through tensional relationships. Working with these multi-vector forces in the manual manipulation of tissue is the application of this Principle of Intervention. The higher-order application of the palintonic principle is being able to perceive the nature of each client: the Line, the

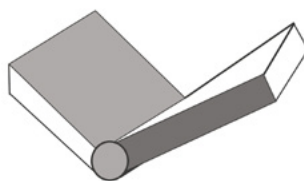


Figure 4: Hinges are one representation for some of the horizontal lines within the human body.

horizontals, the three-dimensionality of their shape, and the multiple axial intra-segmental tensional relationships.

3. Adaptability

The adaptability principle was originally called the preparatory principle and stated that the Rolfing intervention is concerned with preparing the body to receive order in the gravitational field (Maitland and Sultan 1992). Changes introduced to a person's structure must be capable of being sustained and integrated by the whole system. Rolfers raise the adaptive capacity of the organism as preparation for wholistic organization in the gravitational field. (It is interesting to note that Joe Pilates also developed a method of physical culture that he claimed would prepare the body for the demands that would come.) For example, if somebody comes to a Rolfer for a shoulder strain, the Rolfer applying the adaptability principle will consider: I have to get that strain in the underlying ribs resolved before this shoulder is ever going to rest easily. In order to get the ribs resolved I have to deal with the costotransverse junctions where the ribs and spine come together. And there you will see how linked the Principles of Intervention are, you are in wholism when thinking about adaptability.

Sometimes the intervention must go far from the region you're trying to influence in order to make it more accessible to integration, instead of spending all your time on the area of complaint. The metaphor that comes to mind is from when I was a hunter. One time I was tracking an animal in snow and I had walked probably a couple miles following these tracks when I crossed the tracks of another animal, a coyote, and its



Figure 5: Planes of fascia span the spaces between body segments.

footprints were fresh. The coyote had been travelling perpendicular to my path, crossing in front of me. I went on and then found the coyote tracks again but this time they were going the other way. Then I realized, this coyote was tracking me, but tracking me from being in front of me.

It was a great moment. To think that I was tracking one animal, carefully following my prey. But in the case of the coyote, they were predicting where I would be, ranging out away from my path and watching me, then crossing again in front of me and watching me. This is like the preparatory principle. In the tissue, sometimes when you're following something, you have to go into unlikely places in order to observe what's going on and to get an objective sense of the whole system. Like the coyote swinging far ahead in the hunter's path, a Rolfer needs to head far and wide from the path to feed toward the objective. Sometimes when you're tracking or you're preparing your client's system, the useful thing is to do something unlikely. This is the adaptability principle; it adds this unlikely element.

Often clients will come into my practice and they say they've got some back pain and then I start working on their feet. They ask me, "Why are you there? I came here for back pain. This is the unlikeliness of preparation." I take the opportunity to give them some education by saying, "In order to get to your back, I have to get your legs a little better organized. I must get your lateral arches working. I must get your knees tracking better. I have to get your psoas and gluteal muscles to coordinate their dynamic tension better." That's the preparation of adaptability.

Like palintonicity, adaptability is a higher-level abstraction. What does it mean if a person's structure is more adaptable? One of the positive outcomes of this

work is that the people have better stress adaptability. When things get tough for them in their lives, either physically, like if they're an athlete and they're nursing an injury, high adaptability allows them to still rebuild, or if they're simply under stress their system adapts to the need to relax. A person who has a wide range of adaptations can return to an easy state after their stressor has passed. The range of states the person's system has available increases as they go through their Ten Series.

Another example of increased adaptability would be a person who presents with neck pain and they say, "Oh I had that injury in high school. Yes, I had whiplash," and the Rolfer begins to restore normal neuromyofascial tone with manual interventions. When the person reports comfort and ease with their neck, it implies that they will not be wearing that injury as they move more freely than before. Compare that with a sign of not being able to adapt. This is when a person has an old neck injury and then they get hurt again. The new injury goes right to those old places and locks them up. People will say, "The new injury made my old ones hurt." The adaptability principle has the one outcome of getting them to stand up straight and be symmetrical, and also, their tissue has heightened adaptability for the stressor and strains in their future. The continuity of tonus in their tissues has been restored. A person who has high adaptability has a certain kind of grace that emerges in their movement, it is pleasing to see as a reflection of ease within.

There has been suggestion that continuity be brought forward as a sixth Principle of Intervention, and authors may make a case for it. Yet Maitland's (2016) sixth intervention heading in the "The Principles of Intervention" chapter found in *Embodied Being* is not strong enough evidence to move forward with that claim; as he himself states "the continuity principle is a specific application of the adaptability principle" (43). What we are talking about here is what makes Rolfing SI strong in its theoretical foundations; what makes Rolfers unique within the professional category of manual therapy

is the five Principles of Intervention. Only Maitland can speak to the absence of referencing his original publications of the Principles of Intervention when he described them in *Embodied Being* (2016); the short discussion of the adaptability principle is one place that reveals that the development of this concept was not his alone. The absence of noting Maitland and Sultan's seminal publication "Definition and Principles of Rolfing" (1992) can lead one to believe that he was not speaking directly to Rolfers in particular. Here, we are talking about the specific technology that Rolfers apply.

Coming back to Rolf, the old firm touch technique may have activated potentials in the genome, and that strong vectorized touch was a *highly organized stressor* to which the body could respond in a positive way. Working in the adaptability principle is to create the opportunity for new movement, new behavior, to match the new present moment. If you get somebody better plasticity within their tissues and better connection between segments, the body mobilizes and changes to meet that challenge; then the person arrives in the present moment. Comfort is an outcome of adaptability; the person is more able to manage stress, to return to a baseline that is not high tonus, they can move into action when inspired, and then back to repose with grace.

4. Support

The principle of support started with a very basic idea: you can't really organize the upper body unless you have organized the legs. The results we get while taking a person through a Ten Series are only as good as the leg organization. Years ago, we used to take polaroid photos of every session and put them up in sequence in order of each session. Then occasionally, I was able to see the client again several months after the completion of their Ten Series and take another set of photos before I intervened again. What was so obvious was that at the Tenth Hour, if the legs were well organized, the person got better over the time after their Ten Series. Better in terms of spatial organization

and the front/back balance. But if the legs were still 'in trouble' at the Tenth Hour, as in they still had genu varum (bow legs), genu valgum (X legs), or not matching legs, then the person would have devolved in their structure until they met the available support in their legs. This led me to think over time, the job is only as good as the leg work to organize their support.

The support principle can be seen as an extension of the adaptability principle, that you can't get something organized unless you have support for it. You can't get something organized unless you have preparation for it. These principles have a lot of interlock when you start getting more abstract about it. This principle evolved out of that old pre-Eighth Hour question: is this session an upper session or a lower session? And the question would have to consider, can the legs as you see them now support or integrate any new change made today? If the answer is not yes to the pre-eight leg question, you've got a leg session in front of you. That is where the support principle came from.

5. Closure

The closure principle was the last one to be developed; oddly enough, we didn't understand closure until after the other four Principles of Intervention were put into practice. The struggle was, when you finish the Rolfing Ten Series, you're not done. Rather, a set of processes have been initiated in the body that sometimes takes a certain amount of time to show up. How do you define closure when you have an open-ended process that's initiated by the work you've done? Maitland said, every intervention has a beginning, a middle, and an end (2016). Our closure is when the Rolfer leaves the process, either at the end of the session or at the end of the Ten Series. This influenced how I teach and how I work.

This is a framework: a client comes for a session and you have one hour. First twenty minutes is essentially opening the session by figuring out how you're going to proceed. The Rolfer is to start

Working in the adaptability principle is to create the opportunity for new movement, new behavior, to match the new present moment.

... the closure principle doesn't mean end. It means leaving the process like a gardener, when you plant seeds you don't get to harvest right away.

with the Principles of Intervention, develop strategies, and move ahead with individually tailored interventions. The second twenty minutes is the depth and breadth of that work. In the last twenty minutes, you have to be going for closure and integration. It must start in that last third of the session in order to leave the person organized enough to carry the work back to their daily lives. So, the closure principle doesn't mean end. It means leaving the process like a gardener; when you plant seeds you don't get to harvest right away. But if you put down peas and you've built the trellises, pretty soon you'll have peas climbing the trellises.

Closure is the Principle of Intervention that is giving space to the client because it takes time for changes to show up. In my practice, when people get off the table, I never ask them how they feel. I want to wait until they come back for the next session and then ask, how did that set with you? That's a better measure, higher quality feedback. We don't want them to reflect on how they feel right away. We want them in a pre-reflective state with just the session echoing through the domains of sensation and organization, allowing their proprioception to experience closure of the touch and of our time together. When you ask someone, how do you feel, as soon as you do that, you've gone to a different domain with them. Rolfing SI is education below the mind, which is in the domain of sensation.

Good Rolfing work initiates processes that take time beyond the session to show up for the client. This is why I've never been a fan of closely packed work. Can you do a Ten Series in three weeks? Sure, but that's not closure. People don't have time for the integration. When thinking about closure, you want people walking out the door with that pre-reflective state. You choose your words wisely, maybe as few words as possible, and the least direction. This is the best chance to keep them out of the cognitive so they may amplify their own sensorial landscape. I may offer a simple directive like, walk around the room, notice where your eyes are landing, invite your eyes to look at the horizon

more often, when you're in motion, when you're walking, scan the horizon with your eyes. And because essentially the body follows the eyes, where you're looking is where you are going.

Conclusion

The five Principles of Intervention - wholism, palintonicity, adaptability, support, and closure - they are an essential part of the technology of Rolfing SI. They contain within them the system that Rolf taught us. To teach this work, the Principles of Intervention define what this work is and what are the logical priorities that govern our strategies and interventions.

Jan H. Sultan's initial encounter with Dr. Rolf was in 1967 as her client. In 1969 he trained under her. In 1975, after assisting several classes, Rolf invited him to become an instructor. After further apprenticeship, she invited him to take on the Advanced Training. Over the next ten years, Jan taught several Advanced Trainings with Peter Melchior, Emmett Hutchins, Michael Salvesson, and other faculty members, collaborating on refinements to the Advanced Training. Jan currently teaches Basic Trainings, continuing education, and Advanced Trainings for the Dr. Ida Rolf Institute and to the extended SI community. He feels strongly that his responsibility as an instructor goes beyond simply passing on what he was taught, but also includes the development of the ideas and methodology taught by Rolf.

Lina Amy Hack is a Certified Advanced Rolfer practicing in Saskatoon, Saskatchewan, Canada. She is also the Co-Editor-in-Chief of this journal.

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Rolfing® SI as Strategy

By John Panter, MA, Certified Advanced Rolfer®



John Panter

ABSTRACT *In this article, John Panter discusses what makes Rolfing® Structural Integration (SI) distinct within the professional category of manual therapy. He describes how the organizing work of Rolfing SI has strategy behind the myofascial interventions. Panter finds Rolfing strategy to mirror some elements that underlie military strategy, and he discusses several historical examples.*

A question arose lately in online forums, whether myofascial work is the distinguishing characteristic of Rolfing® Structural Integration (SI). My offhand response was so well received that I was asked to elaborate it for the Dr. Ida Rolf Institute® (DIRI) journal. Here it goes: the important, distinctive part of Rolfing SI is not the myofascial release. Lots of people are doing that, but doing it as therapy. The clue to Rolfing SI is in the second part of the name: Structural Integration. In other words, organizing the work so that the causes of the symptoms, misalignment in gravity, are undercut, so that the symptoms no longer arise.

To take an analogy from a different field, military history, consider the distinction

between tactics and strategy. Tactics is the art of winning battles; strategy is the art of stringing battles together to win wars. In the American Civil War, for example, Lee may have been a better tactician than Grant. (We note that some think Stonewall Jackson may have been even better. Jackson's campaign in the Shenandoah is used in textbooks as an example of 'Warfare on Interior Lines' that is being approached by several detachments of the enemy; he got between them and, moving rapidly from one front to another, fighting one and then another, he kept them from uniting their forces against him.) However, regardless of Lee's tactical superiority, Grant the strategist could string the battles together, even the ones he seemed to have lost, to bring about a final victory.¹



Photo by Wim van 't Einde on Unsplash.

Getting back to Rolwing SI, therapists using myofascial release are treating symptoms, but not necessarily the causes of the symptom. DIRI and SI schools are trying to keep the symptoms from coming back. The difference is in the thinking, not the manual work. Consider Jeffrey Maitland's schema of the three paradigms of bodywork: the first paradigm is relaxation therapy; the second paradigm is corrective therapy; and the third paradigm is integrative therapy or wholistic systems therapy (1993). Rolwing SI is a third-paradigm system; it takes the whole body into consideration. This is conceptually parallel to the military example, with 'relaxation' being the counterpart of military parades on National Day ceremonies. This makes people feel good, but resolves nothing! The second paradigm of corrective therapy is parallel with winning single battles. And the third paradigm, integration, wins wars - or at least campaigns within wars. An important note here is that integration or strategy works over time and has to take time into account. The others are focused on singular events, completed in an hour, or in the case of El Alamein, five days.

In my own practice, when people ask how Rolwing SI is different from chiropractic work or massage therapy, my answer usually goes something like this:

"A lot of people have had the experience of having a pain or discomfort in their neck, shoulder, or upper back. They may go to the chiropractor who gives them a thirty second quick *crunch* and they feel better. Next day they feel not quite better, and the next week they go back, and the next week they go back. Or they go to the massage therapist, who hammers on them for thirty minutes and they feel better, and the next day they feel not so better, the week following that they go back. A world without end, Amen!

"I'm not saying anything against those modalities. If the cause of the discomfort in the neck was the neck, those practitioners would have fixed them just fine. However, oftentimes the source of the problem was at a distance in the body. The client may, for example, have one knee that, for any of half a dozen reasons, doesn't straighten quite as much as the other. That makes that leg act like it is shorter than the other, which tilts the hips in that direction. Then the spine compensates in the opposite

direction, and then recompensates to that and so on. This will repeat maybe three or four times up to the neck, getting tighter at each bend. If the manual therapist doesn't work through the whole body, and integrate it, the client won't get a resolution to the neck problem."

This is verbatim how I explain this. When explained to potential clients like this it is remarkable how many can relate directly to this idea, as it resonates with their own experience.

Taking the military model a notch further, we could say that Rolwing SI is not a battle, or a series of battles. It has to be thought of as an organized campaign, each session conducted with an eye to the ones that have preceded it, and also the ones that will follow. Too much rigidity or concept can lead to errors compounding on each other, while flexibility permits agile responses. Grant, marching on Atlanta, fought and lost successive battles, but merely swung left, took on reinforcements and fought again, each time coming closer to the Confederate capital. He knew he had access to reinforcements, many of them new immigrants with European military experience, while Lee did not.

That illustrates another aspect of flexibility: sometimes a given session does not completely fulfill the goals of the session as laid down in the Ten Series. Sometimes, between sessions the client goes out and gets injured, or even just strains something, then the session has to be repeated. It may be necessary to go over the same territory again, while still remaining faithful to the basic concepts embodied in the Rolwing 'Recipe'. Some times the client goes to Florida for the winter between sessions and it is necessary to repeat the last completed session before rolling on.

Let's go to the other end of the world and examine the military teachings of Asia. The first chapter of the *Sun Tzu, the Chinese Art of War*, states some elementary principles (Giles 2002, 40): "The Art of War is of vital importance [to the state]. It is the province of life or death, a road to either safety or ruin. Hence, it is a subject of inquiry which can on no account be neglected."

Tactics is the art of winning battles; strategy is the art of stringing battles together to win wars.

What does this say to Rolfers? The art of Rolwing SI is of vital importance to us as practitioners, and equally vital to our client population. Clearly, to both parties, it is a road to prosperity or misery. I would hold that we can never cease to increase our knowledge of the human being, body, and mind. We can never rest on what we learned in our initial training, but must continue to educate ourselves, both broadly and deeply, using whatever resources come our way.

Sun Tzu lists five factors that must be considered in estimating the individual case. The first of these Giles (2002, 40) translates as “the *moral* law, which causes the people to be in complete accord with their ruler, so that they will follow him regardless of their lives, undismayed by any danger.” In our work, the client and the Rolfer have to understand each other and be in agreement about the intent and goals of the work, and their expectations of each other and of the work. They must be willing to continue regardless of the discomfort of the sessions, on the part of the client, and regardless of the resistances of the clients’ tissues and emotions on the part of the Rolfer.

The second factor is “*Heaven*: night and day, cold and heat, time and seasons” (Giles 2002, 40). This, I think, needs no interpretation. These factors influence the conditions of the client, of the practitioner, and the circumstances in which the work can be carried on.

The third consideration is “*Earth*: distances; danger and security; open ground and narrow passes, life and death” (Giles 2002, 40). We could take this as geographical accessibility of the client to the practitioner, but also the difficulties and risks involved working with the individual client. Are there preexisting conditions that will constrain what can be done safely and effectively?

The fourth item in this list is: “The Commander stands for the virtues of *wisdom, sincerity, benevolence, courage, and strictness*” (Giles 2002, 40). If we don’t have these, or at least are working to develop them, we should turn in our diplomas from DIRI. (Sternly!)

The final item in the Sun Tzu’s list is: *Method and discipline*. This we spent six months learning at the Basic Rolwing Training, and should continue to broaden and deepen throughout our Rolwing careers through continuing education classes and other research. (Even more sternly!)

. . . Rolwing SI is not a battle, or a series of battles. It has to be thought of as an organized campaign, each session conducted with an eye to the ones that have preceded it, and also the ones that will follow.

Summing this all up, the critical features of Rolwing SI are not found in the manual techniques. These vary widely from practitioner to practitioner. With some, an observer might be challenged to discern that the Rolfer is doing anything at all. (Brag! I do a breathing session that visibly changes the client’s body without me having laid a finger on!) The apocryphal story about Ida P. Rolf, PhD, admitting that if ‘the Line’ could be attained just by standing clients in the corner and talking, that would constitute Rolwing SI, would be the idealization of my main thesis. Sun Tzu also remarked that merely defeating the enemy is not the highest form of the military art. The highest form is to win without having had to actually fight (Giles 2002). Or we could consider Caesar against Pompey on the Ebro: Napoleon at Ulm (Goodenough 1979).

Sun Tzu, regardless of the translation, Giles, Griffiths, or whichever, can be a great puzzlement to those who have ‘martial arts’ on their minds, because the general does not discuss individual tactics, and is restrained about army level doctrines. His whole work is really about how the leader should *think* about the tasks ahead and the circumstances in which those tasks are to be addressed. These thought processes are universally applicable regardless of the 2500 years since he wrote the book. Similarly, the critical features of Rolwing SI are not inherent in the fascia. Fascia is the medium through which the work is expressed. The goals, and the understanding that leads to fulfillment of the goals, form the heart and core of our work.

The summation of my thesis is that Rolwing SI and SI schools teaching the legacy of Rolf are differentiated from other manual therapies by the thinking processes more than the manual technique. Rolf On!

Endnotes

1. John Keegan’s books (1987, 2010) give pertinent accounts of both Jackson’s and Grant’s methods and achievements. Another example of Interior Lines warfare, from the Second Punic War, was Scipio Africanus, who got between Hannibal and his brother Hasdrubal, who was coming to reinforce him. About two millennia later, Napoleon achieved similar results against the Imperialists in the same territory in Northern Italy.

John Panter is a Certified Advanced Rolfer with a Master’s degree in History, a Bachelor of Arts, Honors, in History, and a Bachelor of Science in Psychology. He has been in private practice as Eastern Canada’s only Rolfer since 1998.

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Asking the Right Question: What Is the Random Body?

By Ritchie Mintz, Certified Advanced Rolfer®



Ritchie Mintz

ABSTRACT *The author proposes that Rolfers need not ask what a person looks like after they've experienced a complete Rolwing® Structural Integration (SI) Ten Series; SI practitioners should instead ask: What is a 'random body'? Mintz shares his impressions about why people suffer random bodies, plus the factors to his success in helping people integrate and organize through his Rolwing work.*

Editors' note: This article is first a discussion by the author followed by an excerpt from Ritchie Mintz's (2018) From Adam and Eve to Ida Rolf – What Is the Random Body? The text has been slightly modified to align with the style guide of Structure, Function, Integration.

It is part of Dr. Ida Rolf Institute's® (DIRI) history that we wait and hope for an event that will make the world notice us. The Rolwing® Structural Integration (SI) work experienced by pianist Leon Fleisher (Kozinn 2020), Olympic skater Brian Orser (O'Hara 1988), and others certainly created some buzz about us in the world. But as Rolfers and DIRI as our

school, we are still waiting for that big worldwide conversation that will 'put us on the map'. Another part of our history is that our attempts to educate the world about our presence and our work, which have centered on the question, what is the Rolwing SI 'integrated body'? The answer to that question is to describe our valuable product to the world so people might know what to expect when seeking our service. But maybe that approach is backward and asks the wrong question. Maybe the right question for the world to chew on is, What is the 'random body'? After all, we live on a planet full of random bodies where nobody knows they are a

random body. Don't you think they would like to find out?

What does it mean to be born to a lifetime on Earth? Literature speaks of the 'human condition' as being some kind of punishment, a fall from *grace* that is suffused with physical pain. But Ida P. Rolf, PhD, demonstrated that life in a body does not have to come with penalty of pain. Imagine a far-away planet where every person was afflicted with the same painful malady, but no one knew what it was or why they hurt. Picture this malady as every person's experience since the beginning of people, and that everyone who was ever born and lived and died on that planet was afflicted: nobody was exempt. Also imagine that this malady and its cure was right there in front of everyone's eyes but nobody could see it. Now, imagine that one person in all of the planet's history saw both the malady and its cure. Wouldn't the citizens of that planet like to know about that?

Well, that planet is Earth and the observant person is our own Dr. Rolf. In the twentieth century she noticed the 'malady', identified its characteristics, and developed a cure. She named the affliction, called it the random body. Maybe the question we should be asking is: What is the human condition known as the random body? Imagine a newspaper or a newsfeed where the banner headline reads

BREAKING NEWS: EARTH ALL RANDOM BODIES

Old Lady from Bronx Discovers Cure

Now, *that* would put us on the map. So, in the interest of creating just such a headline, I wrote my latest book (Mintz 2018): *From Adam and Eve to Ida Rolf – What Is the Random Body?* I experienced my first Rolfing Ten Series deep back in the twentieth century and have been a member of DIRI since 1978. In all that time, I have never heard any detailed conversation of what the random body is. There are a lot of books that attempt to describe the body after Rolfing sessions and the full Ten Series, including books by Rolf and my own, *Foundations of Structural Integration* (Mintz 2012). But in all that time, I'd never seen one that attempted a detailed description of the random body. That was the purpose of my 2018 book and that is the purpose of this article.

This is an important conversation, both for SI practitioners and the rest of the world. After all, we are offering the public a process and we try to say what we will deliver. The post-Ten Series *integrated* body we deliver is the end of the process – but we never quite state the beginning. Technology has given us updates and upgrades to every aspect of twenty-first century life; SI brings those updates and upgrades to the human body. The random body, as we have known it, is Human 1.0. It is the only model available since Adam and Eve (Of course, in human evolution we have seen various developments, from *Australopithecus* through to modern *Homo sapiens*. I am speaking here of our modern human form, which evolutionarily is classified as *Homo sapiens* and mythopoetically is from extant since Adam and Eve). The integrated and balanced body envisioned by Rolf is Human 2.0. Maybe that should be our headline.

From Adam and Eve to Ida Rolf – What Is the Random Body? is ninety pages where I present nineteen chapters and a compilation of thirty-three characteristics that define the random body. Some of these definitions are whole chapters of the book and some are perhaps a few words mentioned within a chapter. Some have yet to be explored at all. Is this the final and definitive list? Certainly not. There will be more in the future that will be added. But I tried to cover all the taxonomies (for Rolfing SI, a taxonomy is a system of classification to develop session strategies; Maitland 1991). The random-bodied citizens of planet Earth need to know that they are all random bodies and that a better way is possible, accessible, and necessary. The book was intended to be the first glance, a kind of survey course 101 that asks: What is the human condition known as random body? I invite a robust conversation within the SI community that swells to the whole rest of the world.

Converting one body from random to integrated in the gravitational field post-Rolfing series is way easier than alerting a whole planet about the difference. I offer this article and my book as tools to educate a fascially uneducated world. I pray this is not the final word on the subject. In furtherance of that prayer, I hereby offer to you, the reader of our DIRI journal, the introduction to my book: *From Adam and Eve to Ida Rolf – What is the Random Body?* Maybe asking

a different question will start a new worldwide conversation about Rolfing SI that puts us on the map.

Book Excerpt: Introduction

As we have already alluded to, Rolf had a special name for bodies that had not been processed in the ten-session series of her work. She called them random bodies. The concept describes the condition of every person that ever lived and died on the planet Earth, from the first hominids to the twentieth century lifetime of Rolf. If you want to get biblical, the history of the random body would read from Adam and Eve to Ida Rolf.

The integrated and balanced human body envisioned by Rolf is a pretty new phenomenon. She was born in 1896 and pioneered her work from the 1950s forward. This means that at present, people who have had and are integrated from their Ten Series have only been around about seventy years. That is a tiny speck of time compared with the thousands of generations that have lived and died on the earth since humans climbed down from the trees. Rolf was audacious. She had to be because it takes audacity to think that one might be able to rearrange a human body and get it to function better than the Great Lord God Almighty could do with the Crown of His Creation. To that extent, every practitioner of SI shares in that boldness. So, in the spirit of that audacity, I will let you in on a long-running conversation that I have had with the Almighty since that day long years ago when I figured out what Rolfing SI is and what it had done for me.

Here is my side of the conversation:

"God, you made a mistake. And not just a little *oops*. This one's a doozy. And the flaw is in the crown of your creation, no less. I'm referring, of course, to the human body, which you created in your own image. Really? You have back trouble? Down here on Earth, we humans sure do. We've got a whopping boatload of back troubles and lots of other fractuosities to endure because of your faulty design. Are you sure you don't want to walk back that 'created in your image' part?"

And every time I have asked the Almighty that question, I always get the same answer. The Great Spirit plainly and clearly tells me (*italics added for supernal effect*):

Here is the crux of the issue: in the random body, *everything* has gone wrong. That is, in the random body, there is no *one thing* that has gone wrong.

"There was no mistake. I included the Rolfer in the design."

This divine conversation reveals why the random-bodied citizens of planet Earth need to know that they are all random bodies and that a better way is possible and necessary. You could call it an impending evolution revolution for a planet that doesn't know it needs it.

There are many schools of the body. The Western/American medical system is mostly concerned with the treatment of diseases and focuses mostly upon changing the body chemistry. This is accomplished by introducing drugs into the body that fight the disease and correct body chemistry back to parameters that define the body as normal. The key to success in these endeavors is to properly diagnose what has 'gone wrong'. Then the proper remedy is introduced to correct what has 'gone wrong'.

But some body aberrations are biomechanical, not biochemical. There is a whole world of structural problems that, in our modern medical system, falls into the category of orthopedics. These problems surely include accidents and injuries. Getting into a vehicle collision or falling off a ladder is not a natural process. When people get wrecked and need surgery, casts, and stitches, it is usually painfully obvious what has 'gone wrong'. Then, just like curing a disease, the proper remedy is introduced and the problem is 'solved'. The common link in all this is the need to determine what has gone wrong. Then the proper remedy is applied and the problem is solved.

This is what makes it so hard to wrap the mind around the question: What is a random body?

Here is the crux of the issue: in the random body, *everything* has gone wrong. That is, in the random body, there is no *one thing* that has gone wrong. It is *all* wrong. To be clear what I mean, let me say more. The body has certain directions. The directions are the relationships of left-to-right, front-to-back, top-to-bottom, and inside-to-outside. Then there are the body levels. The levels are the relationships of local, regional, global, and universal. When I

say that everything in the random body is wrong, I am talking about a body where every fiber of tissue in the entire body is wrongly placed left-to-right, front-to-back, top-to-bottom, inside-to-outside, locally, regionally, globally, universally, from the top of the head to the soles of the feet.

What makes the entire concept hard to fathom is that, from Adam and Eve until Ida Rolf started her work, there had been no integrated body – no body that had gone through the integration of a Roling Ten Series – with which to compare. So, the entire condition of the random body has been taken for normal. Nothing about the random body is really normal. The random condition is just so ubiquitous as to be taken for normal because random bodies are all most people had ever seen for all of their lives and back to Adam and Eve. Rolf demonstrated that another way is possible. And she didn't do it by finding any 'one thing' that had gone wrong with any of the bodies that graced her Roling table.

There is another factor that makes the concept of the random body even harder for society to grasp. It turns out that when the *everything* that is wrong with the random body persist long enough, one local body part or region will complain. When that happens, medical science has names and diagnoses for those local complaints: back spasms, spinal disk pathologies, sciatic nerve flare ups, numb and tingling extremities, neck pains, headaches, flat feet, blown-out knees, shin splints, crooked ankles, tennis elbow, carpal tunnel, and on and on. What is not recognized is that these disparate diagnoses are all pulled together by one common theme: Each diagnosis is an exaggeration of the random pattern. That is, as the random pattern lingers and persists, the most pressure will find the weakest link in the body's support system and express itself there as pathology. That is the place that has been so stressed for so long that it cannot adapt any more. So, it fails. That is when a doctor can point to an x-ray and say, "Here's your problem. This is what went wrong. But don't worry, we can operate and fix it."

What is also not recognized is that, at this point, fixing the local problem is woefully

inadequate because the errant forces that are everywhere in the body are still present and active. Even with the offending part surgically fixed, the random body's collapse in gravity progresses and everything is still all wrong. And now, the body's pressures are looking for the next most-weakest place to express themselves. Before long, that place will also complain and fail and there will be another diagnosis and another intervention to fix it. And the beat goes on.

That is the condition of most of the people that come to my Roling table. They are collapsed in gravity to the limit of their body's ability to endure. Many have already been diagnosed and 'fixed' several times before we meet. They don't know why they have hurt so much for so long and they are looking to avoid yet another surgery. I have noticed that pain is a great equalizer. Anybody will do anything to get out of pain, even something non-medical like SI. By the time they come to me, most clients have already tried everything.

As I look back upon four decades of practice, with thousands of people, I recognize a very high success rate. I have fixed a lot of local problems that people bring to my table. I want to emphasize that I am not unique or alone. Any practitioner who is an heir to Rolf can do the same and more. How did I do that? How is it that I can do so much with so little? After all, my only tools are my hands and a homemade plywood table. How am I able to relieve so much pain without making a cut or administering a drug? And, most amazing of all, I am frequently able to do all this and much more in only ten hours. How can this be? How can one person working quietly alone accomplish so much compared to the vastness of the American/Western medical industrial complex? And . . . I might add . . . at a tiny fraction of the cost. How?

The answer is that I have tools beyond hands and table. My first and most important tool is my '*seeing eye*'. The seeing eye is the eye that not only looks, but also really sees what is there. The seeing eye not only observes but also can recognize the significance of what it is looking at. That is the key to this first tool:

perhaps everyone sees the same thing that I see, but everyone else considers aberrated human physical structure to be *normal*, even though it is not normal. That is how a society can look at a body that has collapsed in gravity and call the process normal.

“Everybody gets old. You can’t stop that.”

I hear that a lot. That sentiment is the very center of the conversation about the random body and that is what, as a society, we must change. As a society, we judge health and wellness by certain biochemical parameters. When our fluids and organs test within normal limits, we are considered healthy and well. The body’s structural problems with gravity do not enter that equation. That is why our society does not consider the effects of gravity over time to be a part of aging. It is a culture-wide looking and not seeing. But the seeing eye can see where gravity flows through a body and where it does not.

That leads to the next level of seeing: The places where gravity easily flows through can lift, whereas the places where gravity does not flow through will collapse. The next level of seeing after that is recognizing that the most collapsed places coincide with the areas of the most chronic structural pain. When we, as a planet, can see that relationship, that will be the first moment the world will begin to wrap its mind around the concept of the random body.

My next most valuable tool, after the seeing eye, is what I am able to feel. In my book *Foundations of Structural Integration* (Mintz 2012), I spend a good bit of time presenting theories about how bodies get into their structural troubles with gravity and how they then get fixated into those random patterns. Those theories are based upon my decades of experience as a Rolfer. The gift of all this experience is that I am able to feel the blocks and restrictions in a body as they let go. And magically, as the knots untie and the true layers of the body are revealed, my hands report back to my brain an eidetic image of everything that is in there.

I am able to feel the body unwind from its twisted tightness and shortness. In a series of glorious magic moments, I feel the body let go of its randomness and find its order. It is in the rapture of these magnificent transformational moments that I am able to feel what it means to be a random body. In those moments, I feel all the factors of randomness. And in those magic moments, I feel the body seeking and finding its nature as an integrated system. This is where the random body comes apart and the integrated body comes together. It is in these transitional and transformational moments where I discover what it means for the entire human race to be made up of random bodies. My goal is to share that discovery with the world. We live on a planet full of random bodies where nobody knows they are a random body. I wrote my books to tell them.

There is another tool that contributes to my success in relieving the aches and pains that drive people to my Rolfing table. This tool demonstrates the irony and the humor that Rolf’s work brings to the conversation. The irony is that the recipe for my success is backwards from the prevailing paradigms of understanding human body structure. The humor is in how wrong our fascially illiterate society has gotten exactly what the human body is. So, what is this funny and mysterious tool that works by working backward?

The truth is: I don’t fix people’s pains by fixing the pains. If this is starting to sound too Zen for rational thought, it is. That is why it is so hard to write a book about the random body for a planet that has no consciousness about fascia. On this planet, at this time, all the talk is about bones, muscles, and nerves. As long as the paradigm is thinking about bones, muscles, and nerves, nothing about SI makes any sense at all. But as soon as the paradigm shifts to include fascia and its magical quality of plasticity, a whole new world of possibility emerges. The purpose of writing this article and my books is to assist planet Earth in making that transition.

But getting back to my tricky little Zen tool, how do I fix pain by not fixing what is ‘wrong’? The answer lies in the difference between *this* body and *every* body. Remember that, in random bodies, there is no one thing that is wrong. In the Rolfer’s image of the random body, *everything* is wrong. So, as a Rolfer, I am way more interested in fixing the *everything* that goes wrong with *every* body than I am in what has gone wrong with *this* body that is on the table before me right now.

Here is what I tell the many people I mentioned before who come for relief: “I don’t know why you hurt and I don’t know how to fix it if I knew.”

Then, just as their face begins to drop to the floor, I say, “But I do see a thousand other things that have gone wrong that we *can* fix. What do you say we fix the thousand things that we *can* fix and see what happens to your pain?”

If they are willing to try SI on that basis, I am eager to have them. But I never claim to know what’s wrong nor do I predict in advance that it will get fixed. That way, I can live by an old policy I learned raising children: I never make a promise until after I know that I have already kept it.

That is more Zen than ever! What does that mean? Does that really mean I have no idea why people hurt? No, not at all. After decades of transforming bodies from random to integrated, my seeing eye tells me pretty quickly why a body before me hurts. But I do not claim to diagnose a medical condition nor any single cause. My eye sees the painful body part as the end of the line where the pressures of the body’s collapse in gravity meet the weakest links in the structural matrix. I work to take the strain off of those spots and redistribute the loads to the whole fascial net. When the body gives up its collapse and lifts instead, the load comes off the complaining sites and things can begin to heal. It is only after the client reports feeling better that I am free to say that I knew all along what was wrong and what to do.

The seeing eye is the eye that not only looks, but also really sees what is there. The seeing eye not only observes but also can recognize the significance of what it is looking at.

It is in the rapture of these magnificent transformational moments that I am able to feel what it means to be a random body . . . I am able to feel the body unwind from its twisted tightness and shortness. In a series of glorious magic moments, I feel the body let go of its randomness and find its order.

People come to SI with a myriad of pains and symptoms. Each malady carries its own medical diagnosis and a way to name the problem in Latin. Here is what goes unrecognized and unappreciated on our three-dimensional planet Earth: these disparate diagnoses are how the much larger and more chronic process of the body's collapse in gravity shows up as acute pain in localized places.

So, here is the backward Zen to my method: I give the pains and the symptoms only a sideways glance and I then proceed to transform the body from random to integrated by Rolfing work. I perform all the tasks described in my aforementioned books that fix the thousand things that go wrong in the random body. I put these sore and aching bodies together in a way that is off of society's radar screen. The problem of writing a book about putting bodies together is that we live in a world that doesn't even know that it has fallen apart. I feel like a barker at the sideshow who hollers,

"Step right up, folks. I'm here to sell you something you never heard of because you don't know you need it."

My job here is to educate the public about human physical structure. The first step of this job is to describe the starting point. That starting point is to describe and identify what a random body is. I have been involved with Rolfing SI since 1972 and I have never heard this conversation. There are a lot of books that attempt to describe what unique qualities a body has after a Rolfing Ten Series (including my own: *Foundations of Structural Integration*) but I have never seen one that tries to describe what a random body is (Mintz 2012). That is the purpose of this article and my books.

Richie Mintz graduated with a BA in 1969 and moved to Boulder, Colorado in 1971 to play music and write his first instructional book Bluegrass Bass. But Boulder held other riches – it was the

epicenter of the SI world. While living in Boulder, Ritchie got his Ten Series and it changed his whole life. At the time, Ritchie taught lessons and repaired instruments at the local music store. One day a man dropped by the shop with a mountain dulcimer that needed repair. His name was Peter Melchior, and he was Rolf's first appointed SI instructor. That chance meeting led Ritchie to a lifelong study of the human body, its mysteries, and its magic. Ritchie trained to be a Rolfer in 1978 and did his Advanced Training in 1981. He has served twice on the DIRI Board of Directors. His books are available at his website, www.ritchiemintz.com. Ritchie now makes his home and practice in Austin, Texas.

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Musings on Embodying Dr. Rolf's 'Line'

By Michael Maskornick, Certified Advanced Rolfer®



Michael Maskornick

ABSTRACT *In this article, longtime Rolfer Michael Maskornick uses his understanding of biotensegrity to expand Dr. Rolf's concept of the 'Line' into two templates – a G-line and T-tube – that relate verticality to both embodiment and the evolution of consciousness.*

Author's Note: This article is the result of many years of collaboration between Michael Maskornick and Will Johnson during which we both were exploring and musing about our individual concepts of the 'Line'. After a major attempt at integrating our thoughts and styles into a single document, we agreed that it was not a good idea, resulting in a partial dissection. This presentation is my contribution to the theme of embodiment and the Line. Before reading these musings I strongly suggest you become familiar with biotensegrity and visualizing tensegrity spheres, cylinders, and towers.

For more than forty years I have contemplated Dr. Rolf's conundrum (koan) of the Line – not every day nor even every year, rather it just floated in the background of my Rolting® Structural Integration (SI) practice like Alice's chimera as she traveled through the back side of the looking glass. Remember the quote from *Through the Looking Glass*?: "If you don't care where you are going, then it doesn't much matter which way you go." I got to where I am by following my own chimera.

Even though Rolf always presented the Line as the highest value to which Rolfing SI aspires, it remains the most neglected and unexplored aspect of her teaching as we have continued to focus more on its therapeutic applications rather than its potential evolutionary implications. In her more lyrical moments, Rolf would speak of Rolfing SI as a kind of handmaiden to the force of evolution that, if Darwin was correct, has kept propelling our species all these millennia to an ever-more-upright posture.

The main problem with the Line, of course, is that no one since Rolf has been able to craft a workable definition of how we might experience living with the Line or what constitutes its embodiment. To help with the reading of this article I first want to define the Line and then introduce two different concepts that can be used as templates for embodying Rolf's Line. I call these concepts the *G-line* and the *T-tube*.

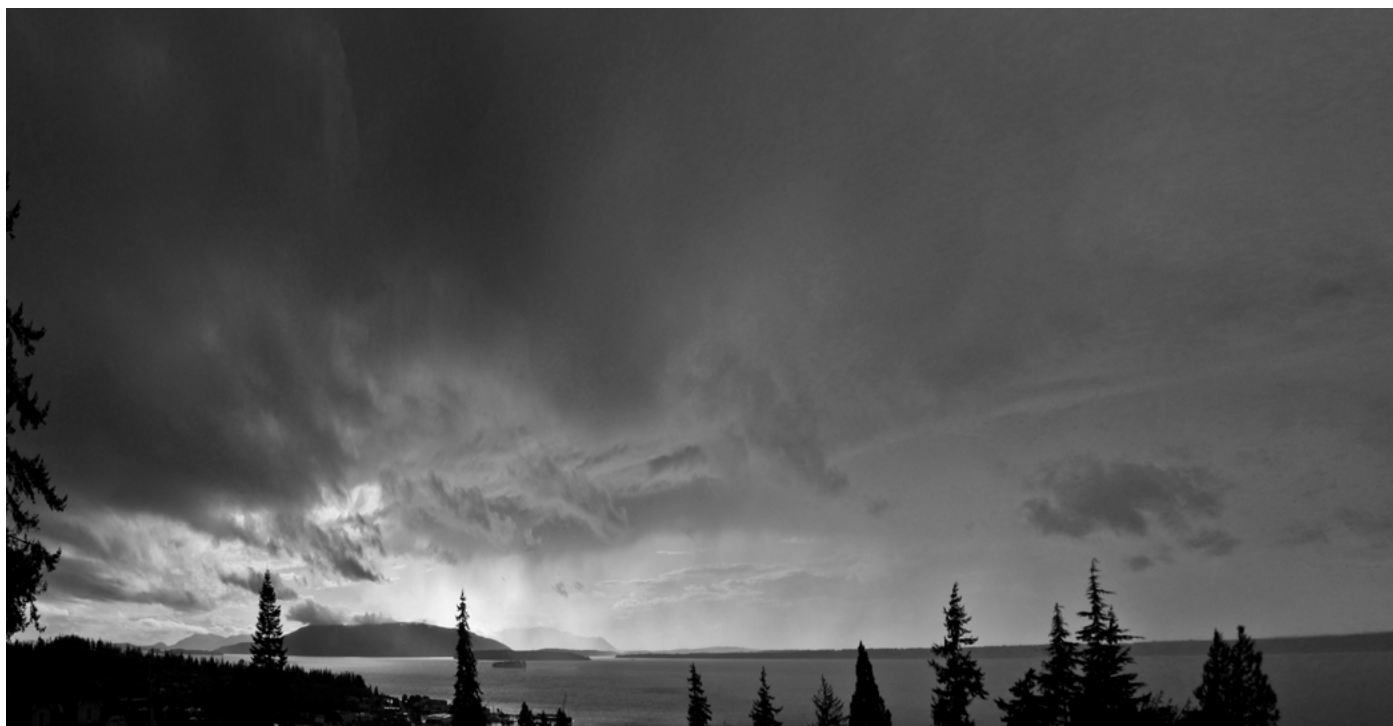
The Line is Rolf's working model of the polarity of human structure and how that polarity has directed our evolution under the constant pull of gravity. Once we as students were presented with this concept, it was up to us to understand what we needed to do with our body to cooperate with gravity. I will be using the term *G-line* to represent the template for

a body trying to be held in a somewhat rigid posture in order to accommodate to the pull of gravity. Thus, the *G-line* is one dimensional, straight, and located at or near the center of gravity in the body. I will be using the term *T-tube* (cylinder) as a more fluid option, still organized near the center of gravity but no longer one dimensional nor rigid. Its stability and fluidity are created by the structure and mechanics of bio-somatic tensegrity spheres, cylinders, and towers. Embodiment entails focusing on our internal awareness. By using one of these templates we can become aware of how much muscular effort we are using to establish the Line and subsequently minimize that effort and still remain erect bipeds. For the remainder of this article, the word 'template' will be assumed when discussing the *G-line* and *T-tube*. Hopefully, the similarities and differences between these templates will be clear by the end of this document.

Both Will Johnson and I believe that exploration of the Line is an important element in characterizing SI as a *mystery school*, yet no one has taken up the task of relating the Line and its embodiment to such a school. This concept of the mystery school was reflected in Rolf's questioning how we might evolve if we were more in harmony with gravity.

Some of the fundamentals of the Line come from Rolf's comments, questions explored during training classes, and her book (Rolf 1977). Comments like "*A human is built around a line*" and "*The Line supports us in gravity*" imply little or no conscious effort on our part. These statements were a major challenge to her students. Using the *G-line* approximation (a rigid linear gravity line) required more, not less, effort to create support (mostly muscular) for the Line. Any attempt to show our understanding of the Line led to standing and sitting rigidly erect in classes but, besides being tiring, it mostly showed our desire to avoid the sharp critique of Rolf or her designated teachers. Beyond that, we seem to have not gotten far in developing a concept for the Line or its embodiment.

Rolf suggested that living in the Line allows our physiology to expand and open. Both Johnson and I take that to mean that the Line and its stability and adaptability are what allow every joint, as well as the cardiovascular system, to remain in constant, subtle motion in response to the vitality of life force, and our awareness of that response opens us to much deeper psychic spaces than we usually occupy.



View from the deck of the author's home in Bellingham, Washington. "This is what I look at when I need to get away from too much thinking."

Before continuing with this concept of using a template for embodying the Line, I feel it is important to comment on the significant difference between the two templates. The biggest difference between the T-tube and the G-line relates to fluidity and adaptability. The fluidity of the T-tube somewhat compromises the linearity of the Line, while the G-line is limited by its linearity and rigidity. Rolf liked to refer to Egyptian statuary and carvings, many of which showed figures in rigidly straight profiles, as evidence that the ancient Egyptians understood that our humanity was represented by the erectness of those figures. This rigidity can be taken as an example of low entropy with limited adaptability (highly organized). By now introducing a model that increases fluidity and adaptability, we increase the entropy of our posture. Since later in this musing I will be talking about the possibility of a mystery school and the opening of metaphysical awareness, it is important to state that the introduction of more chaos (higher entropy) into our posture has unknown consequences for that teaching.

In time I began to see that there are two aspects of the Line to consider when faced with the paradoxical questions: *What does it look like when someone presents an embodied representation of the Line?* And generally: *How incomplete or imperfect is that representation?* The first aspect relates to the G-line which comes from physics and is a one-dimensional representation of the force vector of gravity, which is straight and inflexible. That one is easy. The second

aspect is where it gets complicated. For example, how do you relate the fluid three-dimensional, indeterminate volume of the T-tube to Rolf's statements about embodying the Line? By using the T-tube as a template, are you compromising the embodiment of the Line? In examining the two templates and their contradictions, I began to create my own set of general principles for embodying the Line.

Examples of these principles:

- The G-line is a force vector of gravity in one dimension acting on physical reality; but knowing that fact does nothing to clarify gravity's role in three-dimensional human physical structure nor how that structure exists in harmony with the earth's gravitational field.
- Anywhere you place a G-line on a human body is generally inadequate in explaining our relationship to gravity and requires the much more detailed idea of a gravitational *force field* represented by lines and vectors, especially during movement, which requires us to have a working knowledge of the complex realms of physics and higher mathematics.
- A comparison between the T-tube and the G-line requires evaluating the minimal muscular effort for support for the Line that still allows an erect structure while accommodating fluid balance and responsiveness. (Think of this as fluid three-dimensionality.)
- This all relates to accepting a Rolfig concept of how the T-tube supports

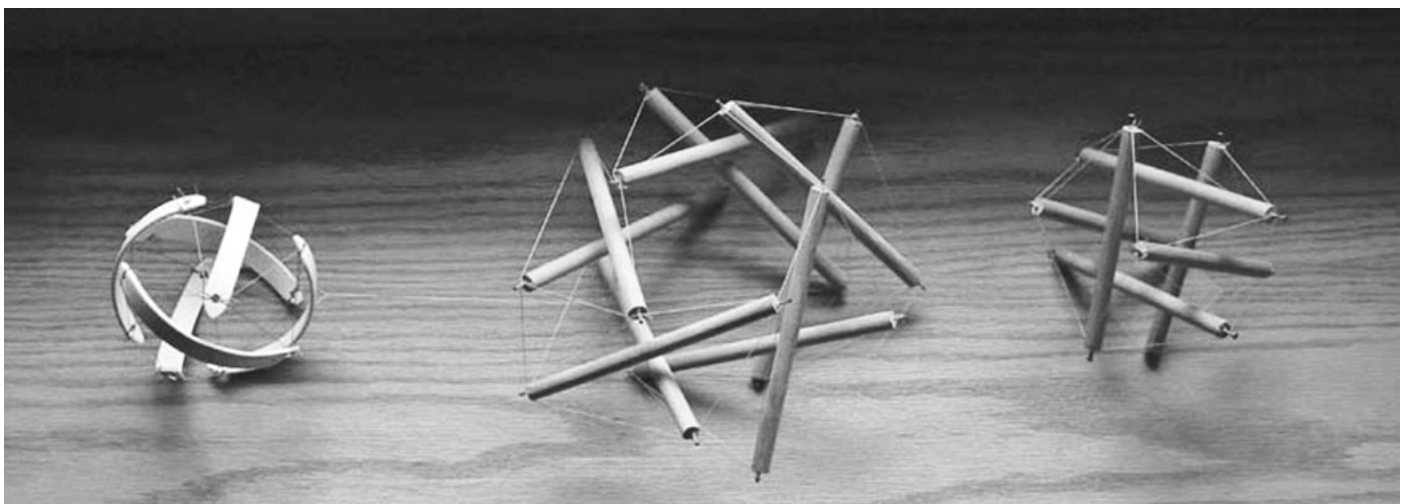
embodying the Line, while still acknowledging the importance of the G-line. Both templates operate on the Line generated after many sessions of physical processing.

- The models and images (including this one) we have historically used to define the G-line and the T-tube are most likely red herrings – “*The map is not the territory*,” as Rolf liked to say, quoting Korzybski.

Though I have introduced the G-line, I have not said a thing about vertical alignment. Vertical alignment alone, the keystone of a purely structural perspective, is not a sufficient concept to explain the need for the T-tube. We can stand up quite straight and tall but still be immobile. We can't, however, explain the vertical stability of a T-tube fluidly moving within a body that is grossly out of alignment without referring to the subtle adaptive movements that create and sustain that fluidity (biotensegrity).

The T-tube must remain fluid though the body appears static. This is one of the ideas that requires the adaptability of human biotensegrity when you are studying breath (mostly conscious movement) and vitality (inherently unconscious fluidity). Human verticality is not like a perfectly positioned fence post, but more like the balance necessary to support a tall redwood tree in a windstorm.

Before continuing, I want to point out that the model of human biotensegrity as I use it is not the familiar ‘Bucky-ball’ version (the flexible, multi-sided tensegrity models you often see used in SI classrooms;



Three different tensegrity spheres, with one emphasizing arc-like struts. Photo by the author.

see, for example, <https://www.artsy.net/artwork/r-buckminster-fuller-geodesic-tensegrity-sphere-120-strut-4-frequency-dome-1>) but a more complex model that expands to include thin membranes with bones embedded (struts) in addition to slightly resilient ligaments (cables) that define the volume; varying densities and viscosities that define the shape and fluidity of that space; and the complex interactions among biotensegrity spheres and biotensegrity cylinders where each component has its own well-defined strength, fluidity, and resilience.

Each school of somatics has established its own idea of a Line, often confusing it with how core structures create posture (see below). Somewhere along the way, gravity has become less important in defining structure. In addition, once one school of thought latches onto the word 'line', they assume every other school understands line to mean the exact same thing. Thus you get the yoga line, the Alexander line, the Feldenkrais line (although I'm not sure Feldenkrais Method® has a formal line), the Pilates line, the tai chi line, and of course Dr. Rolf's Line. You can see from this list that it is quite easy to confuse 'line' and 'posture'.

As an aside, I have come to believe that while it is important to introduce new clients to the Line as a fundamental concept of Rolfing SI, we should refrain from discussing the T-tube with them during the early stages of Rolfing SI and only introduce it to 'advanced' clients, i.e., those who have begun to notice some inexplicable expansion or opening of their awareness, especially during several days or weeks after a session.

In *Ida Rolf Talks* (Rolf 1978), Rolf implied that there were two levels in the Rolfing process. The first level helps heal physical and emotional pains, making life easier and more enjoyable. The second level begins after you become comfortable living in your integrated body. It is like starting all over again. This is part of the Hermetic teaching of levels above levels, each having a learning curve. I think Rolf was talking about this when she outlined the five levels of Bachelard's epistemological profile.

I believe that we should use the G-line as a basis for teaching the Ten Series in Basic Training, especially in trying to train students' visual skills. When students return later for more training is a good time to begin presenting the idea of a T-tube and the G-line, emphasizing the

The Line is Rolf's working model of the polarity of human structure and how that polarity has directed our evolution under the constant pull of gravity.

differences and relationships between movement, fluidity, and erect posture in those two templates. This will introduce a living model for our vision and give a broader perspective for what we are trying to achieve with the T-tube. Consider the movement of a saltwater piling versus the movements of a pelican sitting on top of the same piling, adjusting to the waves of the ocean.

Introducing the T-tube in Advanced Training will require a reprogramming of Rolfers' visual analytical tools, and having them learn how using the concept of the T-tube can be an important part of the teaching in a mystery school. The first seven sessions of a Ten Series organize the body toward gravity while the final three sessions organize the body's relationships to an energetic polarity line. This expansion of focus is the first indication that SI has some metaphysical roots, somewhat like a Hermetic jump in conceptual levels between session seven and session eight.

There are harmonious physiological cycles that connect breath, heart rate, heart rate variability, blood pressure, cranial rhythms, and the vagus nerve. Using a biotensegrity T-tube model can give you a larger perspective of the relationships among these cycles while breathing, though breathing may not be a fundamental driver of these cycles.

The response to the question "*How should an integrated body (one that has had a Rolfing series) breathe?*" is that the breath would be felt in every joint in response to the force of the breath. Though this answers part of the question, it still leaves out the subtle dynamics that are part of the autonomic nervous system's monitoring of the body. It also bypasses the question of what initiates the unconscious breath.

My thinking on this has evolved over the past five years or so in large part fueled by some clients who have had unusual experiences during and after sessions and now want to experience how far this work (SI) would take them beyond simple physical well-being. (This

is the second Hermetic level mentioned above.) Thus, my exploration began with physical manipulations using the fluidity and resilience of the biotensegrity model to reorganize the three-dimensionality of the trunk as related to the spine. I then went on to expand on the importance of the G-line and subsequently created the concept of the T-tube. I began giving much more importance to biotensegrity as the foundation of the T-tube and its importance in dealing with fluidity and movement in spinal deformities such as sidebending, rotation, lateral, and anterior-posterior strains, all of which are fundamental to the spinal S-curve in addition to severe kyphosis, lordosis, or scoliosis. The T-tube is not static nor rigid to me; it's more like a fluid and most likely transparent structure having a living relationship with the space around it. Subsequently, gravity regained its importance to the larger objective of the work and was not just related to standing and sitting upright and straight.

This concept of living balance (T-tube) is created and supported by both the conscious breath and the autonomic nervous system. It can only be approached by recognizing that constant, natural movement throughout the entire body is the hallmark of a relaxed body. Surrendering to this constant motion takes the body, and the consciousness that it expresses, out of the static, away from mere manipulation and into the realms of ecstasy (the next level of evolution).

By focusing on three-dimensional tubular fluidity instead of a straight plumb line (one-dimensional vector) from the crown of the head to the space between the legs, I began to see that by using the biotensegrity T-tube model as the approach to the Line, the model was no longer rigid and inflexible; the Line stays related to the G-line but is not constricted by the G-line template.

Taking these ideas back to my clients, I had to avoid using any language that referred to or mentioned anything that might reinforce any previous experience with posture/structure training since that

might imply that the T-tube is created and supported by muscular control. This just leads down the road well-traveled by those engaged in yoga, martial arts, etc. as mentioned above. It is a road to the frustration of constantly creating, holding, and losing the T-tube embodiment of the Line as you let your consciousness drift away from the postural experience of it. As a separate issue, looking to experience the T-tube by focused holding is frustrated by the difficulty of trying to experience something that relates to an energetic force field. This frustration can be minimized by paying attention to the subtle movements of the spine, while recognizing how difficult it is to experience an embodied G-line since that depends mostly on intellect and a good imagination, not awareness.

To explore the T-tube and its evolutionary potential requires periods of formal embodiment practice. These practices can include meditation, spontaneous movement, and dance, and the use of your awareness to notice what happens during physical transitions, i.e., flexion to extension, exhale to inhale, inhale to exhale, inaction to action.

From this, I return to the five examples listed earlier and offer these six revised general principles:

- Think not of a line, but rather a biotensegrity three-dimensional space (somewhat tubular and transparent) of indeterminate diameter, density, fluidity, and length. I have never been able to use my awareness to find a line inside my body, but once I included the possibility of an indeterminate tubular space introducing three-dimensionality, I became aware of the physical neighborhood of the T-tube.
- The more I think about this space, the more the diameter of the T-tube seems to increase, varying between one-half and one inch.
- Since the T-tube is a guiding template close to the center of gravity, it need

not begin at the crown of the head nor continue to the ground. Think of a fragmented tube or a series of semi-connected tubular segments (perhaps biotensegrity spheres or cylinders) that follow a G-line imperfectly yet remain integrated.

- Find a way to engage your kinesthetic awareness in the perception of this tubular space (see above), using the absolute minimum of muscular holding to stabilize its verticality and integrity while allowing subtle three-dimensional movements.
- Allow this amorphous, fluidic tubular space to direct and manage its own shape and stability (biotensegrity). Pay attention to where it breaks into fragments and be aware of where continuity is lost. Feel any distortion in its continuity, fluidity, and integration.
- Use the above spatial awareness to establish the upper and lower limits of this new 'line' – keeping in mind that this T-tube is often fragmented between the span of the thorax and abdomen yet ultimately connects with the pelvic floor.

There are several questions that continue to engage me:

- Where in your body are you immobile when you are meditating on embodiment? Does it feel like bracing? Is it emotional? How does this influence your movements?
- What happens to you, at both the level of body and mind, when you let go of holding and start allowing more spontaneous breathing and movement to occur?
- The joints between the vertebrae of the spine are designed (tensegrity spheres) to allow slight, unweighted movement. When they are supporting weight, they become dysfunctional and lead to collapse, calcification, and immobility. By considering the

spine as a biotensegrity tower, what happens when you pay attention to your spine as you relax as much as possible and allow slight movement to occur between these vertebrae?

- Surrendering to the possibility that resilient motions naturally occur throughout the entire body as you relax allows you to experience fluidity. What happens to your sense of self when you allow this fluidity and resilience to pass freely through you?

Using the revised general principles above, while eliminating the use of physical props such as videos, photos, mirrors, anatomy books, or charts, how can we create a description of the T-tube that is useful in helping clients and students find the freedom and spaciousness of their movement space?

Having said that, I will now use some anatomy, visualization, and awareness props to find a living, functional T-tube!

Exploring the evolutionary potential of the T-tube involves extensive physical awareness of your body's three-dimensional structure and the emotional responses originating at that level of embodiment.

First, here are some anatomical markers to help establish the territory of the T-tube:

- The volume occupied by the pituitary gland, brainstem, cranial base, and foramen magnum (essentially the contents of the cranial vault).
- The space between the occipital condyles and C1 (atlas) and the importance of the relationship embedded therein.
- The dorsal oral cavity including the soft palate at the junction with the nasal cavity (more easily embodied).
- The root of the tongue where it interacts with the esophagus/trachea and the Adam's apple (an area that provides awareness of the muscular effort needed to support the neck and cervical ligaments).

The G-line is a force vector of gravity in one dimension acting on physical reality; but knowing that fact does nothing to clarify gravity's role in three-dimensional human physical structure nor how that structure exists in harmony with the earth's gravitational field.

- The thoracic inlet from C6 to T2/R2 (an area that addresses muscular holding related to postural self-image and emotional patterns).
- The continuation of the esophagus/trachea complex into the thorax and on to the respiratory diaphragm (less awareness of the T-tube but the beginning of awareness related to the great spaciousness created by the thoracic biotensegrity sphere).
- The respiratory diaphragm near the gastric sphincter (possibly the lowest point of continuity of the cylindrical T-tube before your awareness fragments in the visceral confusion, with it reconnecting somewhere near the pelvic floor).

Let's head off some possible misconceptions about this functional approach to the T-tube. The Line is not some kind of goal to be attained and then maintained. Even to define it as a condition in which every joint in the body can move in response to the passage of the breath is misleading. This approach does not create a stable condition. It does point to a path (not a goal) of mystery school practices, an attitude toward embodied exploration in which we play with and explore conditions of upright balance while relaxing and letting go of the restrictions to vitality that want to constrain the breath and prevent it from moving through more and more of the body.

Remember, balance is not a goal but a fluid tool. We are not trying to arrive at the place of ultimate balance and hold ourselves there while waiting to experience the evolutionary shifts that Rolf intimated would occur. We're just exploring balance and movement, one breath at a time.

Second, here are some ways to use those anatomical markers:

- Focusing on areas mentioned above without having visual images to rely on encourages you to trust that the awareness of your own embodiment will provide ways of releasing tension and balancing your T-tube.
- By using the biotensegrity model, I am reinforcing the idea that finding and living the T-tube requires only a minimum of muscular activation while maintaining awareness.
- Each time you focus on an area, notice how that area itself gives you additional subtle ways of releasing tension and moving into harmony with the G-line.

I am not suggesting that these anatomical markers represent the T-tube or even the tubular fluid space. They are suggested areas to focus on and relate to. Notice that just by searching for ways to acknowledge the possibility of a fluid tubular space (the T-tube) that can be released through awareness, you begin to open and redistribute your physical body in harmony with gravity, and as you move with this new awareness, you can become aware of a more spacious and balanced body. In terms of manipulation strategies, the more open and resilient the area from T9 to S1 is, the more you can experience the spacious/fluid nature available in the thoracic segment. Then, having a self-organized thoracic space allows both continuation to and connection with the intestinal space and ultimately the pelvic floor. This represents what I mean when I talk about a three-dimensional (T-tube) body relating to a one-dimensional concept (G-Line).

Once you start to examine the embodiment of a well-organized T-tube (the Line), be prepared to support clients as they ask about the transpersonal events that they are beginning to have both during and between sessions.

Such events may include:

- Seeing lights or colors that have varied sizes and movements, sometimes outside the body, sometimes on or inside their bodies.
- Hearing sounds, music, or voices either clearly spoken or gibberish.
- Experiencing body movements that they have not initiated nor could they perform if they so choose (yogic asanas or mudras).
- Going into a spontaneous trance of indeterminate duration.
- Having experiences that appear to belong to another dimension or lifetime.

Do not try to explain these events but do acknowledge your client's concerns and make sure they are not frightened by them.

Rolfing SI as physiotherapy helps relieve the residual pain that has accumulated in a body's tissues, and the relief that we offer is, for most of our grateful clients, reward enough. This experience does not necessarily involve awareness or participation of the T-tube. The path of the T-tube is for people who want to explore further how playing with balance and relaxing the restrictions to the free flow of vitality and breath affect and alter their sense of embodied consciousness.

Now I propose a concept for the core that provides the minimal muscular tension required for the ligamentous tensegrity spheres/towers of the trunk to stabilize you. I hesitate to use the word 'core' since it most commonly is related to specific muscular structures, most often the psoas, that provide strength and power for stabilizing our balance in gravity. However, in my concept the core controls the space that defines the fluid tube representing the T-tube in response to our embodied awareness. The core is constructed of physical structures that provide muscular support based on the neuromuscular relationship with the subtle movements of the T-tube. Biotensegrity can explain the bulk of the physical support for our body (i.e., not collapsing) while allowing both large integrated movements and subtle micromovements. It is involved with every structure from large organs and muscles to microscopic cells. All are dependent on biotensegrity for shape, size, stability, and fluidity (movement). At no time is our body completely quiescent.

Each anatomical marker in this series provides very fertile ground for exploring the three-dimensional space in which the T-tube exists. Once you begin to feel the possibility of a line, each of those anatomical markers may make more

By using the biotensegrity T-tube model as the approach to the Line, the model was no longer rigid and inflexible; the Line stays related to the G-line but is not constricted by the G-line template.

sense, and they will begin to coalesce into a unified system. However, when you arrive at the diaphragm, the continuity of the fluid tube may be hard to follow. Only later as you feel the pelvic floor as a part of the system will you begin to notice the opening of a channel through the belly and a connection to the fluid tube, creating support for a T-tube from the foramen magnum to the sacrum.

Before ending, I would like to expose some significant problems related to working with this model of the T-tube. Using anatomical markers and muscular anatomy to help define and explore the T-tube creates the situation where instead of using awareness to release tension, we allow visual and postural ideals to reign. Postural issues are most evident in the exploration of the upper cervical and lumbodorsal areas, where we have most likely spent our life trying to forcefully create a vertical alignment. Even getting a small hint of the power of biotensegrity touches into feelings of fluidity and insecurity, especially at the level of the cranial base, which then results in tensing and trying to create the perfect relationship at the occipital-cervical junction. Fluidity and uncontrolled movement at or around the atlas feel very unsettling and insecure. At the level of the lumbodorsal hinge we run into the problem of not having much functional awareness of the area, specifically in regard to lengthening that spinal segment. This results in reverting to postural rigidity which tends to move the thoracic spine posteriorly without lengthening the spine, thus increasing lumbar lordosis. Overcoming these tendencies removes the first barrier to embodiment, and learning to expand and release unconscious holding

is essential to discovering and exploring the mobile support (biotensegrity) of the T-tube. Significant trust is needed to continue with this level of awareness and release, combined with a willingness to acknowledge how slow this process can be.

When talking about the T-tube, it is useful to place it in the context of our neural self-image, especially when we are trying to remodel that image with awareness and physical manipulation.

Several comments on working with the T-tube:

- The T-tube is a subtle, experiential structure that can be seen in the posture and movement of a client.
- It can be used in helping the client discover their patterns of holding and resistance to certain movements.
- It is useful in mapping out the distortions in the client's structure even before you put your hands on them.
- It represents deep levels of our mental self-image.
- It is a useful tool in session design and evaluation.

None of the above will be as obvious as I imply until you work with your own T-tube and begin to experience how this template works to help embody the Line.

My fascination in exploring what I have come to consider the experience of the T-tube is in understanding how it's going to affect and influence who or what I experience myself to be, right now, in this moment. That's what makes this a mystery-school practice.

Strong, reactive emotional states (anger, fear, aggression, repression, etc.) depend on and reinforce myofascial rigidity.

Working to create a fluid T-tube releases such holding patterns and, if accompanied by a radical shift of consciousness, replaces such rigidity with an opening of awareness to a previously unimagined substratum that binds everything. Then the T-tube is shown to provide the foundation for nondual reality. The rarified consciousness of this opening is ecstatic.

In working with clients, I have developed guided imagery to help with this process but have chosen not to provide it herein (although I did give more than a few hints) in the belief that if you take this on as a goal – rather than a challenge to be used for internal exploration and self-discovery – it is more likely to have an inappropriately excessive influence on your thinking and experimentation.

Collecting and summarizing these varied musings leads to one final thought. The T-tube, as presented here, while not a one-dimensional G-line, has most of the attributes required of the structural elements that support our structure along a G-line. The three-dimensionality, fluidity, and resilience are kept in gravitational harmony by the physical properties of biotensegrity spheres and towers. Vitality and breath are the driving forces that maintain the subtle movements that represent life if the system remains robust. Our mental self-image comes into play as we consciously release tension and resistance to create a more spacious body. Inhabiting that new space can lead to spontaneous spiritual experiences.

Clearly the T-tube is not a physical entity, though I have talked as if it were. It is more like a fluid template for a core using the biotensegrity physical constructs available to an integrated body that has undergone a Rolfing process.

The Line is not some kind of goal to be attained and then maintained . . . This approach does not create a stable condition. It does point to a path (not a goal) of mystery school practices, an attitude toward embodied exploration in which we play with and explore conditions of upright balance while relaxing and letting go of the restrictions to vitality that want to constrain the breath and prevent it from moving through more and more of the body.

The T-tube is not a physical entity . . . It is more like a fluid template for a core using the biotensegrity physical constructs available to an integrated body that has undergone a Rolfing process.

Finally, after reading this paper many times, I realize it is much easier to undertake the task of movement, meditation, awareness, and embodiment than it is to try to read how to do it. This is the difference between linear (reading) and nonlinear (doing) learning.

Michael Maskornick had his first experience with Rolfing SI at a human potential center (that is no longer around) in Amherst, Massachusetts. The experience of the first session led him to being trained and certified in 1978. Since then, he has lived and worked in Bellingham, Washington. His practice is now on indefinite suspension as long as COVID-19 is active. To take advantage of the time, he has been taking pictures from the deck of his house.

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What If It's Not a Line?

by Kathy McConnell, Certified Advanced Rolfer®, Rolf Movement® Practitioner

If, in your mind
you're looking for a line,
that's what you'll find.

A better name for this place
might be space.
It's also a flow,
as in "gravity flows through."

How about stream?
A stream of consciousness
activated by awareness.

Maybe a cord,
a connecting cord,
as in umbilical cord.

This space undulates.
It undulates with lemniscate
housing the snake
of the spine.

We are space
walking through space
navigating, negotiating
space.

It's not a "thing."
It's a non-thing.

It's a non-line,
so don't call it a line.



Kathy McConnell is a Certified Advanced Rolfer and Rolf Movement Practitioner in the San Francisco Bay Area. During her twenty years of practice she has assembled an eclectic palette of formal and self-directed trainings that influence her work, including Craniosacral Therapy, Medical Qi Gong, and Western Esoteric Studies. Through her poetry she is experimenting with the language of embodiment that is awakened by Rolfing® SI and Rolf Movement Integration.



Pierpaola Volpones

About Integration

By Pierpaola Volpones, Basic Rolfing® Instructor, Rolf Movement® Instructor

ABSTRACT *In this discussion about what ‘integration’ means for Rolfers®, Pierpaola Volpones explores the many structures involved with integrating the complex human organism, including an exploration of walking and her personal experience of feeling integrated after a Rolfing session.*

The concept of integration brings with it a variety of meanings. Integration is the foundation of our work as Rolfers®, we aim to integrate our client’s structures. We work with people that are complex systems: we can consider a *physical structure*, the one that includes all anatomical parts; a *coordinative structure*, that consists of unique movement sequencing and timing that characterizes each of us; a *perceptive structure*, defined by how we use our senses, our sensors, and receptors; and a *meaning structure*, that includes our belief system and worldview that belong to the psychobiological realm. Each structure influences the others; any change in one will resonate in the others.

A huge question for us Rolfers is “what is integration?” I was assisting a Basic Rolfing Training and the instructor asked if someone would define what integration was. I replied that we can ‘see’ integration anytime we can see contralateral movement in walking. This movement needs to appear at the level of the limbs, the girdles, and the spine, all while the head is oriented and the eyes rest on a horizontal plane. The rest of the body moves, rotating with a spiral motion along fascial planes, involving a little muscular activity. Torsion and counter-torsion is a movement strategy that allows us to move around the ‘Line’ in a balanced way, while proceeding forward. In an ideal

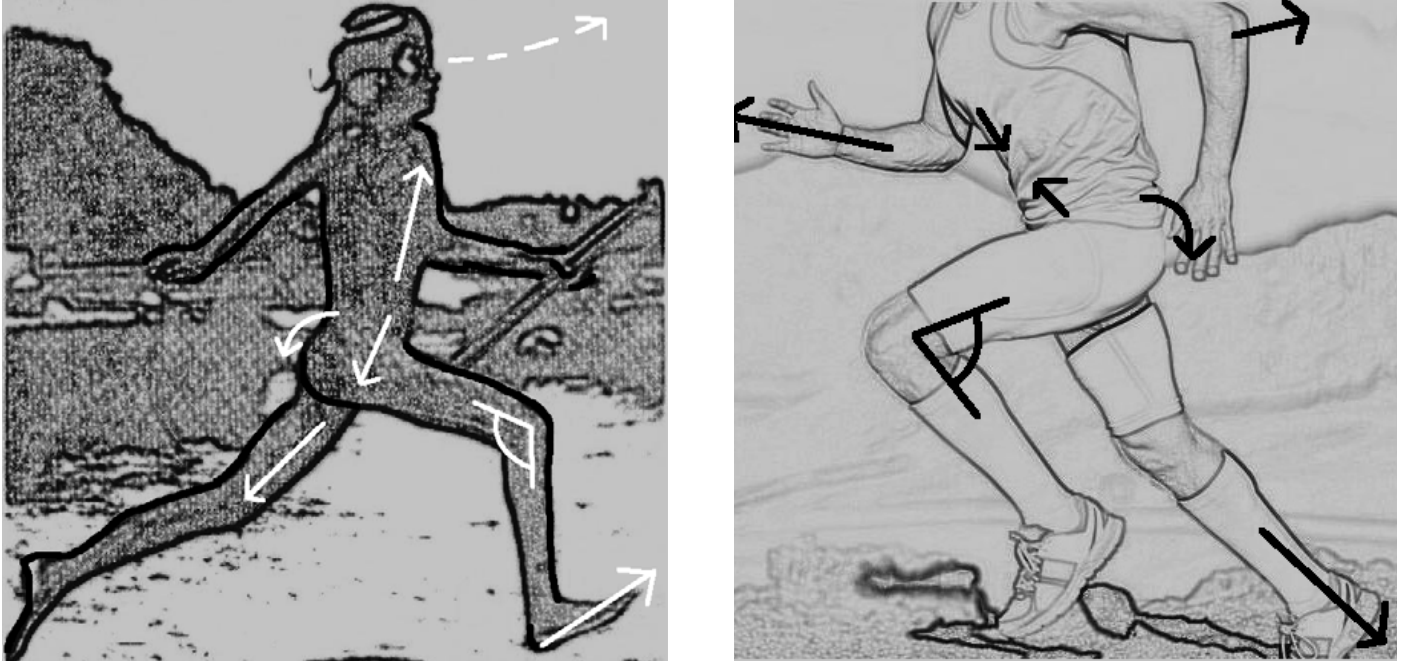


Figure 1: Both runners show contralateral motion at the upper and lower limbs. The one on the right shows a holding in his front line, the other one on the left shows an elongation of her trunk; she seems to have 'integrated' her spine in her running.

world, a spiral motion helps to keep the balance around the Line in a spacious way, to assure the integrity of the upper and lower body relationship, as well as the side-to-side, front-to-back, and inside-outside body relationships.

Looking at some more details about walking, the pelvis has a physiological torsion and counter-torsion: while reaching forward with the right heel, the right ilium is in a posterior torsion and in out-flare. The torsion helps to orient the acetabulum so that the femur can swing forward and rotate outward (see Figure 1). During the push-off phase of walking, the posterior leg is in extension, the corresponding ilium is in anterior rotation, in in-flare and the femur in internal rotation. Simultaneously, there is another contralateral motion between arms and legs: while the gluteus max is activated in the weight bearing leg, for example the right one, the opposite latissimus via the

lumbo-dorsal aponeurosis, brings the left arm back. Thanks to inertia, the weight of the body is displaced forward and due to the elasticity of the tissues, the opposite arm swings forward. The two girdles will counterbalance each other.

We can say that the contralateral movement of walking is the result of an integrated and combined activity based on the interaction of our myofascial and articular systems along the midline. When there is enough resiliency within the person's structure, elasticity in the soft tissues, and appropriate range of motion in the joints (that manifests a congruent stability and mobility), the structure shows the signs that we Rolfers read as *integration*: length, ease, alignment, and flow. Basically: we can see gravity flowing.

Integration of body parts enhances movement and gesture efficacy. But sometimes we 'forget' some parts of us. When this happens, the brain maps of

our body change; repetitive movements, gestures, trauma, and injuries modify the maps. It can happen that we lose presence and differentiation; as Jan Sultan says "differentiation precedes integration." It is possible we see clients use their shoulder to lift the wrist or they may move their pelvis and femur as one unit while walking. We might forget to differentiate our parts while moving because it hurts, our back might immobilize because it is part of our support system and we might over use it, or we might notice after pneumonia our chest cannot expand in all directions while breathing like it did before. After suffering a fracture, we might lose trust in that bone, we might have reduced mobility, and we can even forget that part entirely. Some parts become like a deserted house.

Rolfing SI and Rolf Movement sessions help to update the maps system within the client's nervous system, thanks to the

When there is enough resiliency within the person's structure, elasticity in the soft tissues, and appropriate range of motion in the joints (that manifests a congruent stability and mobility), the structure shows the signs that we Rolfers read as *integration*: length, ease, alignment, and flow.

manual interventions and explorations of postural habits and movement patterns. To fully inhabit our body, in all its parts, is an integration process.

So far, we have considered the physical and coordinative structure. What about perception and meaning? Looking in the dictionary, it says that *having integrity* means to have ethical qualities such as honesty, uprightness, rectitude, and also unity, wholeness, coherence, and cohesion. In Italian, my mother tongue, a piece of bread is 'integral' when it's made with whole wheat, a grain that has all its layers. We Rolfers work with people; we cultivate ourselves to be a unit of body, mind, and spirit. I believe and have experienced that we Rolfers touch all layers.

I was in New York back in 1987 and received a Rolf Movement session from Judith Roberts. My memory is blurry about what happened during the session, but I have a very vivid memory of the moment I sat back up on the table. It was a wonderful sensation of lightness, of length, my shoulders were wide and supported by the chest. But the moment Judith entered my visual field, all this space I was occupying with my liberated body was suddenly too much. Being so big and wide, in front of another person, was almost unbearable. The sensation of being too big, too arrogant, too visible was about to shut down the newly gained freedom. That was the moment where Judith helped me to *integrate* this new possibility that my body was experiencing: she helped me feel safe so I could be open and wide, taking my space, owning the space I was inhabiting, and do this without judging myself. She guided me towards a negotiation, something in between the very new, exciting place I was in and the very well-known one that had started to be too small.

My 'body image' had to find the way to follow, adapt, and integrate the new structure, to live in the newly integrated structure. My physical body was better integrated, I had a newfound freedom in my fascial layers and joints that made me feel light and spacious. I found a barrier built by my body image that kept me anchored in the present moment and also my ancient personal history. Some part of me was caught in the past and another was in the present. Just the manual interventions and table work were not enough to consolidate the process of transformation. Our expertise of manual Rolfing interventions

is capable of starting a process that takes the client time to integrate the new and to negotiate with their own past. When we support our clients to finish the session in a standing position, this is an essential moment to help the client to receive, welcome, and integrate the new. I'd like to think that Ida P. Rolf, PhD, had all these different and rich meanings in mind and heart when she named her method *structural integration*.

Pierpaola Volpones discovered Rolfing SI through bodywork and her research into well-being and somatic expression. She studied in Munich with Stacey Mills and Michael Salveson in her Basic Training and with Michael Salveson and Jeffrey Maitland in her Advanced Training. Her Rolf Movement training took place in Italy with Janie French and Annie Duggan. She began her Rolfing SI and Rolf Movement teacher training almost twenty years ago, and she has been teaching since 2006. She runs a practice in Rimini, Italy, and teaches for the European Rolfing® Association. Her website is www.volpones.it.

Integration – From Structure and Function to Psyche and Spirit

An Interview with Gael Rosewood

By Anne Hoff, Certified Advanced Rolfer® and Gael Rosewood, Certified Advanced Rolfer, Rolf Movement® Practitioner



Anne Hoff



Gael Rosewood

ABSTRACT *Gael Rosewood shares thoughts on integration, drawing from her studies with Ida P. Rolf, PhD, Judith Aston, Emilie Conrad, and others. She considers both structure and function, as well as the psychobiological and spiritual aspects of integration.*

Anne Hoff: Gael, I feel like you're going to have a very valuable perspective on integration. First, your history with Rolfin® Structural Integration (SI) goes back to time with Ida P. Rolf, PhD, and you've been faculty at the Rolf Institute® [now the Dr. Ida Rolf Institute®] for both Rolfin SI and Rolf Movement work, and also taught some of the early 'combined studies' classes. Then you've also been deeply involved in other fields that have a perspective on integration, like Continuum. Give us a short version of your story for newer Rolfers who might not know your name.

Gael Rosewood: I met Ida Rolf in 1968. Before I was even through the Ten Series, I was auditing her training in 1969 and completing it in 1970. At age twenty-two. I was one of the younger people she agreed to train at that time. My entry into this profession was a bit slower for the first decade as I had some growing

up to do. But during my auditing phase of training, Judith Aston was being trained as a practitioner. Ida asked Judith to develop Rolf Movement as a way for clients to further integrate SI into their daily lives. Ida then told me to study with Judith, and so I did over the next ten years. The goal of Rolf Movement, from Judith's excellent teaching, was to help clients discern an experiential difference between better and worse support, alignment, congruency of intensity or rest, responsiveness and full-body participation with functional intentions. It was in 1978, if I remember correctly, that I began to teach Rolf Movement after Judith Aston had moved on from the Rolf Institute. A group of Judith's students formed a committee at that time, working together to formulate the principles and processes of Rolf Movement. Then our committee cooperatively created the curriculum for the lead-in preparatory

classes for Rolfing SI students as well as a Rolf Movement training. I participated in teaching those trainings as well as the first combined studies program. In 1987 I joined the faculty as a Rolfing instructor as well and taught both modalities for fifteen years. After that I made a transition from being a faculty member to teaching Continuum and offering occasional CE classes for the Institute.

AH: Thank you. Quite a long history. What was your earliest sense of integration? Did you have any inklings before Rolfing studies – a sense of how things came together or an ability to recognize that? Was that part of what drew you into Ida Rolf's vision?

GR: No, I don't think so. I was just arriving at adulthood, if you could call it that. I was just bumbling around, experimenting and having the usual dramas of that age. Well, I could back up and say that I had a gangly sense of myself, with an awkward social sensibility. People took me for being younger than I was. Perhaps we could say that I was not very well integrated. In my early experiences of receiving Rolfing sessions, I had some very strong psychological insights that surprised me. They gave me a perspective into the relationship between my history (today we would call it trauma), my body, and my psyche. I went through a pretty strong sense of transformation during the Rolfing process, but it wasn't until I audited Ida Rolf's class that her concepts became clear. I started to be able to see what she was talking about as it manifested in the clients. That was when I became passionate about this work, even as the power of it scared me.

AH: You received a nonverbal, nonconceptual understanding of what integration was in your experience of receiving the Rolfing sessions.

GR: Yes. I felt the possibility to become somehow different within my own skin. I

wouldn't say it was as lucid as the thought of integration; I just saw that there was a possibility for me to live more from the inside out and to feel more complete somehow. This reduced my social self-consciousness.

AH: I think that was what attracted a lot of people to Rolfing SI back then. My sense of the 1960s and 1970s is that many people were interested in human potential and felt Rolfing SI was going to support them in that. Even if you don't equate potential with integration, I think that aspiration speaks to the idea of integration.

GR: Yes, I think you're right. I was living and working at Esalen® Institute when I met Ida Rolf. She found an avid audience there. Esalen was called a human potential center and offered many different workshops that explored the possibility to open, grow, and heal old wounds, or to become more creative or fulfilled. Therapy became a form of self-exploration and enhancement rather than a stigma for those who were not able to function as 'normal'. Ida Rolf's work fit right in with that movement.

AH: Going through Rolfing training, what did you learn and understand?

GR: Well, I'm going to preface that with the sense that the human body is full of possibilities for functional adaptability; from skiing to pole vaulting, from tightrope-walking, to Houdini twisting. Humans seem to be very curious to explore what their particular contraptions can do. Meanwhile, at the end of the day, there are certain necessities that support healthy function and a better chance for living pain-free without a drugged physiology. As I studied with Ida Rolf, I understood that Rolfing SI is an educated examination of our human design in order to participate with this structure of ours in a more conscious way. Ida Rolf said so much when she proclaimed that gravity is the therapist.

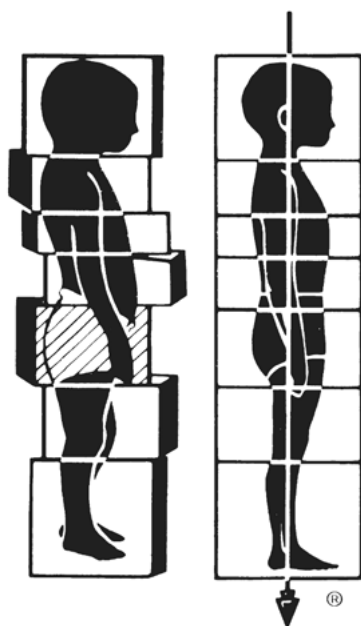
She was saying that gravity is an ongoing informing parameter. And it is so easy to ignore. The general population never particularly equates structural problems with a misuse of weight-bearing in their everyday posture and function. The idea that we have to hold ourselves upright with muscular effort or with core strength (as it is often referred to these days) can lead to a mistaken and an unexamined attitude that standing upright means to fight gravity rather than to work with it.

AH: I imagine that even as Rolfers we can look at it too narrowly; body alignment relative to the 'Line' can become a visual construct in our offices but the real work is integrating the body into how to *live* on this planet and its particular gravitational field.

GR: Yes. And these days I think many of us are discovering that our electronic devices can easily become mediums for disembodiment. Even those of us, well-educated in somatic awareness, can find ourselves in zones that ignore the signals of discomfort and discontent within our body's relationship to gravity. We, however, have the advantage of recognizing these symptoms and knowing how to find our way back. Rolfing SI conveys an ability to transmit ground force evenly and effortlessly through our body. It means that we're cultivating a cooperative use of our joints by aligning their centers. We learn to see and feel when strain occurs, when the segments of our body compensate in counterbalance rather than in finding an alignment in which the center of one segment is well aligned with the centers of the other segments. This was Ida Rolf's perspective and teaching. It is a potential within our human design.

AH: I'm noticing that your language is very spatial and geometric. It's not anatomical in a limiting way. It includes anatomy,

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The Rolfing SI logo.

but you're speaking of the anatomy holistically rather than with a specificity that takes the body apart into little pieces.

GR: Yes, that's true. It takes us back to Ida Rolf's logo for Rolfing SI (see above), the stacking of the blocks. I think at times we get so fascinated by the details of anatomy that we can forget the whole. This is not to say that the details aren't important though. The net result, to speak holistically, is an even use, as much as possible, of ligaments, bones, and musculature. Again, by establishing the centerline of transmission, we also find our strongest and most secure place of support. Weight-bearing ends up being shared and distributed in a more three-dimensional manner. The hallmark of integration when these factors come together is a visual sense of length and lift, a lightness of dynamic balance. Ida Rolf was teaching us to assess the potential for better integration by imposing a virtual grid, as we assess a client's posture. By seeing the body with the possibility for a more vertical centerline, we could then determine what veered away from that, what was in counterbalance to this vertical line. This helped us to determine where the strain patterns were in the body that were pulling it off center.

AH: How did Ida Rolf talk about a body when she had a client standing up in class? What type of language did she use to talk about the randomness or the integration?

GR: That's such a big question. It's also over fifty years old in my memory. In a

very broad way, by the use of this virtual grid she was training us to see how a body was aligning with gravity and its own centerline. The vertical line represented the force of gravity coming through the body. The virtual horizontals were conveying to us the ways that the body was counterbalancing, pulling laterally, sidebending, or rotating, rather than finding even support bilaterally and front to back. The horizontals were teaching us not only to see counterbalance, but also to see where a deficiency of support would rob us of a certain three-dimensional expression of our body's spaciousness. This served me well until I started teaching movement classes.

When I began to teach Rolf Movement, I noticed that we had much more clarity when we were assessing posture, but when it came to movement, there was so much more going on. We didn't have the same simplicity of language to describe either what we were seeing or what we were looking for. The fuzziness of our assessments without a common understanding of what we were looking for continued to egg me on. It made me question, what does integration look like in movement? We know that humanity in general has an innate appreciation for grace in movement, yet, what does that really mean? What is it that we are seeing? The qualities that Judith Aston delineated were certainly indicators of a more pleasing aesthetic. Yet, when it came to walking, what were we looking for? Ida Rolf indicated that we were carrying social, cultural, and personal imprints that affected how we stood and how we moved. They were our adaptations to fit into our place and time – social mannerisms, the clothes we wear, the traumas in our history, etc.

I found that these imprints became much more expressed in movement. If you have the opportunity to travel, you can observe that how we move spatially around each other, how we express ourselves in movement is very cultural. Beyond that, we are affected in our physical expression by our gender, familial influences, our sports or exercise routines perhaps, and other defining aspects of our identity. Then on top of that, bodies are proportioned very differently from each other with longer legs or a longer torso, or there's a hip replacement or a car accident. And movement manifests differently given our stage of life. Children might walk very differently than somebody in their

seventies. All of this comes to bear on our movement expression of walking.

This makes it really hard to define improved integration in walking. And, ultimately we spend more time walking than standing still, so it has an enormous influence on our structure. What's the potential that we're looking for in a functional aspect of the human body? In 1989, I had been working with David Clark, and we took on this question, only as far as walking was concerned. The question that we were asking ourselves was to define natural walking, the human design of natural walking. We wanted to create a template, like Ida's virtual grid, in order to see what might be a potential for a better supported, more easeful, more integrated expression of walking? David was a great colleague for this project. We had great fun bouncing ideas back and forth. He has a stronger background in science and physics. His enthusiasm spurred me on to write about this.

After we presented our paper "Natural Walking" at an annual meeting [Ohlgren (aka Rosewood) and Clark 1995], the discussion on this topic continued to evolve. Serge Gracovetsky was invited to share his research at the Rolf Institute annual meeting. And many people have contributed to more clarity of language and insight into understanding integration and function. Hubert Godard brought much more agreement of language and principles, very particularly to the way that our perceptual habits preordain postural and functional tendencies. And I am very grateful to Mary Bond for her dedication to teaching classes and producing books that bring experiential understanding to the subject of walking.

AH: You put out an audio recording on walking at some point. Is that based on the same principles as what you share in the article, and would you like to talk about that?

GR: Yes, at one point, I wanted to put something together that people could listen to while walking. It allows them to explore habit patterns and new possibilities. Creating this audial version was a harvesting of all the bits and pieces – well, not all of them – but aspects that I have taught to clients, when the information fits into a session. I wanted to bring it all together. It's funny because I had thought about this for a good fifteen years. During that time technology went from portable cassette players to CDs

to downloading an app on a mobile phone. It's great that it took me so long because the latest technology is much more efficient. It's available on iTunes; it's called Walking Meditation 1 with Gael Rosewood (Rosewood 2013).

Ida Rolf's grid had a simplicity. When its order was transposed onto the body visually, the relationships of all the parts came together as a whole pattern. The goal of the natural-walking template is similar. It is a sense of the human design for movement. Just as gravity takes us to a law of planetary existence, greater than our individual bodies, so humans share something in common with the animal world, and the animal world shares something in common with the plant world. I am speaking of the double-helix spiral. This is a fractal, which replicates over and over again from flower petals to DNA. It's apparent within the weave of connective tissue.

Tom Myers elucidated the nature of the spiral in his book *Anatomy Trains*. This fractal pattern of spirals, repeating over and over within nature, again relates to gravity. Water falls in spirals around the vertical of the gravitational force. The forces that govern the interplay between water and gravity must also be a part of our human design, I think. Embryological development is postulating that the responses of water within the container of womb and gravity create patterns that shape our bodies. This background template gives us the freedoms of three-dimensional expression in movement without giving up the solidity of support coming from a vertical line. I think that this is so much more intricate than the expression of contralateral coordination in walking. When a body comes under duress either through pressure and compression, the protective response within it is to rotate – this prevents broken bones or torn ligaments better than

remaining static. As we go through life, our body develops preferences and those preferences always involve rotations. In other words, one spiral within the double-helix tube overpowers the counterspiral.

What I'm saying here is that this double-helix is expressed not only as contralateral movement in walking; it is in the design of the body, in the bones, in the joints, in the tissue. To make an example, take the screw-home mechanism of the knee, this is an internal rotation of the femur and an external rotation of the tibia when the knee comes into a closed-pack position. The balance of these two rotations, these two counterspirals, help to center the knee when it is weight-bearing. If one rotation overpowers the other, the knee is pulled off center. Or to use another example, look at the function of the tibia and the fibula at the ankle. During flexion or extension, there is a counter-rotation between them that needs to have freedom of rotational expression for balance and full mobility at the ankle.

Understanding these details within the normal function of joints helps us to assess function while a client is on the Rolfing table. If there is an imbalance in the double-helix spiral, it will show how the joint is overpowered by one of the spirals and thereby pulled away from the centerline functionally. To apply this vision or template to the whole body we see our body respond like water to gravity. Ground force allows us to lift, but this is not just an up and down response. In order to take a step we need to shift our weight from one leg to the other, and this lateral movement while preparing to step forward initiates a spiral. This spiral is countered above in what is called contralateral coordination. These two spirals in union keep us centered over a core of support even as we are shifting our support from one leg to the other. We have three-dimensional expression and

core support simultaneously. When this comes together congruently through our whole body, there is a dynamic balance that offers lightness and lift. Gracovetsky was showing us how crucial the spine is in the orchestration of this coordination. This is a huge contribution and breakthrough from the former kinesiology model of robotic, segmented walking. Yet, truly the human design for walking is within every joint, every muscle.

AH: The simplified grid can't convey the dynamism and three-dimensionality of the double-helix.

GR: Yes. That's it. The grid couldn't really do the job when it came to movement.

AH: Say more about the contralateral element.

GR: Bonnie Bainbridge Cohen first brought the concept to my attention. Babies are instinctually programed developmentally to organize and coordinate the spine and the limbs. And the preparations all lead to the ability to stand up and walk. When babies start to crawl, they are developing the contralateral function in exaggeration and with extra support from all fours. The pelvis is rotating one way along with the legs and the shoulder girdle is rotating the other way along with the arms. The spine is learning how to put this equation together smoothly. Ideally, when it comes to walking these two spirals in counterbalance allow the chest to be supported first by one leg and then the other. There is also the expression of lateral movement due to the pelvis shifting from one dominant support leg to the other. When people leave pieces of this three-dimensional expression out, there is some degree of loss of support and certain segments overwork or lose length and lift. Whether it's a few vertebrae, a knee, the neck, the stress is due to a lack of holistic expression in movement. As an aside, I want to say that the military marching style of our culture was adapted into the fitness culture as well. Military marching involves a static spine, carried straight ahead. Arms swing from the shoulder joints and legs swing from the hip joints. The chest is held. The neck is held. There is no lateral movement to speak of.

AH: Gael, the image that's coming to me is that this military style of movement is something you could simulate with a marionette. It would require a complicated marionette, but it still has that sort of

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Emilie Conrad, originator of Continuum Movement, said the octopus was her teacher. Photo credit: Henner Damke – stock.adobe.com.

clunkiness and limited linearity. Where what you're describing as the double-helix, there's no way you could simulate that with an instrument – a marionette or even a robot. It's extremely organic. I love how you talked about how the waterfall falling as a double-helix. It might look like a straight fall, but there's something more mysterious and organic happening. With the human body, it's what makes for grace, elegance; it's what brings flow and beauty to movement rather than the clumsiness that's there when we first try to learn to move in a certain way.

GR: Yes. That's well said. This was my problem: when I went to the kinesiology books back in the beginning, trying to understand what to say about walking, it was a muscular lever-pulley model, a marionette model. I tried to follow the instructions in the kinesiology book. I couldn't take the first step. I thought, there's something wrong with this model. This is what Gracovetsky has done with his research: he showed that the spine was not static, that walking was not a lever pulley model. With his scientific research he opened the door to think about walking in a new way. This, combined with the research into connective tissue, has given us a whole new platform for thinking about movement, an alternate system of organization beyond levers and pulleys and muscles and bones. I wish that Ida Rolf got more credit for this. She was telling us in the sixties that we were working with connective tissue.

Someday, she said, science would catch up with its importance as an organizing, intelligent system.

AH: I'm reminded of the field of biotensegrity – how we've moved from tensegrity, thinking of static built structures, to the biotensegrity of living organisms and their very intricate relational elements.

GR: It is remarkable what has come to light via science and our ability to see living tissue in action. The research on connective tissue is fabulous. It would have made Ida Rolf's job so much easier back in the day.

I want to take the topic of integration to the Rolfing table and the relationship that goes on between practitioner and client, because this goes into a realm that is not about anatomy or theory. We are finding the moments and the interactions that help clients make sense of their experience whether it is Rolfing SI or Rolf Movement.

Personal somatic awareness is crucial to integration, but this is not a formula, this is a unique conversation between the two individuals who find the meaningful conversation of the moment. As we are working with individual clients, we are

opening up, whether by hands-on or verbal guidance, a greater awareness of what might be in the way of a higher order of function. The answer to that question is so variable, completely individual. As we are with clients, hopefully we find the moments to teach or guide them to be more discerning to the feedback of their somatic experience, with the sense that there is always a choice. To make or allow an adjustment, one needs to be present enough to the sensate experience to notice, for example, what bracing might feel like, what holding patterns might be inhibiting the ease of breathing. Many things can be inhibiting a better resting place or a fuller participation in an action. Self-image might be in the way, or ideas that have crept in from other somatic disciplines about correct posture or how to breathe.

Sometimes this means helping somebody to start to notice that they have parts of themselves walled off, numb perhaps, isolated, not able to participate. If this has been the status quo for years, then it can be sensitive territory to become aware of what has been compartmentalized physically or emotionally. This is often where trauma

When we include the psychological realm, integration can mean surrendering: surrendering to being one's true size, true shape, true age, gender, personhood.

therapy comes in because the nature of trauma that still lives in the body is numb, inhibited, or compartmentalized functioning. Integrating to a fuller extent is a new ability to be more fully at home within oneself with more availability to spontaneity and choice. Day by day this is a moving target. But the questions are: What is in the way? What new choices could I make that serve a higher order of well-being?

This moves us towards psychological territory because what is in the way can be our judgments of ourselves: performance anxiety, self-inflicted pressures, not being willing to allow certain sensations to come forward, chronic worrying. When we include the psychological realm, integration can mean surrendering: surrendering to being one's true size, true shape, true age, gender, personhood. To become more discerning and to have more sense of options and choice often means confronting our habits of perception and function in new ways. It can be as mundane as how one sees through their bifocals when they're reading, and noticing how that might create strain in the neck. Or it could be much more intricate and involved if, for example, new awareness leads to noticing how one has been hiding out from oneself or from others.

Obviously the psychological realm can be extremely complex. And yet progress in the realm of further integration can be as simple as the awareness question: How do I feel after eating that strawberry shortcake with all the whipped cream? And how about that beer? This is how we shift our habits toward something healthier and wiser. The point I am making is that somatic awareness, interoception, guides us towards growth and better

integration. This territory is so much more than just the habits of structure, posture, and function of the body. And we as practitioners are in a unique position to explore some of these territories with our clients when the opportunities emerge. As we say in this school, the map is not the territory.

AH: I love the word surrender, it evokes the idea of *wu wei* – non-doing – which creates an effortless freedom. It's like the action analog of rigid posture versus natural alignment.

GR: Right.

AH: The psychological piece is so important. Circling back to the Esalen environment, where people had an understanding – whether they were doing Rolfing sessions or Gestalt groups or some other thing – that integration meant the mind and the body did not live excluded from each other.

GR: Yes. I think that this has come a long way in our culture during the last fifteen, twenty years. Therapies such as family constellations (Bert Hellinger's work), Somatic Experiencing® trauma work from Peter Levine, Womb Surround work from Ray Castellino . . . even some of the plant-medicine ceremonies (ayahuasca ceremonies, etc.). These are all methods of working with the whole person in terms of how they have been constellated via family, birth processes, trauma, etc. What you're saying when you brought up *wu wei* and surrender brings me towards what I learned from my Continuum practice, so I'll talk about that.

I met Emilie Conrad, in 1978, and I was very briefly in a bit of a crisis. I had been a Rolfing practitioner for ten years, and I was starting to have pain in my hands

and arms. I loved the work, but I didn't care to cripple myself in service to it. I was up against that challenge. I was also a bit challenged by the fact that I had been in a spiritual practice that wasn't working very well for me. When I met Emilie, and I watched her move, something was transmitted immediately in her movement. She demonstrated a movement expression of the body that I had never considered possible. It was like watching water move. Because Ida Rolf had said, we're working with connective tissue, I also was seeing the transmission of movement through her connective-tissue system. This was definitely not a lever-pulley model in any way. I was fascinated on two accounts: from a professional point of view, thinking about connective tissue and what it offered as an alternative system of movement, and personally I felt a sense of possibility to find a different way to care for my body that would allow me to continue my work without hurting myself. Furthermore, unlike my former spiritual practice, Continuum was so, so pleasurable and left me feeling whole and at peace.

Emilie said that the octopus was her teacher. By the way, there's a new film called *My Octopus Teacher* (Netflix 2020). There are YouTube videos of Emilie Conrad speaking and moving (see, for example, Continuum Movement 2013). There's also the Continuum Teachers Association website (continuumteachers.com) and the Continuum Movement website should readers like to see what I am speaking about.

AH: You received a transmission from Emilie that informed you about potential in your own body.

Continuum taught me to be able to give my culturally adapted system a break from its perceptual and functional habits. I could shift into an appreciation for my animal body and its birthright of belonging to nature, the elemental world, a different orientation to time than the clock. This practice gives my breathing a chance to re-regulate without my ideas of what it should do. This is an autonomic systemic change that includes the nervous system as well. Typically, it comes about with a shift in my perception of time and internal spaciousness.

In the most philosophical or mystical answer to the meaning of integration, we are learning to let go of the illusions that keep us from experiencing a more complete belonging with the whole.

GR: Yes. I've been with her practice since 1978. It continues to teach me. To go back to the subject of integration, I developed a broader appreciation for the body. I started this interview speaking of a fascination for our body's potential. Continuum took me into the realm of playing with movement for its own pleasurable impulses. In other words, taking the functional goals of manipulating the environment out of the equation and following what the body chooses to do for itself from micro, little impulses of movement to full-body configurations that were not directed by an idea of getting from here to there or getting this or that done. Both Ida and Emilie saw that our cultural adaptations came with a price. Our relationship to the speed of our electronic world, the segmentation of chairs, the 'talking heads' nature of our culture . . . even the box-like structure of cars and houses affects our nervous system, our relationship to time, and ultimately the very tissues of our body. We forget the infinite world of movement possibilities and live, in general, within an ever-decreasing range of expression and sensual enjoyment in the engagement with life. Like Ida, Emilie saw that this was a very dangerous course for humans to take in relationship with each other and the planet.

This brought me to a very deep appreciation for the body's intelligence of a broader receptivity to sensation and movement. This practice over time led me to discover our capacity to find a higher order of parasympathetic function. This means setting aside our habits of perception for everyday function in order to allow this to happen. Our parasympathetic function controls our heart rate, breathing, sleep . . . all the autonomic functions. We cannot tell this system what to do. We cannot control it. And when it is out of balance, anxiety, insomnia, digestive disorders, and immunity are affected. We are in an epidemic beyond the pandemic with these disorders. Continuum taught me to be able to give my culturally adapted

system a break from its perceptual and functional habits. I could shift into an appreciation for my animal body and its birthright of belonging to nature, the elemental world, a different orientation to time than the clock. This practice gives my breathing a chance to re-regulate without my ideas of what it should do. This is an autonomic systemic change that includes the nervous system as well. Typically, it comes about with a shift in my perception of time and internal spaciousness.

AH: A higher order of parasympathetic function?

GR: Yes, this is another form of integration. Like structural integration, it involves coming back into a sense of belonging that is broader than the boundaries of our own skin. Continuum seeks to find an experiential sense of being a participant with the elemental world. What happens if we experience being of earthly nature, not just resting on it. We are water, 70% or more. What happens if we become the tides, the eddies, the spiraling, the marsh lands within ourselves via movement expression. Emilie said that there is no life without water. It is an intelligent system. Ida said that connective tissue was an intelligent system. So fluid movement puts an elemental intelligence together with one's own tissue. Suppose we relate to our breathing as an unbroken connection to a breathing world? What happens if we let ourselves feel embodied as if we were more animal than human – a fish, a snake, a lion? Emilie said, "This is our birth right, to feel our belonging to the orchestration of life's eternal dance of creation." This sense of integration is a way back home from my point of view, but in a different way.

Ultimately what this means for me is that integration is our current learning curve. As we are assimilating a very complex world with many elements coming at us simultaneously, what is it that supports us now? What is it that we need to feel whole, as whole as we can, and as resourced and resilient as possible? We know that

we can have mishaps along the way. We know that accidents or illnesses or losses can set us back. When we get set back, we have a default reset pattern in the body, which is a lower order of integration. It can feel chaotic and disordered. But the good news, when you've been on this journey of exploring integration, is that you know the difference.

In knowing the difference, you also have a recall pattern of how you arrived at the higher order and what it felt like. There's a certain artistry in knowing how to find your way back. This artistry becomes wisdom over time. Remembering that we have choice, a sense of agency to seek higher order through the elements that took us there before; elements such as support, ease, responsiveness, surrender, being true to ourselves. We learn to trust our capacity to re-find it when we have lapses, as we all do. The learning curve keeps evolving. In the most philosophical or mystical answer to the meaning of integration, we are learning to let go of the illusions that keep us from experiencing a more complete belonging with the whole.

What is it that keeps us feeling separate and fixed and without choice? Conversely, what takes us in the direction of feeling that we actually are a part of life so completely that we can slip the coil of the functional body and slide out into various energetic realms from cellular to stellar? This life's inquiry of mine from Ida Rolf through Continuum has taught me that the body is a portal for this kind of learning, this kind of wisdom and seeking. I don't have to disembodiment in order to engage with other energetic realms.

AH: Say more about that.

GR: I go through the sensations of the body and through the sensations of participation, of surrender, as well as presence in order to reach some of these places that feel as if they are absolutely a part of the natural world from cosmos to cellular in one unbroken chain of creation. My skin is not a barrier separating me from this felt sense.

AH: It sounds like the body is a portal, but you don't leave the body or transcend the body in going to the spiritual or stellar, rather there's a way the body is integrated in those experiences.

GR: Yes, because I am absolutely centered in somatic experience at the same time. I am not disembodied.

AH: Which is a far cry from the religious or mystical traditions that had people renounced the body, beat up the body, or

in some way, constrain or reject the body to try to get to a spiritual state.

GR: That's right, at least from our lineage of Western culture when the Age of Reason took over. I think the Taoists and some other traditions were on to practices that did not separate body and mind or spirit and body. This brings me right back to Ida Rolf and what she was saying when I was studying with her. She was very annoyed with the 'yogs' – that is how she referred to yogis, I don't want to say it that way. Her vision of Rolfing SI was to take responsibility for the human experience in relationship to the planetary, to the Earth, and to bring our wisdom and our care and our stewardship back to the Earth. This was her aspect of wanting us to create a more solid relationship through gravity, to the Earth, as well as the . . . No, I have to just interrupt myself again. Her vision was that we could continue to grow in maturity and spiritually without renouncing the body. But to do that we had to become an open system to Earth and sky. We had to be a 'something between Earth and sky'.

AH: That the integration of the body became the portal for the next evolutionary step, right?

GR: That's it.

AH: Didn't she often use words like 'evolutionary'?

GR: Yes. She was worried about the direction humanity was taking. Emilie Conrad said exactly the same thing in her own words. The neocortex dissociated from the heart makes the human being a very dangerous and irresponsible species. To integrate our rational mind with the heart involves staying at home in the body, not dissociating from the body, away from the intelligence of the heart. A human being that is not integrated between the neocortex and the heart becomes a dangerous creature; destructive, greedy, suspicious of others, and territorial.

AH: Belonging is very important. It's not just body experience in the reptilian hardwired sense. It's body experience as

the mammalian brain developed to have the capacity for love, caring, and nurturing. That's the heart quality of the body that's expressed in belonging and love.

GR: I would say that. Yet I would say that the reptilian is not the problem. The reptilian has the intelligence of the parasympathetic system. This is what Continuum develops. How can you be with the impulses of the movement that come from . . . not from the directive aspect of the brain, the neocortex, or even the expressive aspects of the limbic . . . the reptilian brain governs the parasympathetic or perhaps now we are thinking of it as the gut body, the intelligence of the enteric system.

AH: Have you ever read the book *A General Theory of Love* (Lewis, Amini, and Lannon 2001)?

GR: I have, yes.

AH: There's a sentence in there where the authors' thrust is very much about the part of the brain that only develops in relationship, the mammalian part. They say that if you don't develop that part of the brain, then you're left with the reptilian brain and the neocortex, which they describe as an intelligent reptile. Their view is that that defines a sociopath.

GR: I understand that logic. That is true. That there's the territorial aspect of the animal world without the mammalian sense for resonance and empathy and compassion. I understand it from that point of view. I was thinking of the reptilian brain differently, the brainstem and its regulatory function to breathing and heart rate, etc.

AH: What is clear is that all of them are equally important. Each aspect of the brain has a gift, and if we try to run too much with one of them, we're missing part of our potential, part of what would take us to an evolutionary movement rather than a sort of fragmentation or dead end, so to speak.

GR: Well said. Thank you, Anne, for this invitation and the conversation that you have fostered.

AH: Thank you Gael, for all of your contributions and sharing!

Gael Rosewood met Ida Rolf in 1968 and began studying with her in 1969. In 1978 she joined the Rolf Institute faculty to help develop and teach Rolf Movement. In 1989 she became a Rolfing Instructor. Although she is no longer an active part of the faculty, she still teaches continuing education (CE) classes in both modalities. Gael also studied with Emilie Conrad and Susan Harper over forty years. She has been teaching Continuum since 1991. Her other studies have included Peter Levine's Somatic Experiencing training, visceral manipulation, nerve sheath release, cranial/sacral, scar, and bone work.

Anne Hoff has a Rolfing practice in Seattle and is Co-Editor-in-Chief of this journal.

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The neocortex dissociated from the heart makes the human being a very dangerous and irresponsible species. To integrate our rational mind with the heart involves staying at home in the body, not dissociating from the body, away from the intelligence of the heart.

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Taking an Honest Look at Our History

A Conversation between Marekah Stewart and Tristan Koepke

By Tristan Koepke, Certified Rolfer®, and Marekah Stewart, Certified Advanced Rolfer



Tristan Koepke



Marekah Stewart

ABSTRACT *The following is a transcript of a conversation between Marekah Stewart, Advanced Rolfer and member of Dr. Ida Rolf Institute's® (DIRI) Committee for Diversity and Anti-Racism (DIRI D/A), and Tristan Koepke, Rolfer and Chair of DIRI D/A, from August 8th, 2021. Together, they reflect on the theme of integration, weaving their personal histories, the history of Rolfin® Structural Integration (SI), and ongoing work regarding diversity, equity, and anti-racism within SI and broader culture.*

Tristan Koepke: Thanks so much for coming together. First, I'm so grateful to learn from and with you, and to serve on the Dr. Ida Rolf Institute's® (DIRI) Committee for Diversity and Anti-Racism (DIRI D/A) with you. There are so many things to discuss today, but I thought we could start simply by considering integration, and then discuss integration in relation to our histories as well as work within the Rolfin® community.

Marekah Stewart: Tristan, thank you as well, for the opportunity to learn from you and to serve on DIRI D/A with you. This is my first experience serving on a committee of this nature and your leadership, sensitivity, intelligence, and patience have been a tremendous help to me. I also appreciate and admire the

personal work you have done in becoming an ally – thank you.

I'd love to hear from you in regard to integration. What comes to mind?

TK: There are at least two distinct definitions that come to mind. In regard to Rolfin Structural Integration (SI), I think of integration as bringing together parts in coordination and harmonious relationship, with respect to separation and difference within the tissues. We invoke movement that is resilient, informed by history and even trauma, but is directed toward resiliency, potential, and possibility. There's a focus on forward motion. Integration regarding Rolfin SI is progressive. And perhaps because of my dance background, integration is focused on movement.

And then there is social or racial integration: bringing people with different embodied racial histories together in pursuit of equal access of education and opportunity.

I wonder what we can learn when we apply Rolfing knowledge to a broader cultural sphere. One of the most beautiful things to me about Rolfing SI is that we can work hands-on in very particular ways, but the knowledge we gain through that approach is so applicable beyond physical work on the table. For example, I'm often thinking about parallels between our Rolfing work with clients in the context of the Ten Series alongside larger structures that shift our culture and context.

Since the Rolfing community is currently looking at creating more inclusivity within the field, what can integration teach us about diversifying our communities and training programs? Is cultural integration a good goal in today's societal context?

What comes to mind when you think of integration?

MS: I think you have given a well-thought-out definition of integration in both the areas of Rolfing SI and racial integration. To what you have said, I would also add there is history, or memory (body memory/ancestral memory) within these various parts. Integration is achieved by creating space for balance, which in turn facilitates movement.

I think cultural integration is a wonderful goal, but it's difficult to attain. Cultural integration is an equal blending of cultures. It means a blending, without losing the characteristics of what makes each unique. This is what true integration looks like, and what one would hope to accomplish both in Rolfing SI, and in society.

I can speak directly from my perspective as a Black woman, and for me, this conversation ties directly into the concept of intersectionality. The specific parts of a person-environment, culture, and experiences intersect within the whole person; the specific parts of a community-inclusion/exclusion intersect within the whole community. We can focus on how systems either restrict or free the whole. Addressing the health of the whole system means looking at all the parts that are dysfunctional and bringing them to a place of function.

TK: For some, it may be difficult to draw parallels between Rolfing work and these large societal issues. It can seem too lofty. But metaphors have always helped me,

and I see the first seven sessions within a Ten Series as, sort of, like identity politics. Understanding and defining differences, and power dynamics within the body as a means to address cohesion and equity.

MS: I like your metaphor of seeing the first seven sessions as understanding, defining differences and power dynamics, as a way to address cohesion and equity. I also think those first seven sessions, and especially sessions four to seven, are the most difficult layers to address because of the depth we (client and practitioner) hope to access in freeing the underpinnings. The degree of freedom accessed on the deeper layers, will impact the level of integration in sessions eight, nine, and ten. And we must remember society works the same way. If we don't address the deeply-rooted structural racism and exclusion in our society, cohesion and equity will not happen.

TK: Like we are giving our community one big Ten Series! Equity work is differentiation in order to gain clarity, function, and harmony. I'm not saying doing a Ten Series is doing equity work, simply that there is systems-thinking that can be applied across these inquiries. Along this line, has Rolfing work helped you prepare for our work with diversity and anti-racism?

MS: I don't know that Rolfing SI has directly helped prepare me, in the ways it might have helped others. I think life as a Black woman, and more specifically the first Black female Rolfer for so many years, helped prepare me in terms of working with people from diverse backgrounds. I grew up in a predominantly White community. Life taught me how to function within the majority community, and to recognize microaggressions because I was experiencing them directly. Being a Rolfer however, helped me develop more sensitivity, empathy, and acceptance, as well as opportunities to recognize my own biases.

The work with the DIRI D/A, as well as the keynote conversation we collaborated on for the 2021 IASI Symposium, rekindled memories of the many times throughout my life I have had to code switch, or swallow microaggressions, as a way to be accepted by the majority community. I now feel more empowered as a Black woman to stir up some "good trouble," as John Lewis said.

TK: Your history and your intersecting identity has profoundly affected how you approach all things in your life.

MS: That's very true. My intersecting identity has shaped who I am, and how I live my life. Despite the inequalities of being a Person of Color, and parts of society's fear of inclusion, my hope and expectations remain solid that positive change is inevitable.

TK: I always admire your honesty, openness, and pragmatic optimism in our work together. Our histories are very different. I'm a White person raised in Central Wisconsin on stolen Indigenous land. I have Native American family members, but we all lived in an almost exclusively White community. I'm still in a learning process, probably a lifelong process, of understanding my blind spots regarding race and privilege that surrounds me. I also grew up a queer person in a sports-dominated town experiencing a lot of gender-based bullying, so my lens to seeing and understanding difference often relies on a nuanced understanding of gender and sexuality.

MS: Our backgrounds are both similar and different. You have Indigenous family members. We know how our Native people have been treated since the beginning of this country. Also being gay can present as "other," and invite mistreatment.

My ancestors came to this country as enslaved people from Africa. To this day, we're still living with the underpinnings of slavery. Whether gay or Black, we can work together to create change. We all have blind spots, whether it's about race, gender, sexual identity, appearance, intellect, and more. In a willingness to dialogue and interact with others different from us, we learn to uncover these blind spots.

TK: Speaking of working together to create the change, I want to discuss more the work we're doing with the DIRI D/A. After so many years working as a Rolfer, you've seen our community shift, evolve, and even proliferate. Why now? Why are these conversations finally entering the Rolfing community?

MS: Well, Rolfing SI was created by a White German-American woman. At that time, intentionally or not, the focus was on White people. I think the DIRI D/A is a reflection of current society. It's hard to turn one's head when you see the atrocities within our society regarding the BIPOC [Black, Indigenous, People of Color] communities. People/organizations either take notice or ignore what's in front of them. I think DIRI has taken notice.

TK: Yes, our community as a whole has begun to take notice, and take a more

honest look at our histories. I've even been hearing the Human Potential Movement, which has a history deeply intertwined with ours, being talked about lately as the *White* Human Potential Movement. Same could be said about Rolfing SI, if at least by chance. Primarily White people were in the room, working on the betterment of other White people. Even if the goal was a more universal scope, without the inclusion of cultural differences, there were limits to how applicable the theories that developed could be.

MS: Dr. Rolf had a Eurocentric model of health and wellness in mind. A lack of racial diversity was simply not of concern in those early days.

TK: It seems to me that it was never a malicious intent to exclude non-White people from the field per se, but more an outcome. Which doesn't excuse it, but does explain why our community is relatively homogenous.

MS: As I mentioned before, racial diversity just wasn't considered when Rolf developed the work. More people are waking up to the social and racial injustices that proliferate within our communities, and our work with DIRI is now a part of that. The ability to integrate the differences and create balance applies to Rolfing SI, and social equity.

TK: It's egregious that the murders of Black and Brown people, particularly the murder of George Floyd, were a catalyst for people and organizations to really open our eyes.

MS: The work of Black Lives Matter, and activists within the BIPOC community and some White communities created the momentum for change. When you see a Black man murdered before your very eyes, or learn of a Black woman murdered in her bed, it's hard not to react. Yes, these catastrophic things have to happen before our eyes are open. It's tragic, and yet it continues. Just as tragic is, once the news media leaves, people forget or don't want to remember the bad things that have happened, and continue to happen. So, life goes on as usual.

Now there is a call to create more inclusivity within our Rolfing community, and it has to start with our members. It means Rolfers going into their own communities, and communities of color, and finding more ways to introduce Rolfing SI – what the work is and its benefits. Also, supporting clients of color who are potential candidates, and who express an interest, in becoming Rolfers is important.

TK: It starts with individuals coming together. The parts working together as a whole. Differentiation and integration.

MS: That's right. What do you think gets in the way of that goal?

TK: To be honest, I often encounter a self-righteousness within our community. I'm not sure if Rolfing SI attracts a certain sort of person, or if the pursuit of "building a better human" itself encourages self-righteousness. It's of course not universal across our entire field, but I often find that some of our colleagues have a hard time adapting. If they've found a system, even a way of practicing the Ten Series, that has worked for them, it must work for everybody. But if adaptability is one of our primary goals with our clients, then I hope we can encourage ourselves to truly take it on too. To live adaptively in our intellectualism, our empathy, our politics.

MS: I think a Higher Source gave Rolf the gift of what we know as Rolfing SI. The way the Ten Series comes together is nothing short of miraculous. So many SI schools have come and gone, but DIRI now exists stronger than ever. That being said, I believe when we get in the way of letting the body/being guide us during a session, and think we know how it *should* be, it can become an ego trip on the part of the practitioner. Perhaps there is some unconscious fear on the part of the practitioner to let go of that preconceived idea of *should*. Or, maybe the *should* is a reflection of oneself. Magic happens when we let go, and follow the flow of energy between the practitioner and client.

TK: I can't help but mention, especially within the context of the United States, the

history of cultural integration is connected to the concept of assimilation. Integration has often demanded that People of Color and other racialized people are expected to assimilate into the dominant, or 'right', or White, way of being. I think as Rolfers, the pursuit of integration can sometimes slip into the pursuit of the 'right' way to be, and we are asking our clients to set aside parts of themselves that are culturally-specific, that give connection to their communities. What may appear like integration to us actually promotes what W. E. B. Dubois famously called double consciousness: seeing yourself as you, but also through the eyes of the oppressor (Myers 2020). Or more contemporarily, inadvertently asking our clients to 'code switch'.

MS: I, too, see similarities between cultural assimilation and the 'ideal' body being based on a Eurocentric model. Our society expects the minority to totally become absorbed into the majority as a way of being accepted. Trying to maintain one's uniqueness often results in code switching – learning to live in two worlds. Adjusting one's speech, appearance, behavior, and expressions that provide comfort to the majority in exchange for fair treatment are examples of code switching. So, these are awarenesses Rolfers might consider, both in terms of self-exploration, and in working with BIPOC clients.

TK: So when DIRI, or individual Rolfers, are looking to broaden their practices to include more difference and diversity, we have to broaden what the integration process can look like. We have to let go of any standards we have, any platonic anatomical references that don't embrace difference. We have to ask ourselves, continuously, "What am I accidentally in pursuit of? What embodiment cues are my standard, or what leading questions do I use commonly, or what expectations of change do I hold for my client to be looking a certain way? Am I asking the client to let go of a part of themselves simply because it doesn't fit my personal lens of health and wellness?"

MS: I think as we ask ourselves these questions, and at the same time stay

We all have blind spots, whether it's about race, gender, sexual identity, appearance, intellect, and more. In a willingness to dialogue and interact with others different from us, we learn to uncover these blind spots.

connected to the client in terms of their expectations, some of the answers to those questions become clearer. We have to engage with our clients, and not just in the hands-on work. Just like we 'see' with our hands, we also have to 'listen' to the nonverbal messages that surface – feelings and emotions that have perhaps been held on those deeper levels. If we can hold a safe space for the client, and get *our* agenda out of the way, there won't be an expectation of change looking a certain way. I believe we have to trust, to the best of our being, that good change is happening within the context of the work, no matter the ethnicity of the client.

For many years being the only Black female Rolfer, and possibly the only Black Rolfer at some point over the course of those years, I felt very isolated. The work itself was my passion, but there wasn't a community for me, and I didn't feel any connection to the organization, partially because of the lack of diversity. If there was diversity, there wasn't a way to find it. BIPOC people were not in the classroom as students, on the faculty, or part of the administration.

TK: Do you think that isolation affected how you were working?

MS: Well, it probably did. I'm not exactly sure what I missed out on, because I didn't have a sense of belonging within the organization. I just placed my entire focus on doing the work. I followed the foundation and principles of the work, along with inspirational guidance. I also continued to receive, and trade, Rolfing sessions with practitioners who were more directly connected to the Rolfing community. This was also a way to continue to learn and see how others were working.

TK: And the community missed out on a chance to know and learn from you!

MS: My focus was just on the work, and I loved it. It's interesting how something can become part of your identity, and I think Rolfing SI became a part of who I am. It was always something that I looked forward to doing every single workday. It brought me such satisfaction and joy. The satisfaction was in seeing someone walk out feeling better than when they walked in, as well as seeing the positive changes happening in their lives.

TK: Within our work with the DIRI D/A, what are some changes you are hoping to see, or special projects you are invested in?

MS: There was no support for people like me when I became a Rolfer, so I want to find out how BIPOC Rolfers can support each other, as well as be supported by our membership. Creating an affinity group might be one idea. Being able to share, and discuss situations that directly impact who we are as Rolfers of Color, and the recruitment of other People of Color, needs to be supported by our organization.

If our work is to integrate bodies through the hands-on work, we have to bring that same expertise into the community by being more visible. It means not only media marketing, but also members being willing to do demos, give talks, etc. and really engage people and organizations within underserved communities. In addition to what's already in place within DIRI to help prospective students, I would also like to see the establishment of an endowed scholarship. This would be supported by the Rolfing community, and others who might be interested. It would provide ongoing financial support for deserving students.

TK: Yeah, there's a lot of long-term growth that is starting to percolate. If we return to thinking of the Ten Series metaphorically, where do you think the community is? How far along are we?

MS: Metaphorically, I think the Rolfing community has begun taking baby steps. We are not truly walking yet. It's great that we have begun to see the faces of a few People of Color in our marketing etc. but that doesn't truly represent where we are as yet, within the organization.

As it relates to the Ten Series, I believe we're at the superficial level – sessions one, two, and three. We have begun to open the envelope of the 'body', and we're discovering what's there. We're exploring the areas of 'stickiness', with a focus on where release and change can begin. Real change takes time, and continues well after the ten sessions end. I foresee real change coming into our Rolfing community in terms of inclusivity within our student body, administration, membership, faculty, and Board.

TK: And how could we offer a new definition of integration?

MS: Gosh Tristan, I think we have been defining and redefining integration throughout this entire conversation. I don't know what more I can add. I will say, it has been a joy, and a great privilege to have shared this time with you. Thank you for inviting me to join you in this discussion.

TK: Thank you so much. I'm already looking forward to our next conversation.

Before becoming a Rolfer, Marekah Stewart was a nurse and had a dynamic career in many medical settings including serving with VISTA (Volunteers in Service of America). Stewart has been at the frontlines of health care for decades in service of facilitating positive change for racialized communities. A friend mentioned to her that Emmett Hutchins could help her with her chronic body discomfort and she had many sessions with Hutchins. As she began to feel less discomfort, she resonated with Rolfing SI's model of treating the whole person. Eventually, Stewart completed her Rolfing certification in 1983. She completed her Advanced Training in 1986. Stewart has now retired from her Rolfing practice after thirty-seven years of clients, teaching throughout the world, and she is currently a part of DIRI's Diversity and Anti-racism Committee among other inspiring projects.

Tristan Koepke is a dancer, educator, and Rolfer based in Minneapolis, Minnesota. He has been a Rolfer since 2016, and now serves as Chair of DIRI's Committee for Diversity and Anti-Racism. He is currently the Associate Director of the Young Dancers Workshop at the Bates Dance Festival, is pursuing a Master's in Fine Arts in Dance at the University of Maryland, College Park, and is a co-instigator of Liberation Somatics. He is also the Diversity and Inclusion Editor of this Journal.

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Working Across Difference in Structural Integration

Expanding Perceptual Awareness and Observational Skills

By Phoenix L. Quetzal DeLeón, Basic Rolfing® Instructor



Phoenix L. Quetzal DeLeón

ABSTRACT *Phoenix L. Quetzal DeLeón explores the concept of working across difference as an expansion of perceptual awareness and observational skills. She reflects on Rolf's question about attitudes towards change, and the possibility of evoking change through better understanding cultural influences and social memberships. DeLeón introduces the ADDRESSING model in the context of structural integration, and cites evidence that social context and mindsets are critical aspects of therapeutic relationship that can significantly affect clinical outcomes.*

“What Is Your Attitude toward Change?”

Ida P. Rolf, PhD, was often asked “does [structural integration] hurt?” She responded with the question, “What is your attitude toward change?” And she would continue with an assertion that “humans resist change . . . conservatism, the tendency to maintain and protect the status quo, to avoid the unknown, to avoid change, is universal” (Rolf 1977, 275). As structural integrators know, and as Rolf insisted, change is a fundamental aspect of our work; without change, transformation is not possible. We encourage our clients to explore and examine tendencies, patterns, and beliefs about their embodiment as we guide them through a potentially transformative

experience. When asked by new clients if structural integration (SI) is painful, many of us explain that our work is about change in the structure and function of the body, that change can sometimes be uncomfortable, and that the potential end result is less chronic pain and more freedom of movement, which can be worth the possible discomfort.

Over the last eighteen months there have been profound changes in the world, including a global pandemic, which have impacted each of us individually, as well as our families, schools, practices, and communities. Many of the changes that have occurred during this time have led to deep social and political divides, highlighting the resistance to change that Rolf names. Yet these changes have also

brought people together and demonstrated the incredible adaptability of human beings in myriad ways. Equity and equality have become focal points of transformation in the world, with many voices speaking up to center the experiences of the most marginalized, oppressed, and vulnerable bodies in society.¹ Because SI is rooted in embodied change and transformation, SI practitioners are uniquely situated to support and contribute to the equity and equality of all bodies.

Our work as structural integrators requires us to develop and maintain skills of heightened perception, observation, touch, and a functional anatomical knowledge, as well as effective communication in therapeutic relationship. A major facet of our work is to evoke change in the body that facilitates transformation, which can only be accomplished with people willing to be present and engage with the process. Similarly, working across difference, a concept to be defined and explored throughout this article, requires a willingness to be present and engage with the process. It is a skill that needs to be learned, cultivated, and practiced in order not to cause harm, just like any other skill in a structural integrator's toolkit. This article is an invitation to get curious about developing this skill in SI practice and to explore the ways in which effectively working across difference offers the opportunity for change and transformation in ourselves, our practices, and our profession.²

Contextualizing 'Difference'

The phrase *working across difference* is used in a variety of contexts, from universities and corporations to the fields of somatics, psychotherapy, psychology, sociology, and more. In the context of this article, working across difference refers to engaging in an authentic, effective therapeutic relationship across cultures, identities, social locations, and systems of knowledge (White and Lorenz 2016). The term *difference* is used to indicate socially constructed categories and social relationships that reinforce inequity,

dominance, and oppression, including biophysical and behavioral norms (Howard and Rawsthorne 2019; Howson 2013).

The ADDRESSING Model

Pamela Hays, PhD, psychologist, psychotherapist, and author of *Addressing Cultural Complexities in Practice*, describes the ADDRESSING model, which highlights nine cultural influences, or social memberships, that are often marginalized in Western society (see Figure 1; 2016). As Hays points out, cultural influences and social membership can change from region to region; for example, a minority group in one part of the world can be a majority group in a different part of the world. Biophysical and behavioral norms can vary widely depending on the specific cultural and societal context. The groups given as examples in Figure 1 are oriented towards societal norms in the United States, but can be adapted to represent dominant and minority groups in other social and geographical contexts (Hays 2016). And, while this model offers a range of examples, it is not a comprehensive listing, rather, it is an initial step toward considering difference and the impact it has on embodied experience.

At this point, some readers may be wondering about the relevance of this model and the concept of working across difference in SI. Questions such as the following often come up in this exploration:

How does difference, and the ADDRESSING model, apply to SI?

We all have bodies, and that's the focus of our work, so why does this stuff matter?

We're not psychotherapists; isn't this beyond our scope of practice?

Doesn't our work transcend cultural influences?

These questions, and more, lead to the primary inquiry and exploration of this article:

Why is the ability to effectively work across difference important in SI?

Structures and Relationships

Rolf said that "in any plane, physical or non-physical, structure implies relationship" (1977, 30). A basic premise in SI is that when one part of a body is not able to function well due to heightened tension, pain, or injury, it impacts the entire structure/system, because every part of the body is in relationship with every other part. In our field it is often noted that we work to liberate the body from the oppressive experience of a difficult relationship with gravity by facilitating healthier and more functional interactions through the entire structure (Rolf 1977).

Bryan S. Turner, PhD, sociologist, founder of the journal *Body & Society* and author of *The Body and Society*, asserts that "embodiment is not an isolated project of the individual; it is located within a social world of interconnected social actors" (2008, 245). While society is not a physical body, it is a structure, a system, and an interwoven web of relationships. If conditions of oppression are inherent to society – such as the social conditioning that creates the dominance of some social memberships over others – then the embodied experiences of all the people living within that society are reflective of that oppression, regardless of whether the body belongs to a minority group or a dominant group.

Leticia Nieto, PsyD, liberation psychologist and coauthor of *Beyond Inclusion, Beyond Empowerment*, states that "Whatever social memberships we hold, oppressive social conditioning limits our ability to be fully human . . . it limits our emotional range, reduces the depth of our empathy, and often keeps us from speaking, listening, and loving fully" (Nieto et al. 2010, 2). When we develop the ability to effectively relate with a wider range of embodied experiences, we disengage from the limitations of oppressive social conditioning and create new opportunities for our profession, our clients, and ourselves.

Addressing Mindsets

What new opportunities may arise from integrating the ability to effectively work

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across difference with clients? How might the ADDRESSING model, and considering the effects of cultural influences and social memberships on embodiment, offer new possibilities to structural integrators?

There is a growing body of research in the medical community that focuses on the influence of practitioner mindsets and the impact of a practitioner's words on patient health outcomes. Mindsets are "lenses or frames of mind that orient an individual to a particular set of associations and expectations" and are "biased or simplified versions of what is right, natural, or possible" (Crum and Zuckerman 2017, 2063). Much of this research has been focused on physicians and patient outcomes in the context of medical visits; however, it is relevant across the spectrum of healthcare professions and manual therapies, including SI. There is an increasing amount of evidence that "medical diagnoses and treatments are never isolated from patient mindsets and social context," and that "rather than being incidental to outcomes, psychological and social elements play crucial roles in determining clinical outcomes" (Crum, Leibowitz, and

Verghese 2017, 1). While this research is ongoing, it has been demonstrated that assurance from a medical provider can lead to positive health outcomes for patients, including a reduction of physical symptoms (Leibowitz et al. 2018).

People seek out SI for a variety of reasons, from wanting better posture, to feeling more comfortable in their bodies, and to support recovery from injuries, surgeries, or functionally inefficient movement patterns. In many cases, SI is a last option for clients seeking help with a particular issue and who have exhaustively explored treatment with medical professionals, physical therapists, and other practitioners. While structural integrators are not doctors, and we do not diagnose, we are trained to assess functional and structural issues in the body and address them in our sessions with clients. Whatever the reason a client seeks us out, our words and communication styles have the potential to deeply impact our clients, positively or negatively. If we take the time to better understand our own mindsets, including how our personal cultural influences and social memberships may impact

our ability to work across difference, we open to the possibility of more nuanced therapeutic relationships with our clients. This reduces the potential for causing harm and can lead to higher levels of efficacy in our work.

Hays notes that there are two broad categories of engaging with the ADDRESSING model: *personal work*, which involves "introspection, self-exploration, and understanding of cultural influences on one's own belief system and worldview" and *interpersonal work* that is focused on "learning from and about other cultures, which usually involves interaction with people" (2016, 11). The following two sections are a further invitation to the reader to examine their own social location, the mindsets they hold, and ways in which structural integrators can explore learning more about how to effectively work across difference.

Identifying Social Location

Social location, or *positionality*, can be defined as a combination of factors including, but not limited to, gender,

Cultural Influence (Social Membership)	Dominant Group	Non-Dominant or Minority Group
Age and generational influences	Young and middle-aged adults	Children, older adults
Developmental or other Disability	Able-bodied, nondisabled people	People with cognitive, intellectual, sensory, physical, and psychiatric disabilities
Religion and spiritual orientation	Christian and secular	Muslims, Hindus, Jews, Buddhists and other religious/spiritual groups
Ethnic and racial identity	European American	Asian, South Asian, Latino, Pacific Islander, African, Arab, Middle Eastern, African American, and multiracial people
Socioeconomic status	Middle and Upper Class	People of lower status by occupation, education, income, or inner city or rural habitat
Sexual orientation	Heterosexual	People who identify as Gay, Lesbian, Bisexual, Queer, Asexual
Indigenous heritage	European American	American Indians, Inuit, Alaska Natives, Métis, Native Hawaiians, New Zealand Māori, Aboriginal Australians
National origin	American-born	Immigrants, refugees, and international students
Gender	Men	Women and people who identify as transgender, non-binary and two-spirit

Figure 1: The ADDRESSING Model (adapted from Hays 2016, 8).³

If conditions of oppression are inherent to society – such as the social conditioning that creates the dominance of some social memberships over others – then the embodied experiences of all the people living within that society are reflective of that oppression, regardless of whether the body belongs to a minority group or a dominant group.

ethnicity, race, social class, age, ability/disability, religion, sexual orientation, body shape/size, nationality, and geographic location (Brown et al. 2019). This is one way in which the ADDRESSING model is a useful tool; it can be a starting point in considering one's own social location, and social memberships in dominant and minority groups. In his groundbreaking article *How Does Your Positionality Bias Your Epistemology*, David Takacs, PhD, asks the question "How does who you are shape what you know about the world?" (Takacs 2003, 27). Any structural integrator interested in becoming a more effective practitioner can benefit from this personal inquiry. Because our mindsets and communication styles can greatly influence the outcomes of our work, we have a responsibility to both ourselves, and our clients, to ask this question and seek the answer. Identifying and understanding our personal social locations helps us to examine how our own beliefs and ideas about ourselves, our clients, and the world, may limit our ability to work effectively with clients whose social locations are different than our own, and even lead us to unknowingly cause harm.

As an example, an SI practitioner may inhabit a social location that encompasses both dominant and minority groups, such as an able-bodied, secular, gay, European American man.⁴ Because of his membership in a sexual minority group, this practitioner may have insight into and experience with the particular biases and oppression faced by people who are also a part of this minority group, and how this impacts a client's embodied experiences. However, this insight does not necessarily translate into understanding the embodied experiences of other non-dominant groups, such as women, various religious affiliations, people of color⁵, or people with disabilities. If most of his friends, family, and colleagues belong to similarly privileged or dominant groups, it is likely

it will take some effort for this practitioner to gather information about effectively working with people who have different, non-dominant social memberships. Left unexamined, the privilege that this SI practitioner experiences due to his dominant social memberships can distance him from clients who are members of social minorities, and limit his ability to understand the impact of cultural influences he is not subject to. If a young, disabled woman who identifies as a Mormon Pacific Islander comes to his practice, this practitioner will need to examine ways in which this client's social memberships impact her embodied experience, and how he can work with skill and sensitivity to fully support the safety and dignity of this client in the context of SI.

Questions that may come up here are: Don't we already do this – create safety and support for our clients? Isn't that what therapeutic relationship involves? The answer to both questions is yes and no. Yes, because of course structural integrators are trained in therapeutic relationships, how to create safety for clients, gaining consent for touch, staying in communication with clients around comfort, boundaries, and more. Yet, the answer is also no. Generally we are not trained to consider the nuances of embodied experiences from a variety of social locations, or how social membership in non-dominant groups may impact client embodiment. Non-dominant social memberships can add layers of vulnerability to embodiment. A lack of awareness around oppressive social structures and their impact on minority groups makes the harm that results from them invisible to SI practitioners who do not hold these group memberships. Fortunately, all structural integrators have an awareness of an invisible force that deeply impacts client bodies: gravity. Understanding oppressive social structures makes their

embodied impact more visible. Knowing our own and our clients' social locations, and the embodied implications of cultural influences and social memberships, are important expansions of our heightened perceptual awareness and observational skills. Takacs points out that:

. . . simply acknowledging that one's views are not inevitable – that one's positionality can bias one's epistemology – is itself a leap for many people, one that can help make us more open to the world's possibilities. When we develop the skill of understanding how we know what we know, we acquire a key to lifelong learning (2003, 28).

Engaging Across Difference and Not Causing Harm

How can we as structural integrators incorporate and practically apply this knowledge in our work? What are ways in which we might cause harm to our clients, and how can we avoid causing harm?

The answer to the first question, as discussed in the previous section, is knowing our own social locations as a good first step. A great second step is remembering that this is a beginning, rather than an end, to the inquiry of how to effectively work across difference. Reading relevant books, and articles, and watching relevant videos and movies, are also ways to continue this inquiry; however, while these activities are important, they are not a substitute for professional and accredited education, training, and practice in well-facilitated settings. Engaging in the interpersonal work that Hays refers to is an excellent way to learn practical applications of heightened perceptual awareness and observational skills (2016). There is great value in participating in a training or class setting with a diverse group of people who are also invested in learning these

skills, and a resource list for organizations offering somatically-oriented trainings will be provided at the end of the article.⁶

In answer to the second question, this section will offer some examples of ways to avoid causing harm. One common way that people who hold dominant social memberships cause harm to people who hold non-dominant social memberships is through microaggressions: “verbal and non-verbal interpersonal exchanges in which a perpetrator causes harm to a target, whether intended or unintended . . . perpetrators are often unaware that they have caused harm” (Sue and Spanierman 2020, 8). A single microaggression may be minimally impactful, but there is a cumulative effect over time likened to ‘death by a thousand cuts’ (Nadal et al. 2011).

Microaggressions can occur as unintentionally offensive comments or questions, in subtle or overt body language, and facial expressions. As an example, some European Americans believe that saying “I don’t see color” is a way to affirm that “we’re all the same,” often with the intention to be comforting, neutral, or even to demonstrate allyship in a conversation about race/ethnicity.⁷ However, rather than being affirming, neutral, or indicating allyship, the impact of these statements is actually an erasure of difference that minimizes the lived, embodied experiences of people of color. Sonya Renee Taylor, somatic activist and author of *The Body is Not an Apology*, notes that “proposing that humans are all the same leaves the idea of the default body uninterrogated in our subconscious and firmly in place in our world, forcing all other bodies to conform or be rendered invisible” (2018, 32). The harmful implicit bias being communicated by saying “I don’t see color” is that *race doesn’t affect me, so why can’t we just ignore our differences and get along?* (Sue and Spanierman 2020).

Examples of nonverbal microaggressions are when European Americans automatically clutch their belongings or cross the street as a person of color is approaching.⁸ In these instances, there is an implicit bias of criminality based on a person’s race, and an assumption that the person is dangerous or a threat because they are a person of color. A harmful impact on the target of these behaviors is the constant message that they are dangerous, a criminal, and do not belong. These are just two of many examples, and, microaggressions are not limited to race or ethnicity. They can occur

around gender, sexual orientation, social class, religious affiliation, and any other non-dominant social membership (Sue and Spanierman 2020).

In the context of SI, consider, how might a body subjected to multiple, daily microaggressions present in a session? How might that body respond if the practitioner commits a microaggression? How might that body respond if the practitioner is aware of the potential consequences of that client’s social memberships, and approaches the client accordingly? For example, in what ways might a structural integrator support a person of color who is constantly trying to make himself seem unthreatening to the people around him? Or a client who is continuously shamed about the size of her body? What about a client struggling with gender dysphoria – distress that can occur in people whose gender identity differs from their assigned sex – or a client who identifies as non-binary?

These and so many others are cases where a deeper awareness of cultural influences and social memberships will make all the difference in the therapeutic relationship, and the client’s experience of SI. Working from this level of awareness is not providing therapy, as some might argue. Rather, it is bringing heightened perceptual and observational skill to our work as structural integrators, and preventing us from harming our clients out of ignorance. This in turn supports our ability to facilitate change and transformation in our work with clients. Hays states that “the more we recognize the complexity of human experience and identity, the more able we are to understand and build a positive therapeutic alliance” (2016, 12). This is another way the ADDRESSING model becomes a valuable tool. It can be used as an entry point into asking a broader range of relevant questions about our clients and their embodied experiences, and support structural integrators in considering how to avoid microaggressions and work more effectively.

Conclusion

Rolf often referred to the evolutionary potential that lies within all human beings, even naming the final chapter of her book “Evolution is the Expression of Internal Events” (1977). Structural integrators often talk with clients about the potential discomfort that comes with change; a

willingness to engage with the process is essential for any client interested in the transformative potential of our work. This is a moment when we as human beings, and as structural integrators, can make a choice to engage with change, despite the discomfort we may feel.

There is immense transformative potential in the integration of working across difference in SI. Developing a conscious awareness and working knowledge of our own social locations and mindsets is an opportunity to connect with our ‘*internal events*’ in new ways. This expansion of our perceptual and observational skills builds our capacity to better understand clients who inhabit different social locations, and to work more effectively. When we learn to recognize how oppressive social structures impact embodied experiences, we are better able to serve clients from all backgrounds with new awareness and skill.

Tracking and integrating the cultural influences and social memberships our clients hold reduces the potential to cause them harm, and can create new levels of safety in therapeutic relationship. As we free ourselves from the limitations of unrecognized oppressive social conditioning, we gain access to more empathy, compassion, and meaningful dialogue with a wider variety of people. In this way we can support and contribute to the equitable treatment of all embodied experiences. At the core of these possibilities is the potential for SI to reach a broader spectrum of people and communities, touching on Rolf’s vision that our work might transform the world one day. The question remains, what is your attitude towards change?

Resources for Further Study

Websites and Events

- Embodied Social Justice Summit <https://www.embodiedsocialjustice-summit.com>
- KaiChengThom’s free conflict resolution workbook at Arise Embodiment: <https://ariseembodiment.org/free-workbook/>

Books

- Chang, S. C., A. A. Singh, and I. M. Dickey. 2018. *A clinician’s guide to gender-affirming care: Working with transgender and gender*

nonconforming clients. Oakland, CA: New Harbinger.

- brown, a. m. 2019. *Pleasure activism: The politics of feeling good*. Chico, CA: AK Press.
- Clare, E. 2017. *Brilliant imperfection: Grappling with cure*. Durham, NC: Duke University Press.
- Herman, J. L. 2015. *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror*. New York, NY: Basic Books
- Strings, S. 2019. *Fearing the black body: The racial origins of fat phobia*. New York, NY: NYU Press.

Organizations That Offer Somatically Oriented Classes and Trainings

- Education for Racial Equity
<https://educationforracialequity.com/>
- The Embody Lab
<https://www.theembodilab.com/>
(Offers an Embodied Social Justice Certificate program as well as other classes).
- The Rooted Global Village
<https://www.rootedandembodied.com>
- Generative Somatics
<https://generativesomatics.org/>

Endnotes

1. 'Centering the experience' refers to repositioning social narratives, in this case, bringing the experiences of non-dominant social groups to the foreground. It shifts the focus from mainstream, dominant social group perspectives towards integrating the knowledge and perspectives of marginalized communities (Atallah, Bacigalupe, and Repetto 2021).

2. This article is offered as an introduction to the concept of *working across difference* and how it is relevant to SI work. It is not meant as a substitute for education and training to develop this skill, rather, it is an invitation to explore how and why this

skill is important to integrate into the field of SI. Working across difference needs to be learned and practiced in an appropriate context to avoid causing harm. See the resources section for recommendations for trainings that facilitate learning this skill.

3. This table has been adapted from the original for use in this article.

4. This example is adapted from Hays (2016).

5. The use of the phrase "person/people of color" is a stylistic and identity choice for this article rather than using other terminology or acronyms such as BIPOC (Black, Indigenous, People of Color). As described by Efrén Pérez in his July 2, 2020 Washington Post article: "Identifying as a 'person of color' means viewing oneself as an interchangeable member of a shared group, where one's unique identity as Black, Asian or Latino is nested under a broader POC category." The author acknowledges that people of color are not a monolithic group, and that this is not the intended meaning of using this phrase. Rather, the author's social location and identity as a mixed-race person of color inspired this choice over other options. The author further acknowledges that others may have different identities and stylistic preferences when referring to people of color, and that this phrase is only one of many valid choices.

6. The author would like to clarify that facilitated trainings, classes, and groups are guided interpersonal work in settings that are designed for such work in a safe environment. This is different from engaging with other individuals such as clients, friends, family, and community members without facilitation. It is important for individuals who hold dominant social memberships to take responsibility for educating themselves around difference without causing harm. Specifically, there should not be an expectation of people who hold non-dominant social memberships to educate others about their experiences; this can be a form of microaggression.

7. This example is adapted from Sue and Spanierman (2020).

8. These examples are adapted from Sue and Spanierman (2020).

The author would like to acknowledge the many writers, researchers, and activists whose work made this article possible; their time, energy, and passion is a great gift to the global community. She humbly offers her gratitude to the colleagues and friends who contributed to the development of this article. Thank you for all of the consultation, and the reading and rereading of drafts. Your support throughout the process facilitated this contribution to the SI Journal.

Phoenix L. Quetzal DeLeón is a Certified Advanced Rolfer®, Rolf Movement® Practitioner, and Certified Massage Therapist. She has studied Rolfing® SI and Rolf Movement in the United States, Brazil, and Indonesia with a variety of teachers. Phoenix has been in private practice for sixteen years, and her practice in Santa Cruz, CA, has been open since 2007. In 2018, Phoenix became a faculty member at the Dr. Ida Rolf Institute® (DIRI), where she teaches Phase II and III of the Basic Rolfing Certification Program. Her teaching career has spanned multiple subjects, contexts, and age groups over the last twenty-six years. She has found great joy in teaching SI. Phoenix recently graduated from the California Institute of Integral Studies with a Master's degree in Counseling Psychology with an emphasis in Somatic Psychotherapy, and is pursuing licensure as a somatic psychotherapist. She is actively engaged in equity work in the fields of somatic psychology and SI, and is a member of Liberation Somatics and the DIRI Committee for Diversity and Anti-Racism focusing on equity, inclusion, and belonging.

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If we take the time to better understand our own mindsets, including how our personal cultural influences and social memberships may impact our ability to work across difference, we open to the possibility of more nuanced therapeutic relationships with our clients.

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People-First Language Is Part of Our Style

Bias-Free Language in the Pages of *Structure, Function, Integration*

By Lina Amy Hack, Certified Advanced Rolfer®



Lina Amy Hack

ABSTRACT Co-Editor-in-Chief Lina Amy Hack discusses the value of bias-free language as part of the current style guide for *Structure, Function, Integration*.

On the editorial team of *Structure, Function, Integration* (SFI), we have updated our style guide in 2021 that follows *The Chicago Manual of Style*, seventeenth edition (2017), with amendments that meet the specific needs of writing for our Rolfig® Structural Integration (SI) profession. Editorial rules are both rigid and fluid; they are on one hand a well-worn path of how the English language should appear in text, and as well, there is breathing room for each author to express an individual voice. At times, there are rich debates between us on the editorial team, as well as with our authors, about how content should appear. The current guide to style and production for SFI has become even more specific about

using bias-free language and people-first discourse. This article is intended to update our readership about these editorial changes, inspire our authors to write with this cultural competence, and engage our SI profession as a whole about what it means to use bias-free language and why it is important to put people first.

It has become the modern publication standard that the written word be free from conscious or unconscious biases. Bias-free language maintains credibility, for the author and the journal, and keeps the reader's focus on the argument the author is making. It is distracting to the reader when biased language is used to

The use of *they* as a kind of singular pronoun has become more common and is accepted more widely . . . when referring to an individual whose gender is known, it is correct to use their stated and specific pronoun.

label people, places, and/or things and it makes the work less credible in general. People-first language acknowledges the humanity of an individual or a group before the reader encounters the label the person or group belongs to. Common pitfalls include gender bias, as in always referring to all people as *him*, but can also include using stereotypes or common tropes regarding race, ethnicity, disability, religion, sexual orientation, transgender status, body type, birth status, or family status. We encourage our authors to be careful to avoid language that reasonable readers might find offensive or distracting.

In recent years, readers, authors, and editors of SFI have been discussing the issue of gender-neutral language and how to apply it. As already mentioned, it has become unacceptable to apply the generic masculine, *he*, when speaking of all people. At the same time, the use of *he/she* or *s/he* can appear to readers as nontraditional gimmicks. Personally, I like taking the time to write *his and hers* or *she and he*, yet now that we are becoming more aware of people's individual preferences for various pronouns, the full long form may need to also include the gender-neutral *they*, *them*, *their*, and *themselves*. The use of *they* as a singular pronoun has become more common and is accepted more widely; and, it is SFI policy to leave it up to the author to choose this use. In general, when referring to any individual, it is correct to use their stated and specific pronoun.

The Chicago Manual of Style (2017) has a few suggestions on how to achieve gender neutrality when referencing people whose gender is either not known or not part of the point the author is making:

1. Omit the pronoun. It is possible that the pronoun is just not necessary.
2. Repeat the noun. In the case where the noun and the pronoun are separated in a sentence by many words, the author can try repeating the noun.
3. Use a plural antecedent.

Example: "*a contestant must conduct himself with dignity at all times*" becomes

"*contestants must conduct themselves with dignity at all times*" (359).

4. Use an article instead of a pronoun, as in, replace the singular personal pronoun with a definite or indefinite article.

Example: "*A student accused of cheating must actively waive his right to have his guidance counselor present*" becomes "*A student accused of cheating must actively waive the right to have a guidance counselor present*" (359-360).

5. Use the neutral singular pronoun *one*.
6. Use the relative pronoun *who*.
7. Use the imperative mood.

Example: "*a lifeguard must keep a close watch over children while he is monitoring the pool*" becomes "*keep a close watch over children while monitoring the pool*" (360).

8. In moderation, use *he* or *she*.
9. Revise the sentence.

As of 2021, SFI has implemented the common practice of capitalizing racial identities such as *Black*, *Brown*, and *Person of Color* (POC) to differentiate the racial construct from the color. There is ongoing debate on whether or not to capitalize *White* when referring to racial identity. Some argue for de-capitalizing *White* to *white* as a political act of de-centering an identity marker that is historically privileged with so much visibility and power. Additionally, the capitalization of *White* has been argued to legitimize racist beliefs upheld by systems and organizations. *The Chicago Manual of Style* (2017) does capitalize names of ethnic and national groups and, as a matter of editorial consistency, similar terms such as *White* may also be capitalized when used in this sense.

The bottom line is that in Rolfing SI and Rolf Movement®, we are a client-centered manual therapy and somatic education profession, and here in our journal, we use person-first language to reflect our values and maintain our credibility. We encourage our Dr. Ida Rolf Institute® (DIRI) faculty, and our entire membership of

Rolfers, to become familiar with practicing person-first language when delivering their work to the public as well as with their written word. Person-first language movement started in 1974 as a challenge to the common practice to call people with disabilities – "the disabled." The label without reference to the person had the problem of taking the humanity away from how individuals were referenced (Crocker and Smith 2019).

Language has power and people who are singled out for their group membership want to be referred to as people first, the person with diabetes does not want their public health nurse to call them 'the diabetic in room one'; they want to hear the nurse say 'the person with diabetes is in room one'. The American Psychological Association started to address bias in language in 1992, they proposed that only labelling people or groups of people by their group membership promoted biases and devalued the individuals leading to accentuated negative attitudes (Granello and Gibbs 2016). Listen for this in news reports; we now commonly hear 'children with Down syndrome', 'people with schizophrenia', and 'people with addiction'. The application of this idea can vary throughout an article, and once an author has established their verbiage in a person-first style, it can be perfectly appropriate to also use label-first language to produce well-formed sentences. We encourage you to read about this topic as some groups actually prefer label-first language, a discussion beyond the scope of this article (Dunn and Andrews 2015).

Using person-first language was a response to negative biases experienced by marginalized and vulnerable people, people with disabilities needed their clinicians to use positive communication as common practice when delivering health care. This application has been expanded to all group membership, even when the group membership is positive. Between Rolfers it can be common to hear reference to a person that has been *Rolfed*. The phrase *Rolfed body* was commonly found in this journal in the

The bottom line is that in Rolfing SI and Rolf Movement®, we are a client-centered manual therapy and somatic education profession, and here in our journal, we use person-first language to reflect our values and maintain our credibility.

1990s and beyond, but now we know that it is problematic. Not only is it incorrect use of our service mark, it is an outdated expression that lacks the humanity of the individual, the person is only the label. When readers encounter this term, it rings like a biased term, even though more often than not, it is intended as a positive quality about the person. When I was a Rolfing student, I was told I was a *mesomorph*. This hurt my feelings, and I thought, “Is this a round about way of calling me out as different because I’m a big person?” It would have been much better to hear, *this person has a body type that may be an example of a mesomorph*.

The reader may get distracted by the author’s unconscious bias with these kinds of word choices, the lack of person-first language may lead the reader to interpret the author’s words in a way that was never intended. There are many ways to refer to people who have experienced the full Ten Series, and in general, we want to emphasize the person who experienced the Rolfing series and not assign a stamp to them of being *Rolfed*. We have officially retired this word as it both dilutes the trademark by being an incorrect usage, as well as it diminishing the person who experienced the SI work by reducing them to a singular label.

Avoiding biased language is important for maintaining credibility with the public, to invite a wide readership to our work, the editors and authors of SFI are active with our application of bias-free language as our written style. *The Chicago Manual of Style* is clear, “Biased language that is not central to the meaning of the work distracts many readers and makes the work less credible to them” (2017, 358). The solution is people-first language, both in our writing and in our offices, so that we are applying our client-centered approach with our language as an alignment with our values. The SFI editors apply the reasoning described here to the articles on a case-by-case basis, since

each author has a unique voice and specific goal to their article, we work with them each to strive for bias-free language so that readers can focus on the ideas and not an unintended subtext.

Lina Amy Hack is a Certified Advanced Rolfer practicing in Saskatoon, SK, Canada. She is also the Co-Editor-in-Chief of this journal.

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The Flow of Lifelong Inquiry

An Interview with Russell Maliphant

By Tristan Koepke, Certified Rolfer® and Russell Maliphant, PhD



Tristan Koepke



Russell Maliphant

ABSTRACT *Tristan Koepke spoke with Russell Maliphant, acclaimed dancer, choreographer, and former Rolfer to explore the connections between the different and related inquiries – aesthetic, spatial, and physiological – that have informed his work across three decades. While Maliphant no longer practices as a Rolfer, his bodywork training and ongoing studies offer a deep basis for analysis and inspiration, and recently led to the award of a PhD achieved through performance and analysis.*

Tristan Koepke: Thank you, Russell, for interrupting your study day for this conversation. I also have a background in dance, so I hope we can dig into some meaty choreographic inquiry! What are you studying?

Russell Maliphant: I'm studying with David Grey, of David Grey Rehab. He's really into digging better movement mechanics. And Gary Ward, who wrote the 2014 book, *What the Foot?* There's also another physio, Dave O'Sullivan, who thinks along similar lines, very much looking at the whole body and how everything affects everything. For example, the neck and the foot connection through the pelvis, through the ribs, all of those connected elements,

which I think anyone who has looked at Rolwing® Structural Integration (SI) can confirm is how the body really works.

One of the things I like about Gary Ward's work is that he has a great explanation of *flow*, something that I think about a lot regarding movement and dance. Flow, for me, is when all of the joints of the body are working in coordination and not restricted. Ward says that flow is the natural order of the whole body's movement patterns. It is achieved when there is zero restriction to joint motion anywhere in the body. Improved flow occurs when the number of restrictions to the body's movement patterns are reduced. Which I think really says something about the movement that we see in dance and the movement that we



Russell Maliphant working in studio.

would want to see when we give someone a Rolfing SI session and try to get their movement patterns to work better.

TK: I'm thrilled to have this conversation with you because I've admired your work. I'm in graduate school right now and my mentor, Dr. Maura Keefe, was a scholar in residence at the Joyce [Theater Foundation] when you were there. It is also great just to talk with another Rolfer/dancer who is contemplating these questions. What is flow? What is integration? What is this word, grace, that gets thrown around? How can we quantify and qualify it tangibly, especially through movement? I'm interested to understand how the fields of Rolfing SI and dance have cross-pollinated in your practice. For example, in what ways has your knowledge of Rolfing SI directly or indirectly affected your choreographic considerations?

RM: I think that idea of flow – that idea of ease, efficiency, grace, articulation – those are kind of choreographic concerns, and they are also concerns about patterns of movement that you

would see in Rolfing SI. You would want to see someone with more ease, with more efficiency, with more grace, and with more flow, really. And particularly if you are thinking that flow is a state when there is zero restriction to joint motion. Then, as a choreographer you're able to work with whatever your aesthetic is. Do you like sharp geometric lines? Do you like something that is sequential and kind of moves in a more liquid way through the body? Do you work with break-dancing? Do you work with popping or contemporary dance? Do you work with Kathak [Indian classical dance]? In a way, you still want a foundation of ease, efficiency, and flow in the body, even if you're going to break down that flow and disrupt that ease. That is an aesthetic concern that you can layer on top of a foundation. But if someone can only move in one way, then you have probably employed them for a single project or a particular character role.

TK: Right. I was looking at some of the dancers that you hire. Many of them

already have such beautiful long careers. So, I can see that you have a sensibility for efficiency and sustainability within the dancers that you choose to work with, that there is a basis of ease, and that you can work with a bound quality here and there so long as they can sustain the health of their body throughout your work.

RM: Yes, especially given that a project is usually a relatively short time period within someone's movement lifetime and the patterns that they've learned. A creation might last for six, eight, ten, or twelve weeks. But even twelve weeks is a relatively short amount of time to be building new patterns of movement, at speed, given that the dancers might be twenty-five, thirty-five, or forty-five years old, and may get tired and sometimes exhausted from performances and touring. I like to get people who are as close to the kind of aesthetics that I would want to locate in the body right at the beginning of a project. And mostly that is about grace, ease, efficiency, and flow, those things that we've discussed, and sometimes it's not. Sometimes it's actually . . . this dancer has so much *spirit*. When they're dancing, they just light up the room. Yes, they may have an anteriorly stuck kind of pelvis, but something else is magic when they just dance and engage with movement. So what is that? If I decide that I want to have them in the project, we might work with a bit along the way, and it might take months or even years of focus on that. And this may open

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up some more options [for a dancer] to be more structurally integrated. We are probably not going to [affect that] shift all the way within the time of a project because we have got other things to think about, but there is a little bit of time every day that we can use to slowly educate and shift some awareness and sensitivity.

TK: But if you are coming in for a residency with a company and you have two weeks to build the work, that's not going to be your priority.

RM: No, absolutely not. It's not even in the expectations. At that point in time we're working with what people have. And that's okay, but I wouldn't want that to be my only way of working. That is partly why I have a company, because having a company affords me the opportunity to choose the dancers and teach them every day if I want to get certain things across, but also leaves them time to do their own thing. We can find a balance. Whereas if I go into a company where they practice a particular technique every day, e.g., ballet, and if they're interested in exploring another style, I'm going to be working with what they have (which will be a lot) and what interpretations their body can create during the creative process.

TK: I want to back up for a moment to ask you about how Roling SI comes into play. I believe it was the early 1990s when you became certified?

RM: Yes, I did [the Basic Roling Training] in 1992 to 1993, and got my

qualification in 1994. I think in 1992 I did my Foundations of Bodywork [an earlier iteration of Phase I]. and then I did the rest across the next two years. I studied in Boulder, in Colorado. And then I went to Berkeley in California, where I did the last part led by Michael Salveson.

TK: And what drew you to that work, moving from performance into Roling SI?

RM: I had an experience at the Royal Ballet School. I was in my third year, my graduate year of training, and I was doing well. I was top of the class. I was learning the lead in the school performance, which was *La Fille Mal Gardée*. And I went for Roling SI sessions: had the first session, had the second session. And the third session was at something like one o'clock in the afternoon, and I had a rehearsal at three o'clock, something like that. So, I went to my 'Third Hour' Roling session, all the work around the ribs and intercostals, and when I came out I felt amazing. It felt like someone had taken my rib cage off and I could breathe unimpeded for the first time ever. And I was just, whoa, this is fantastic . . . Then I went to the rehearsal.

I don't know if you know the ballet *La Fille Mal Gardée*, but at the end of one of the main *pas de deux* it's got a one-handed bum lift where you put your hand underneath the woman's sitting bones, and you lift her above your head and balance her there – it's the big finish. I was seventeen or eighteen years old, and could barely do this. It was very challenging

trying to stand on one leg and hold the woman aloft. I constricted a nerve in the process. It started to hurt in the evening, and eventually I realized that I couldn't really move my arm; I'd really hurt it. I went to the hospital where they put it in a sling. And the long and the short of it is that I lost the use of my shoulder. The nerve constriction resulted in the nerves dying. And after that, if I went to put both my arms in fifth [position] (arms elevated), I didn't have any movement of my right shoulder. It came back, but only to a certain extent, over the next nine months to a year.

So my fifth position was limited from that point onwards to about 85% to 90% range of motion, and I thought, "well, this is really a shame, but what can I do? That's life!" It stayed like that for seven years until I left the ballet company. I started to do yoga and the range of motion that I had lost in the shoulder started to come back with all those closed-chain stretches and back-bending push-ups. So I always had a relationship to Roling SI that was both "Wow, it made me feel absolutely fantastic," but also "What the heck just happened? That was a nightmare." It really changed my life. And I wanted to understand more about that. At the same time, I thought: *there is the shadow side I don't understand fully*. But having left the security of the Royal Ballet to become a freelance dancer, doing contact improvisation and improvisational performances, I then only wanted to do things that really excited me and challenged me.

I didn't want to take a job just because I needed the money. So I quickly understood that I needed another string to my bow. I had carpentry skills, painting and decorating experience, and I was doing some of that on the side to earn money. It was all going very well and started to take off a bit as a business. But I thought, well, I'm spending months of my year doing something that has got nothing to do with my passion; I don't really want to do that with my life. I want to do something that I can achieve with extra study, something that has to do with the body, and something I can do quickly. So I took a massage training, which in the United Kingdom you can do quite quickly, in six or nine weeks. You can imagine that you are learning things every day, but not in great depth. By the end of that, I was able to massage. I was able to work with people that way and get some income. It was very flexible. But I thought "it's not

I really wanted to explore some of the elements that were intriguing me in choreography and in movement with a team that I could put together myself. To have those discussions that you can have if it is just you and another dancer, and a lighting designer that I was really friendly with, all quite intimate; you're all kind of living something together.

enough information for me," I wanted to know more and decided to look at the Foundations of Bodywork course in Boulder, Colorado, and see what it was about. When I went, I had a really good time; I thought the training was really well put together. The information was very enlightening, thought-provoking, and stimulating, so I decided then to go on with the training.

Only then did I understand that my mistake had been to go to a rehearsal immediately after a session where you have just had a big opening and to make these strong, powerful movements that I wasn't really geared towards. Maybe that injury would have happened anyway, but who knows? I decided that it was my fate in that moment to experience that.

TK: I had a very similar track to you in that way of just being drawn to the information I had read – Ida P. Rolf, PhD, of course,

and Tom Myers whose work I'd read years before I did the trainings.

RM: Tom Myers was actually teaching in my Phase I Foundations of Bodywork. He hadn't developed *Anatomy Trains* at that point, but the information that he played with was still great. Did you come across *Anatomy Trains* in your dance training (Myers 2001)?

TK: Yes. *Anatomy Trains* was cited when I was an undergraduate at the University of Minnesota. We had Alexander [technique], and then we had some other release technique teachers who would bring in different modules or lessons inspired by SI, usually via Tom Myers. I was also studying yoga back in 2008 to 2009 so it came in through that. I also studied with Shonach Mirk Robles. She was a dancer at Béjart [Ballet Lausanne] for a long time, in the 1970s and 1980s. She teaches Spiraldynamik®. It isn't something that is really taught in the

United States unless she happens to fly in, usually to teach at the Bates Dance Festival in Lewiston, Maine. But it felt as though I was drawn to Rolf, Myers, and learning Spiraldynamik via Shonach, who came out of dancing and dance injury, and was learning all these sorts of ways to integrate more health into movement. Similar to you, it almost felt like fate. I don't know that I chose. I really don't remember choosing to go to Boulder. I knew it was happening. I left the company I was dancing for and just knew I was headed to Boulder.

RM: It's a great place to be.

TK: I mean, I knew I was going for the training. I just don't know that I *decided*. It just *happened*.

Now, I'd like to know a little bit more about what came next for you after qualifying in 1994. Were you practicing? Were you seeing clients, or were you more mostly



Sylvie Guillem and Russell Maliphant in *Push*. Photo by Johan Person, used with permission.

back in the dance studio, integrating the knowledge into movement and practice?

RM: I started to take on clients. I'd guess I saw up to fifteen a week; that was probably my busiest. And trying to balance something like Roling SI with teaching and performing . . . I'd say it takes a few years to balance that, because if you are doing a lot of sessions a day and you're getting some stiffness, tightness through your shoulders, or compression through the shoulders, the fingers, and then you want the fingers to look fluid and nice. I don't want to be caught up, I had to navigate that balance. And I was also thinking about how I could use this information creatively in the studio, and use it in teaching.

I formed my dance company two years later in 1996. Why did I do that? I really wanted to explore some of the elements that were intriguing me in choreography and in movement with a team that I could put together myself. To have those discussions that you can have if it is just you and another dancer, and a lighting designer that I was really friendly with, all quite intimate; you're all kind of living something together. It allowed me to get into a terrain that wasn't necessarily choreographic, or Roling SI, or any one of these things: it was just everything together. It was all about good movement, choreographic issues, and lighting.

TK: What really excites me about watching your work is that I can see an integration of all of these elements. Having read your background and seen various works, I see a fusion of these ideas. And we have already discussed how Roling inquiry lends itself really well to a dancer's somatic enquiry or movement training. How have you been able to locate Roling SI, or at least your history studying Roling SI and anatomy, among your choreographic concerns or within the formal composition, the composition of forms within your dance-making, within the stage space?

RM: I think it was 2010 when I did a piece called *Afterlight*, which was really using *Anatomy Trains* a lot (Myers 2001). I was thinking about the different lines: the spiral line, or side line, front line, back line, whatever. But doing that through a task and going, okay, we are moving from this line, or where do we feel that? Do you feel it all the way down to the toes? And then as the movement shifts, what is it pulling, or pushing, or transitioning into? Where

is the next line that you pull, so that a whole phrase could be kind of moving from one to another? And that gave a certain foundation of organic movement that went through fully connected moments. It was transitioning from one line to another. And then thinking, what does this phrase need dynamically? Dynamically, it needs to leave the floor; it needs to jump further, or it needs to

reach or drop, or something else. So from that first layer foundation, we could add things in and see what that gave.

TK: That's very interesting to think about with Roling SI: how to support the structures, with ease, efficiency, and sustainability through these spirals, or through these lines of flow, or in the joints. And then theatrically, even in abstract dancing, there is maybe a little more



Daniel Proietto in *Afterlight*. Lighting designer Miachael Hulls, with lighting animations by Jan Urbanowski. Used with permission.



Russell Maliphant Dance Company performing *Silent Lines*, featuring Folu Odimayo, Grace Jabarri, Alethia Antonio, Ed Arnold, and Will Thompson. Lighting designer Panagiotis Tomaras. Used with permission.

attention on a tension and these small moments of chaos or intervention that interrupt this graceful flow for a moment.

RM: Yes. Sometimes it feels that we need variation; a certain variety to keep engaged. As an audience becomes aware of the rate of change in a piece, it either becomes meditative, or it becomes boring, so as soon as you put something else in there, it's like, a shift, maybe slap in the face; what just happened?! There is a dynamic relationship to the audience: what you are presenting them with, what journey are you taking them on, and how are you keeping them engaged with that? There is just a requirement for that question to be present.

TK: And those requirements shift depending on what the audience will be, the company you might be working with, and who their audience generally is.

RM: Yes. And a lighting change might shift the dynamic; a musical change might shift the dynamic; a second person coming on might change the dynamic. Or if it is a solo and if everything else is staying the same, then it's the performer that might have to shift those things along.

TK: I noticed that in a lot of your work there is this really deep respect for the power of the context of lighting, of spatial shifts, of spatial anchors. I'm recalling these geometric shapes of light that sometimes obscure parts of the body so that we can

highlight the fluidity of a limb for a moment so that is almost disconnected from the rest of the body, or you make these grand shifts, specifically with light as well as with sound. Was that an authentic development for you, or was it a choice or a response?

RM: There was a time that I did a couple of workshops with Dana Wrights and Jennifer Tipton. Dana Wrights is a release technique dancer, and she worked a lot with Jennifer Tipton, who is a world-class lighting designer. They worked closely together and developed some fantastic work. And having worked with them, I wanted to go deeper into lighting. I knew a lighting designer named Michael Hulls who had worked with them as well, and we started to collaborate in about 1990. I worked with him for the next twenty-five years. And as things developed, I felt that choreography is . . . well, it's not movement, it's not lighting, it's not music, it's not costume: it's where all of those things meet. When we see a piece on the stage, we're seeing lighting, listening to music, seeing costume, but also not everything necessarily all the time to the same degree. I mean, you might have the lights on along, and then add movement. It might be in silence.

The person directing/choreographing is working where all of those elements come together. If you create detailed movement in the studio that you love, and then light

it from above, maybe you don't see half the detail of it from below the pelvis, but it's really highlighted up here above the waist. And you think, "wow, I never noticed this about it before – it's changed and maybe I'm missing half of what was interesting me, so where do we go with that? I've choreographed the movement. I was happy with it. Now, lighting designer: you've taken it away; give it back! I need you to light it differently." But maybe they've also revealed something new – I think that's when everyone's voice starts coming into those collaborations, bringing something that is potentially more than the sum of the parts, and that is what's interesting and fascinating to me.

TK: That's the beauty of collaboration.

RM: Yes. Collaboration, where those things come together. But we need to have agreement at some point that when we're looking at something together, we can all see it. Of course, not everyone is going to love the same things, but often you can get to a point where things work, and 90% of that room of people will agree that this is working. But 10% will still be saying, "It doesn't really do it for me." We all have our likes and dislikes! Design is like that. But it's also like looking at a cathedral and finding that it's hard to say, "No, it doesn't really work; these high vaulted ceilings, I find them a bit dull."

My strength, in the way I perceived it at the time, was with more grounded, less stylized patterns; more about human movement in the outside world, as opposed to a traditional movement palette like classical ballet.

TK: It might not be to everyone's taste; not everyone may choose to go to the cathedral every week. But there is still composition in support of the whole; each element is in support of the whole. When I see your work, I see these parallels, or at least a history of Rolfing SI in your body, and in your inquiries, in your endeavors. I see a respect for space, a respect for relationship. There might be times where you zoom in and think, what is the relationship between the toe hinge and the psoas, or the wrist and the jaw? These are tangible relationships that we can highlight. It is similar to the lighting designer asking: what if we just look at this part right now? And what if we open it up and really look at the whole?

RM: Yes. And in any of those inquiries you are going to get things that are more successful and things that didn't quite get everything that I wanted to get out of it. And that inquiry, every creation in a way, doesn't go away at the end of a piece. There is still a physical inquiry or an aesthetic inquiry that continues into another piece, and another piece, and another piece. There is this point of view in art where people want one piece to be very different to the piece before. And critics can say, "Oh, it's [just] working with light again." Whereas I think: "That is my inquiry." I couldn't take it out and say, "Oh, that's not an element of my ongoing inquiry," just as I wouldn't take out the physical inquiry of relationships and connections and tensions. That's an inquiry that will be with me for the duration really.

TK: I would love to hear about your PhD research. I had read that your *Triptych*, this series of three works, is maybe the first time ever that a doctoral thesis has been completely presented as performance rather than written or written/published. It's 'performed-published'. Could you speak to that process, how that came about and why that was important?

RM: I had taken on a job as artistic researcher in dance at Canterbury University. When I was there, they said they would support a PhD by publication, where the works were the publication, combined with a 10,000-word written aspect. I had not given it much thought before that. I thought it could be interesting to analyze, delve into, and pick apart a little bit more because I think you are always analyzing when you're creating something. Maybe not as specifically as you would when you get it down on the page. And you think, "Oh, no, I didn't quite mean that. I meant this or that." Or someone asks you questions about it, and asks, "Are you saying this?" And you're like, "Well, yes, but . . ." You realize you've got to fill in more.

I found the process of reading and writing challenging to make it clear enough. I found it challenging to contain the PhD whereas initially I had thought it would be 'only' 10,000 words to write. But actually, I could have written much more, ten times as much as that, and gone into more detail. So to contain it and make sure that everything got the point across, within that limited writing length, was the challenge to me. It was an interesting process to link the words to hyperlinks because the process wasn't just *written*. I mean, it was digital, written on computer, and with hyperlinks added that allowed me to say, "well, here's what I'm trying to say and here's an example." And you could have a two-minute video or a one-minute video. And it's movement. I could have put photos in there as well, but it was the hyperlinks to movement videos that you could not have easily had in a purely written text.

TK: So you were looking at three works that you'd already created: *Two*, *Push*, and *Silent Lines*? When I was watching *Push*, in particular, I was struck that it was presenting this really exciting relationship between yourself and Sylvie Guillem. And you had mentioned in your notes her

extensive classical ballet training and also the sort of body you have in your pursuit of groundedness. It was exciting to watch that tension. I found myself thinking a lot about Jeffrey Maitland's writing in his book *Spacious Body* (1995). I was seeing your spacious bodies and also the spacious stage morph and shift in relation to you. I was also reading about *Silent Lines* and the research into connective tissue and how you utilize that with projections as almost a representation of physiological research within the stage space. Could you talk about how these pieces interact with all of these ideas?

RM: Yes. The challenge of *Push*, for me, was about physicality and age. I had retired from dancing, I was forty-three, or something like that. And I had spent years trying to undo classical patterns. And to dance with one of the world's greatest ballerinas who embodied a lot of those classical patterns with ease, and for me to do only half of what she was doing, I felt like, "Oh, I'll be like the ugly duckling in this context; how are we going to navigate that and make it look interesting?" That could be hard. And my strength, in the way I perceived it at the time, was with more grounded, less stylized patterns; more about human movement in the outside world, as opposed to a traditional movement palette like classical ballet. So how would we make those two things sit together in an aesthetic that works for both of us, and makes us stronger together, the aesthetic of, is what we present stronger together than if we are separate?

TK: Can you talk a little bit about what you just said, a desire to undo or unlearn some of these classical trainings in your body? How did that desire come about specifically, and what were the ways you went about that?

RM: I think the desire came from observing some of the patterns that were in my body in different contexts. In a classical ballet company, it holds a lot of currency to have ears way up high over the shoulders, elevated ribs, and turned-out legs. When I started to work with physical theater, such as in DV8 Physical Theater, you had to look pretty normal, like someone in a pub. Then turned-out legs and an elegant neck with pulled-up posture doesn't really serve you so well. You stand out and look different. You look like you've come in from a ballet company. And so if you can, you would turn that off and just go, here I am having a pint in the pub. But it's not

necessarily so easy, physically. I found it not so easy at that time. I couldn't let go of the embodiment or even the breathing pattern. How could I get to do that?

I participated in a project called *Dead Dreams of Monochrome Men* with DV8 Physical Theater that was about the serial killer Dennis Nilsen. He would pick up gay people at a bar and he murdered at least twelve. It seemed to me that the classical ballet body was not really any part of that story in any way, shape, or form. And the other performers were very great natural movers. So I started to look for ways that I could work in a more release-type way. I'd started to come across some dancers that were working with Susan Klein's technique.

TK: Those epic roll-downs! I just performed in a project with artist Cally Spooner. And we had to practice a twenty-minute spine roll, pretty much with extended knees, ten minutes down and ten minutes up. It took a while to train that length of time into that sequence.

RM: Those things killed me, really killed me at the beginning. I believed I had pretty good body control, but I realized that, whilst by one set of considerations that may be true, but by another set I don't at all. So I went more into the considerations that I didn't so much understand, and for me, that was release technique. That was sensory work, blindfold work and somatic practices.

TK: I read something about diasporic forms, or Africanist diasporas, or capoeira?

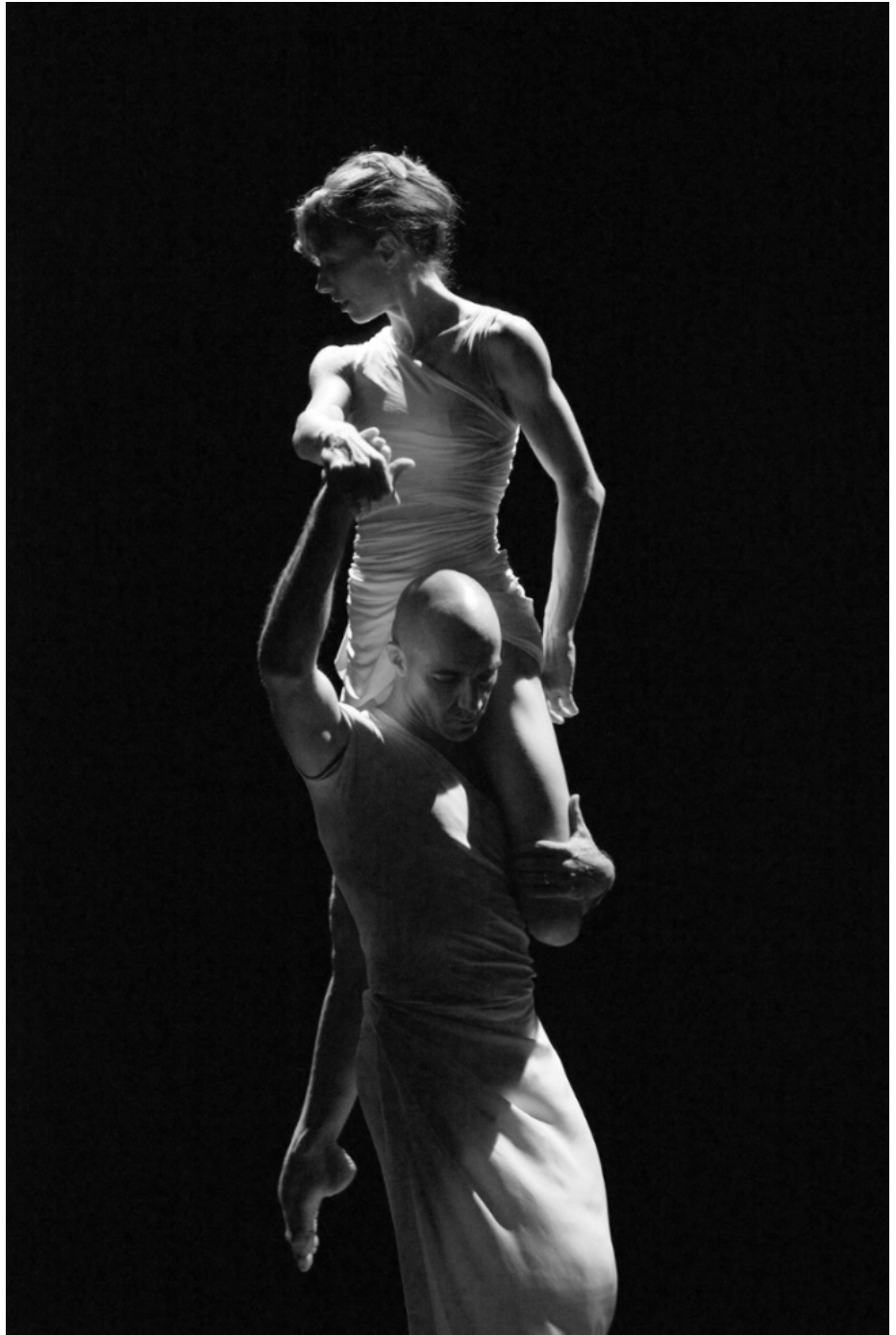
RM: I studied capoeira. One of the things that's interesting about capoeira is that there's a great flow. When they play in the *hoda* (circle), there's a continuous flow around each other. There are also particularities in terms of how the head is articulated. In dance, you are often sensing out into space or thinking of a line with your spine out through the head, or something like this. In capoeira, you are looking at your partner, your opponent, and it does not matter if you're going down to a handstand, or a headstand, you are still looking; you've got your eyes on your opponent all the time. You don't look and go "Where's the floor?" So the orientation is through a different system and it has different principles. Where, as a dancer, I might be going down to the floor and be looking to see the floor; with capoeira it would be about looking at your partner, even looking from under your arms or between your legs if you were folded over and going backwards or towards

them. And that way, turning away from them would give things a really different orientation. It was fascinating to start with new methods, and understand new principles and concepts.

TK: It is beautiful to watch your adaptability in performance of these forms, especially in *Push*, in that movement conversation between you and Sylvie, to see that circularity in the way that you tumble,

and fall, and allow gravity to sort of spill from side to side and up to down.

RM: Well, obviously, Sylvie has a huge amount of facility, and she is also very adventurous and courageous in the way that she approaches new things. She was really game to say, "Okay, let's try it. Let's do it." We could play off each other and learn with each other. So the process was very good.



Sylvie Guillen and Russell Maliphant in *Push*. Photo by Johan Person, used with permission.

TK: Could you speak a little bit to *Silent Lines* and your research with the projections and the media that went into this as well?

RM: With *Silent Lines*, I wanted to explore a side of my choreographic process, in terms of what is going on in an ongoing physical practice that leads to a creation, which is generally behind the scenes. Many pieces I have made might have themes, e.g., *Afterlight* was inspired by Nijinsky, and *The Spirit of Diaghilev*. *The Rodin Project* is inspired by Rodin, his sculptures and watercolors. There is often a lot of physical inquiry going on in the process as well, but the audience probably knows little, if anything, about it; nothing is written about it. It's simply a personal inquiry I have had for many years and I explore to some extent in my work with my company. Nobody in the audience would need to know that there is an ongoing physical inquiry going on. With *Silent Lines*, I thought I would like to make a piece that is different to that, where the inquiry is actually a part of what is presented. My inquiry at that point was still a lot with Tom Myers' *Anatomy Trains* (2001). I also had a fascial inquiry inspired by gross anatomy studies with Gil Hedley, PhD; and [the work of] Jean-Claude Guimberteau's, MD, *Strolling Under the Skin* (2014); tensegrity; and biotensegrity. How could I get this out there in a work? I'd create a lot of notes. But anytime I tried to integrate those, e.g., into a soundtrack or anything like that, it just seemed as though, well, this could be a good lecture or demonstration, but it's not art. Art wants to . . . Well, what does art do to us? It takes us away from thought in a way; thought might come and go, and art might have a relationship to it, but somehow, we are reacting to art on many, many more levels than just thought. There's a feeling, a responsiveness.

The question came up, what about the aesthetic of this work? Are we going to have a 'words on a blackboard' kind of aesthetic, or are we going to have projected diagrams and pictures so that someone can understand what fascia is, or what the fibers might look like? But that simply seemed an intellectual demonstration that wouldn't quite satisfy my artistic agenda. So, I went a little bit left field and started to work with an animator who could project the fascial patterns I'd been looking at. We would see how these patterns were affected by people moving within them and how they informed the aesthetic of the movement that was revealed or concealed. It was not to demonstrate anything. Then it was a question of creating an aesthetic out of these elements. We would explore the scale and the speed of the animations. We would play with where they came from, the angles that they reached with the figures. And so we would still have the physical inquiry through the choreography, through the movement vocabulary, through the patterns of movement that we were practicing over time and through the tasks that were used in the creation. But the aesthetic would be about where these elements come together visually as we find them.

TK: Just so lovely, this idea of taking something that is often presented in such a dry and physiological way for an audience who might not connect with that information on an intellectual level. You're finding a way to present it as a thing of wonder for a visceral encounter, an artistic encounter.

RM: Yes, that was the hope. I had to let go of that idea of trying to educate in an artwork. I'm not trying to educate people so that they go, "Ah, so that's what fascia is and that is how it connects everything through the body." But it was one of the elements that informed everything.

TK: It plants seeds of interest.

RM: Yes. And there could be dialogue around it with interviews or activities related to the performance. So, okay, you've got to do a magazine article, and we could talk about some of the discussions, and people might look into these things, but it's not an intellectual performance in that respect.

TK: I think a lot about how dancers encounter bodywork, movement forms, and Rolfing SI, and I find it a really exciting way in to learning more. I want to encourage more Rolfers to encounter more dance, because even if it's not intended, as you say, to be an educational experience, it is still a very related path of inquiry and response. So with that in mind, do you have any recommendations for Rolfers who want to know more? And how can our Rolfing SI audience encounter more of your work?

RM: Well, there's nothing live at the moment. It is an ongoing question as to when live performances will be happening again. We have made sense as a sustainable business chiefly by earning what we can earn through international touring. And at the moment, both with Brexit and the pandemic, it's all been taken away. I don't know when that will be viable again. We are trying to book a tour through the venues that we had previously booked during the last eighteen months that we missed. But the question of when we can go into France, Germany, Hong Kong, Singapore, Australia, Italy, Spain, Canada, and the United States? It's like, well, we don't know about this year, maybe autumn 2022. And before you know it, that's another eighteen months, and that's three years of waiting. So we are not on the road. But having said that, there are things on the Russell Maliphant Dance Company digital archive that is accessible on YouTube or our website. And Marquee TV has taken on *Silent Lines*, so that's accessible too.

TK: Do you have any last things that you want to say? I think we've covered a lot of ground!

RM: As we were talking, I was thinking that I want to see what Jeffrey Maitland is doing. I hadn't thought of Jeff Maitland for a while, but what you were saying reminded me. When I was doing my Rolfing Basic Training, we didn't have Instagram, Twitter, and Facebook, and those ways we now have to connect and keep abreast of what people are looking into. It was books and articles. So I'll go and have a look at

What does art do to us? It takes us away from thought in a way; thought might come and go, and art might have a relationship to it, but somehow, we are reacting to art on many, many more levels than just thought. There's a feeling, a responsiveness.

Spiraldynamik®, Shonach Mirk Robles, and Jeffrey Maitland. Now a question for you! How are you navigating choreography and Rolfing SI?

TK: I'm newer to Rolfing SI and newer to choreography. I trained mostly in contemporary dance, experimental dance theater, and I've been performing for about a dozen years. And I go through periods where some weeks I'm mostly seeing clients, and in the studio maybe only ten hours a week, then other weeks, of course, where I'm touring or performing with different projects. I freelance now and then. I'm also pursuing a Masters of Fine Arts at a full-time program at the University of Maryland in College Park. So in some ways, through the pandemic, I've been very lucky. Although my second year of graduate school shifted to all online and Zoom, 'living-room dance' and composition classes, working out of a basement studio. That was not ideal, but at the same time, I have a teaching fellowship so at least I am employed and have had some consistency and steadiness to my art practice during the last fifteen months, which has been really refreshing. We are supposed to be starting again in-person shortly. We'll see how this all goes.

RM: If you've had choreographic tasks on Zoom that you've had to do at home, does that mean you get very good at working within a space two-meters square?

TK: Yes, I've had to. And teaching contemporary dance within that little box of space, because we were told never to assume that our students had more than a yoga mat amount of space. Those students who had access to studio space sometimes had a whole dance studio to themselves, while other students were in their living room with five young siblings running around. We just had to adapt quite a bit. And the way that we trained and considered taking and teaching classes shifted and adapted. But I'm looking forward to feeling safe enough in a studio to be able to really fly across the room again. Feeling the wind across the skin is one of the reasons I dance. That doesn't happen at home on Zoom so much.

RM: Absolutely. I have a studio. I have a stage area that is twelve meters square, and I could be in there teaching when I'm teaching online, but with the odd exception the majority of everyone else is in the amount of space that we are in now. As you say, it doesn't have that joy of the air on the skin as you traverse space and momentum.

I want to encourage more Rolfers to encounter more dance, because even if it's not intended, as you say, to be an educational experience, it is still a very related path of inquiry and response.

That's been a loss. And although it is cool to make the adaptations to what you can do and how you can break things down in a small space, it is sad to not have the other part. I can't wait to get that back either.

TK: Exactly. We can lean into what we can do well, and then there are some things that have just almost been set aside for a little bit. But we'll get them back.

RM: Yes, let's hope.

Russell Maliphant trained at The Royal Ballet School and graduated into Sadler's Wells Royal Ballet before leaving to pursue a career in independent dance. Between 1991 to 1994, Maliphant studied at the then Rolf Institute® of Structural Integration (RISI), now the Dr. Ida Rolf Institute® (DIRI). Russell practiced as a Certified Rolfer until 2010. He formed Russell Maliphant Dance Company in 1996 and has received numerous awards. Russell Maliphant became an Associate Artist of Sadler's Wells in 2005. Also in 2005, Sylvie Guillem invited Maliphant to create an evening of work for them both, culminating in the duet Push. In 2009 Maliphant created part one of Afterlight for In the Spirit of Diaghilev, Sadler's Wells' celebration of Les Ballets Russes. This received the Critics' Circle National Dance award for best modern choreography in 2010 and was also nominated for an Olivier award. Parts two and three of Afterlight followed and toured as a full evening together with part one. In 2011, Maliphant was awarded an honorary doctorate of arts from Plymouth University. In 2021 he earned a PhD from Canterbury Christ Church University, becoming the first choreographer to gain a PhD by publication as choreography. Maliphant's dance company website is <https://www.russellmaliphantdancecompany.com>

Tristan Koepke is a dancer, educator, and Rolfer based in Minneapolis, Minnesota and College Park, Maryland. He has been a Rolfer since 2016, and now serves as Chair of DIRI's Committee for Diversity and Anti-Racism. He is currently the Associate Director of the Young Dancers Workshop at the Bates Dance Festival, is

pursuing a Master's in Fine Arts in Dance at the University of Maryland, College Park, and is a co-instigator of Liberation Somatics. He is also the Diversity and Inclusion Editor of this Journal.

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Resources

You can view videos of Maliphant's choreography on The Russell Maliphant Dance Company website and YouTube channel: <https://www.russellmaliphantdancecompany.com/works>
https://www.youtube.com/channel/UCMcSIDtt1khomAROIInkoV_Q

Breathing from the Inside Out

An Interview with Robert Litman

By Gael Rosewood, Certified Advanced Rolfer®, Rolf Movement® Practitioner and Robert Litman, Buteyko Technique Instructor and Continuum Instructor



Gael Rosewood



Robert Litman

ABSTRACT *In this interview, Robert Litman shares the story of breath and integration, drawing on his deep background in breath and movement studies. He offers insight into how to bring ease to the breath – to breathe tenderly from the inside out, rather than forcefully from the outside in – and how this resolves both body tensions and held emotions.*

Gael Rosewood: It's my pleasure to be interviewing Robert Litman. Robert and I have been colleagues and friends for thirty years. We've shared aspects of the Rolfing® Structural Integration (SI) world and definitely shared much in the Continuum world, where we've taught together. Robert, how did you become so fascinated with and passionate about the subject of breathing?

Robert Litman: Thanks, Gael. I was born with breathing difficulties and as a child, had emotionally induced asthma. I married a woman with asthma and had a daughter who had severe asthma. These issues, all together, led to my interest in breathing and how I might be able to help myself and my family.

Getting Rolfing sessions introduced me to my body. After my first Rolfing session,

I was walking down the street when, all of a sudden, I felt like, "Oh my God. I'm having an experience of a body. I live in a body." It may sound naïve now, but when you've spent your whole life more or less unaware of embodiment, an experience like Rolfing SI can be more than profound.

I finished the series and my Rolfer invited me to go to an annual meeting. I just loved the way my body felt around Rolfers, and on the spot I decided to become a Rolf Movement [Practitioner]. But that particular moment in time, the Rolf Institute® [now the Dr. Ida Rolf Institute®] was not offering the Rolf Movement program. Annie Duggan and Janie French opened up the Duggan/French Approach for Somatic Pattern Recognition movement education program in Spain, so I flew to Spain and began my somatic education.

On the advice of Annie and Janie, I studied anatomy and physiology with Jon Zahourek in his program, Anatomy in Clay. It was a wonderful connection for me, because I'd always been interested in biology. After completing my study with Annie and Janie, I went to work at the Desert Institute of the Healing Arts massage school in Tucson as an anatomy/movement teacher.

While I was in Spain, I learned about the work of Emilie Conrad, founder of Continuum Movement, and I took a workshop with her in New Mexico a few years later. Right away I knew that studying Continuum with Emilie (and eventually with Susan Harper) would deepen my experience of what it means to live an embodied life and to find and connect with my breathing.

In 2001, I was at a somatic conference in California with Emilie and watched a lecture-demonstration of the Buteyko Breathing Technique. The science made sense to me, and in 2003 I went to New Zealand to study Buteyko in a yearlong program with Jennifer Stark. I've been teaching Continuum, breathing, and some bodywork ever since.

GR: It's wonderful how paths keep unfolding, step by step. Can you speak about integration?

RL: When I started exploring my breathing during Continuum 'dives' using the lens of Buteyko practice, I became fascinated by the relationship of the movement of breath, the movement-response of my body, and the unfurling, the loosening of years of being guarded since early childhood and the symptoms of asthma. Feeling all this, I said to myself, "Breath means you no harm," meaning that this was a safe way to explore my inner landscape. Intimacy with breath and my breathing body increases my capacity for intimacy in relationships and intimacy with the world around me. When a somatic discovery increases my capacity for relationship, I've found, I'm onto something worth following.

GR: And what does *integration* mean to you as it pertains to breathing?

RL: When a body gets Rolfing sessions, structural changes allow new information to enter the system and into consciousness. As the body is organized and shaped differently, the breath moves differently. The first breath that comes in response to a change becomes the breath that carries the possibility of new movement. The body is now vibrating at a new frequency due to the structural change, and breathing will carry that new frequency to every cell and every level of consciousness. With movement and breath affecting each other, the integration process has already begun. For me, *integration* means feeling the new form and the new movement of my breathing. The more awareness I'm able to bring to both these rhythms, and they are rhythms – structure and breath – the more the new patterning becomes integrated.

GR: The other day you were speaking about finding new support via gravity and the way gravity can produce a sense of buoyancy. Can you say a little more about this?

RL: The movement of breath is in a primary relationship with – interdependent with – earth (ground) and sky (space). Breathing, space, ground, and awareness are spiraling together.

During the exhale, the body loses some of its buoyancy as the lungs release breath from the alveoli and the internal pressures shift. This lessening of buoyancy brings awareness of our relationship to gravity; literally the body moves toward the earth. At the end of the exhale, the body can rest into being supported. Whether we are sitting, standing, or lying down the earth is holding us. When we yield to this underlying support that gravity is pulling us toward, bodily tensions can release, and our usual holding – or bracing – patterns can settle and soften.

When tensions soften thanks to the support of the earth, the body now has a chance to have a less effortful inhale. The inhale is in relationship to levity and buoyancy. The more receptive I am to these forces of ground and space, the more I'm able to allow breath to 'breathe me'. Allowing breathing to find its own

rhythm is preferable to manipulating breathing to suit your idea of how you should breathe.

GR: Thank you, beautifully said. In my experience through the Rolfing series and Continuum explorations, people's learning curves vary, and breathing habits have a particularly stubborn hold on us. It's difficult to integrate healthier breathing patterns. Can you speak to the art-form you've developed that helps people make changes that really affect their health at this deep level? You were the first person to point out to me a breathing habit I had that was compromising my immune and nervous systems, and the way you pointed it out gave me information I'd never had before; and it was one of the steepest, hardest integration curves of my life. I stuck with it because it was so pivotal to my well-being. Can you speak to the issue of the challenges of changing breathing habits?

RL: I really appreciate your story because it takes that kind of commitment, interest, curiosity, diligence, and time to bring about lasting change. Breathing is an elegant and complex phenomenon. It's happening at the *physical, psychological, and biochemical* levels simultaneously. They wind and spiral around each other. As one changes, the others change, so it's important to pay attention to how *they're all affecting each other*. The thing I've found that motivates people the most is learning the chemistry of respiration.

Carbon dioxide drives the depth, volume, and rate of breathing. Usually we think, "I need to get more oxygen," or "I'm not getting enough oxygen," but the real question is, "What's happening in the end-tidal CO₂ (ETCO₂)?" – which is the amount of carbon dioxide released at the end of an exhalation. That level tells us whether enough carbon dioxide is being carried in the blood to the lungs for exhaling.

When the ETCO₂ levels are low, oxygen distribution from the blood to cells throughout the body is also low, which creates a *cellular starvation of oxygen*, reducing mitochondria's ability to convert oxygen into energy, creating a field open

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to disease. And this imbalance arises, in part, from a dysfunctional breathing pattern – breathing too much, too little, too often, or mouth- or chest-breathing. Using the mouth rather than the nose for breathing activates the sympathetic branch of the autonomic nervous system that can begin over time to feel like anxiety. Once you have a felt sense of this, you can begin to explore the emotional, psychological, and physical habits that underlie this disruption of breath's natural flow. And as you begin to bring these underlying habits into consciousness, understanding what animates and what reinforces them, you begin to have some choice whether to continue the habit or try something new. With effort, I've been able to integrate lessons learned during Rolfing sessions by inviting in breathing rhythms that feel pleasurable, safe, and in integrity with my body's needs.

One way to relieve the distress produced by mouth-breathing is to slow down, let your lips and teeth come together, and switch to nasal breathing. At the end of each exhale, allow gravity to bring your body to rest. Delaying the next inhale for just this moment can soften the tensions you've been holding, which I said earlier allows the next inhale to fill you more fully. Lengthening the exhale and letting the inhale begin effortlessly can rebalance respiratory chemistry, and the effects of dysregulated breathing begin to dissipate. The pleasurable feeling you have doing this becomes a motive to allow your breathing to feed and nourish you on an ongoing basis, and at the same time it increases your lung capacity as you use more of your lung tissue to breathe.

When our bodies open and allow breath (oxygen) into locations that have been isolated from the whole of the organism for a long time, stored memories and emotional anguish or suppressed joys may surface into awareness. With changes in breathing behavior, the movement of breath itself might express what has been held and is now being released. Moments like these can feel unnerving, so it's important to learn

to *trust* breath as a resource and a vehicle for healing. If you've uncovered grief, for example, and begin to cry, your breaths might be big and sporadic. If you're angry, breath can get fierce and hot. This is breath expressing the body-mind's experience. When you're able to trust and know your own breath to be safe even as the range of expressions widens, you'll be able to stay present with your breathing as it regulates itself, and breath's own vitality can bring some of these past issues to completion.

There's a mutual desire here. The part of the body that has been isolated wants to come back into the whole, and the wholeness of the body needs those isolated parts to integrate back into the whole. Breath wants to enter places where the holding has been the most intense, and it begins to soften those places and allow information that's been held there to rise to the surface and bring our organism back into wholeness and integrity.

Titration – getting small glimpses of discovery and revelation – allows the body to integrate the new while, at the same time, engaging movement and breathing resources. With the support of breath, we can experience feelings that are a recapitulation of something that happened earlier and still feel safe. Suppression is a physical, emotional, and psychological energetic phenomenon that steals energy. Suppressed energy kills the potential of breath and therefore life. Vitality that has been squashed, denied, or suppressed can be released. A reclamation of our breathing integrity is taking place. Breath is life. It's okay to have a fully breathable body.

We have to be ready for breath to be expressive in a way that is vulnerable, which in the past we haven't allowed ourselves to be because it was too threatening. When attention is paid to these deeper stories and we appreciate what is wanting to be revealed, new possibilities of breath, movement, and emotional release can take place. When allowed or encouraged, the body breathes *with* the new openings and integration happens automatically and over time.

GR: It sounds like you're working with the same principles that trauma therapists work with in terms of helping people to resolve past trauma and step into more resiliency. You've created a specific way of working with it through monitoring the expression of breath. Can you say more about that?

RL: I took a series of classes with trauma professional David Treleaven and learned the concept 'window of tolerance'. When we're working with ourselves and our breath and our body, it's essential to stay within a window of tolerance. Outside of that window, breathing and feelings can become dysregulated. That's when it's important to return to a resource that feels supportive – taking a walk, going out in nature, finding ground, being with a friend, something that helps move away from the discomfort and fear. That's what I mean by 'titrating'. Take in a little bit of these difficult materials at a time. The process can take years – dipping in and out of inquiring and exploring somatic experiences and integrating these shifts of perspective. As pieces of the trauma resolve, the window of tolerance widens, allowing breathing behavior to spend more time resting and settling.

Without room to breathe and use of the full capacity of our breathing body, the organism is compromised in its ability to stay healthy. The organs that don't receive the full complement of oxygen become stressed and weakened. These compromises set up a vulnerability to disease. During the current pandemic, many people were compromised and susceptible to the virus due to years of breathing polluted air and breathing habits that weakened their immunity. For example, based on statistics from the World Health Organization (WHO) website and recent news reporting: 9,000,000 people die every year from heart, brain, and lung complications caused by air pollution; nine out of ten people on the planet don't have healthy air to breathe on a daily basis; the WHO considers polluted air a cancer-causing agent; and in India,

the country most adversely affected by air pollution, life spans are shortened on average by six years.

My breathing processes foster an intimacy with my body, my heart/mind, and my health. Like any intimate relationship, I have to nurture it. I've been willing to listen and honor its messages. Through the gift of breath, I've built a connection back to myself. The richer and safer this inner connection becomes, the richer my life feels.

GR: Beautifully said.

RL: Thank you.

GR: Because you've developed such an intimate relationship with your breathing, I wonder if you could describe a scenario where your breath lets you know you need to give it more attention. When that happens, how do you respond to that information?

RL: To answer your question more directly, my breathing body opened my ability to grieve the trauma history. I became familiar with the somatic feelings of the suppression and how shallow my breathing could become, how little movement I was experiencing while breathing. This allowed me to be interested in what was emotionally hiding underneath. I trusted that I could tolerate the grief and tears that were arising. This became the time to finally process and resolve the experiences of the past.

When I hear 'awareness of breathing', it translates in my mind to what I call 'the triple helix of breathing'. What will become breath is the air that surrounds me. Before the air enters my respiratory system, we call it air. As soon as it enters through the nose, it's called breath. Of course, it's still air, but now it has the life-giving force of breath. Air travels in waves and spirals and is always coherent. What I do in my body allows it to stay coherent or interrupts that coherency. When I am present with the movement of my breathing, I don't judge whether it's right or wrong. I merge my awareness with the moving tide of breath and the sensations that are activated as breath touches my inner landscape. My awareness, sensations, and the wave of breath spiral together. The three 'helixes' are inseparable as long as I keep my awareness on the movement and sensations of breath and the body's responses, and not try to make either the breath or the body respond in a particular way. I am *breathing with awareness*. The three helixes are in relationship to one another and respond to each other's

movement. In a meditation practice, this is called following the breath. For me, it is following *the movement of breath, body, and awareness*.

Breath follows awareness. That is its nature. Sometimes, rather than following breath as the starting point, I turn my attention to the *sensations* I'm experiencing and consider them to be an invitation to receive and be touched by breath's movement. I trust that my body intelligence is sending up this sensation as a way to bring into awareness a location that needs to move with breath. By creating movement, breath is waking up what has been lying dormant. The *movements* in the body and the *movement* of breath itself are as nourishing as the exchange of gases during breathing.

As I keep the process going, I attend to the sensations that arise toward the end of the next exhale. If it's the same location as a previous breath, the quality of sensation and the movement by breath are usually different than earlier. Breath is beginning to reshape how the body moves with breath. Or, the exhale may awaken sensations in a different location, and if that is the case, I breathe with awareness of this new sensation and location. Repeating this process over and over for five to twenty minutes awakens the body to move more completely with my breathing. My capacity for deeper, subtle movement increases. Over time, as the body and breath move more in harmony, breath arises from deeper within and less volume of breath is needed. I prefer this way of finding a fuller breath than the instruction to take a deep breath. Usually when we're told to take a deep breath, it means a big inhale followed by a big release of breath through the mouth. This might feel relaxing in the moment, but in the long run it doesn't change our relationship to breathing or do anything to increase our awareness of our inner landscape and how best to nourish it by following its needs.

The concept of breathing with awareness of sensation is preferable to the instruction to breathe into someplace in the body. For me, that's too vague. I would rather follow an impulse from my body as an invitation

to *breathe with* what has entered into consciousness.

When I have a pain in an area of my body that isn't moving well, I can be more directive. I inquire and begin a conversation with that area of pain, and ask something like, "What kind of breath would you like to receive that would feel nurturing?" Then I notice how my body breathes, the texture and pace of breath that arrives in that area. I trust that my breath will deliver the kind of movement that touches the area and can be received without defense. It's usually slow, kind, and tender, and this begins to transform the complex of pain. Feelings or memories might arrive in this process. I don't judge or try to figure out what they mean. I breathe with what I'm experiencing, with what comes into view, and merge my breath with my experience. *I breathe with the experience*. The feelings, memories, images, and thoughts are now connected to breath. It is the movement and the gift of the life force of breath that begins to *shift the scene*, as my teacher and mentor Emilie Conrad, creator of Continuum, used to say. Shifting the scene gives me new perspectives to integrate.

As these body, mind, and heart sensations show themselves and I continue to breathe with them, my body builds inner connections. The accumulation of these local connections eventually leads to a tipping point and then the entire body begins to breathe itself. My process disappears, and I drop deeply into my inner life as my body breathes without any manipulation on my part. I am allowing the process to self-regulate.

This is the triple helix of *breathing with*: awareness, breath, and movement. I'm breathing with awareness of my body and breath in movement and sensation, and I'm breathing with the awareness of my awareness.

There are times when I can set aside the time and just focus on breath, movement, and sensation. At other times, I may be walking the dog or sitting at the computer or talking with my wife or a friend and I notice that I need to check in with my

The *movements* in the body and the *movement* of breath itself are as nourishing as the exchange of gases during breathing.

breathing, because I sense I'm not really connected to my body. I'm in my mind in a way that has me feeling anxious. My first step is to make sure that I'm nose-breathing. Usually when I'm not connected to my body, I notice that my mouth is open. I then touch my lips and teeth lightly together and place my tongue on the roof of my mouth, which is where it belongs to allow the airways to be as open as possible and complete the energy circuit of the body. Then I inquire, "Where's my support? How am I being held and what part of me is currently connected to the Earth or a representation of the Earth such as a chair or mat if I am lying down. I need support right now." As soon as I feel support, I breathe with the awareness of that support. Support allows more room for breath and breathing begins to slow down.

Breathing through my nose and finding support usually allows insight into the message my breathing pattern is relaying. Perhaps it's to help me to recognize my emotional state: "I'm really depressed, and I hadn't even noticed." Or physically it's pointing out how contracted my body feels: "My breathing is shallow." Then I try to give my body what it needs, which is usually gravity, space, and quiet, so it can wake up to its full rhythm of breathing. As I become more aware of my body in connection with breath, the slower my breathing becomes and the less air I need. When my body needs less air, it feels as though breath is arising from deep within, with less noticeable movement at the surface.

As the body softens and opens, breathing slows down and goes deeper. We only need half a liter of air per breath while we're engaged in everyday activities. That's a little more than a can of Coke, which isn't all that much. But when I envision 300,000,000 alveoli receiving each breath, it shifts the orientation from outside-in breathing, to breathing *from the inside-out*. Rather than trying to suck breath in forcefully and using more of the superficial muscles to *pull* the body open, I'm breathing and opening *from the inside*; and when I exhale, I can feel the wave of breath traveling outward toward the skin. Allowing the body to open from the inside like a flower can be, and is for me, incredibly sensual and comforting. I'm allowing myself to be touched profoundly by breath.

GR: That was very articulate and helpful. I have one more question now, which arises from how detailed and articulate you've been about how you tend to yourself via

your breathing, gravity, and awareness. Do you want to give us anything we could take toward a daily practice if we wish to?

RL: What I've described is part of my daily practice. Awareness, gravity, and buoyancy or space. Gael, you've coined a term for our everyday pattern of breathing: 'breathing signature'. Our breathing signature has been formed from all the breaths that came before that were responding to conditions current at the time. Breath is a hologram of our history, and the light of awareness can shine on any particular breathing pattern and bring to awareness a past memory, in the way a familiar smell brings back memories from the past. Unfortunately, we get locked into certain patterns of breathing, habituated ways we breathe based on these past experiences. This includes how we use our muscles and structure. The breathing practice I'm offering bypasses, or goes beneath, the breathing signature, the habits. Doing this can give you a different experience of your breathing and the way you respond physically and emotionally with each breath.

Here's an easy practice to help soften the breathing musculature and other body tensions, allowing the lungs to *breathe you*:

Place your hands on your chest while taking a fairly large breath in and notice if the muscles in your chest tighten or relax. Most people find that their chest muscles tighten. It's antithetical to breathing, to make the container smaller while you're trying to take in more air, but that's what happens when you tighten your chest muscles. It's why some people say they "can't take a deep breath" or "get enough air."

Now, while keeping your hands on your chest, as you inhale think the syllable *sa* (sah). Only one *sa* during the entire inhale. You are only thinking the syllable, you're not saying it aloud. When you think something, you hear it in your head. See if this time while inhaling, your chest muscles soften and allow the lungs to fill with more ease. Notice too, whether instead of *pulling* air through the nose into your body, the air *is being drawn* through your nose with less resistance. Go back and forth between the way you usually breathe and what it feels like while thinking *sa*, until you get a feeling for the difference. If you want to take a very large breath, continue to think *sa* for a longer period

of time. Can you sense that your lungs are *drawing the air in* instead of efforting to *get* air into the lungs? This way of breathing, the lungs can draw in as much air as they need and direct the air to the parts of the lungs that have the capacity to receive more air.

During the exhale, think the syllable *ha*. This allows the lungs to release the breath with less effort. Try it. Is it true? With less effort on the exhale, more attention can be focused on how your body is moving toward the Earth and receiving Earth's support.

Over time, you'll build muscle memory and be able to access this way of breathing without thinking *sa* and *ha*. You'll be bypassing old habits and receiving a more satisfying breath under any condition. This can train the body to actuate a one-breath reset of the autonomic nervous system from sympathetic overload to a balance between sympathetic and parasympathetic responses, leading to more of a sense of resting and settling while breathing. Breathing becomes less stressful, more nourishing, and the full capacity of the lungs is engaged. Learning to breathe by thinking *sa* and *ha* during each cycle of breath also leads to greater use of the diaphragm and the larger lung space in the lower back. This is what I do: ground, space, *sa* and *ha*, and attention to direct experience of sensation.

GR: Beautiful. Is there anything else you want to say to feel complete? This is very full and rich. Take it where you want if you would like to add anything.

RL: My favorite book that lays out step-by-step instructions on how to manifest from spirit to body is *The Radiance Sutras* by Lorin Roche, PhD. Manifestation begins with breath. Here is a quote that I think says it all (Roche 2014, 39):

At the end of the exhale, breath surrenders to quietude. For a moment, you hang in the balance, suspended in the fertile spaciousness that is the source of breath. At the end of the inhale, filled with the song of breath, there is a moment when you are simply holding the tender mystery. In these interludes, experience opens into exquisite vastness with no beginning and no end. Embrace this infinity without reservation. You are the vessel.

No two breaths are alike. Each breath is a response to momentary shifts in

When I envision 300,000,000 alveoli receiving each breath, it shifts the orientation from outside-in breathing, to breathing *from the inside-out*. Rather than trying to suck breath in forcefully and using more of the superficial muscles to *pull* the body open, I'm breathing and opening *from the inside*; and when I exhale, I can feel the wave of breath traveling outward toward the skin. Allowing the body to open from the inside like a flower can be, and is for me, incredibly sensual and comforting. I'm allowing myself to be touched profoundly by breath.

metabolism, which is receiving information from the mental, physical, and emotional states, which are in response to current conditions. I am grateful for each breath. I don't not know that I will receive another breath after this one. There's no guarantee. Walking the edge between life and death with each breath is the ultimate impermanence, the mystery of being alive.

In the words of Emilie Conrad (2007): "Everything begins and ends with breath. I enter . . . inhale. What happens in between is the story of our lives. Our breath maintains us through the twists and turns of life. I exit . . . exhale."

GR: Thank you. The connection between spirit and breath and body.

RL: Yes, and awareness. I'd like to give thanks and deep appreciation to the teachers I mentioned here as well as Peter Litchfield; my wife of thirty-six years, Nell Luce; and all the students I've taught over the past thirty-three years. Thank you, Gael, for more than thirty years of friendship and collaboration.

Robert Litman has guided clients and students in the use of movement, breath, and sound for the past thirty-three years. He founded The Breathable Body in 2004. He is a Certified Breathing Behavior Analyst from the Graduate School of Behavioral Health Science in Wyoming. He co-developed the Continuum Wellsprings Movement Practitioner Program with Emilie Conrad, the founder of Continuum, and co-taught and co-developed additional programs with her for eighteen years. Robert has been a faculty member and head of the departments of anatomy and physiology and movement education at the Desert

Institute of the Healing Arts Massage School, Tucson, Arizona. He teaches the Buteyko Technique of Breathing Retraining and is founding member of the Buteyko Breathing Educators Association (BBEA) in the United States as well as trainer of educators in the Buteyko Technique. He was a preceptor at the University of Arizona School of Integrative Medicine, teaching the Buteyko Technique to visiting doctors for Dr. Andrew Weil for five years. Robert has an advanced certification in the Duggan-French Approach to Somatic Pattern Recognition, a structural alignment modality in the lineage of Ida P. Rolf, PhD. He recently studied with David Treleavan – Trauma Sensitive Mindfulness. Robert now makes his home on Vashon Island, Washington, continuing to offer private sessions and classes in movement and breathing. He regularly leads classes and workshops worldwide.

More information on Robert can be found at www.thebreathablebody.com and www.wellspringsofcontinuum.com.

Gael Rosewood met Ida P. Rolf, PhD, in 1968 and began studying with her in 1969. In 1978 she joined the Rolf Institute faculty to help develop and teach Rolf Movement Integration. In 1989 she became a Roling Instructor. Although she is no longer an active member of the faculty, she still teaches CE classes in both modalities. Gael also studied with Emilie Conrad and Susan Harper for forty years. She has been teaching Continuum since 1991. Her other studies have included Peter Levine's Somatic Experiencing® training, visceral manipulation, nerve sheath release, and craniocervical, scar, and bone work.

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Teaching Rolf Movement® in a Pandemic

An Interview with Per Haaland

By Lina Amy Hack, Certified Advanced Rolfer®, and Per Haaland, Basic Rolfing® Instructor and Rolf Movement Instructor



Lina Amy Hack



Per Haaland

ABSTRACT When the 2020 shutdown happened, some of the scheduled Dr. Ida Rolf Institute® (DIRI) Rolf Movement® continuing education and certification classes were shifted to an online format. In this article, faculty member Per Haaland discusses how he delivered online Rolf Movement courses and what he learned in the process.

Lina Amy Hack: Our theme for this issue is *integration* applied to the Rolfing® Structural Integration (SI) paradigm. I have heard that you responded to the COVID-19 restrictions of 2020 and 2021 by offering Rolf Movement instruction in an online, remote setting. How is that going?

Per Haaland: This has been going really well. I recently became part of the Rolf Movement faculty and, in the early months of 2020, I was planning to do several in-person classes, six-day workshops were my plan. Then the pandemic struck us.

Kevin Frank has been one of my primary mentors in Rolf Movement instruction, so I was inspired to teach a class that he had created, called “Normal Stability: Evoking Inherent Capacity to Meet Demand.” As I was putting that class together, COVID-19 hit us all. And at that point it became

clear that it would not be possible to do live classes. I decided to convert this class, originally designed as a six-day class, into a six-week class. Instead of a group of people coming together in-person for six days, everyone can be in their own home for a six-week class.

We met twice a week on Zoom for two and a half hours each time. The way that students worked with the material was, of course, completely different from a face-to-face class. Obviously, we were not able to make actual tactile contact.

LAH: Right. How did you move forward from there?

PH: I was looking for other ways to convey the material. One way I approached it was to produce videos, in-depth detailed videos that were typically about one hour long that students watched at home to

prepare for class. I uploaded the videos to YouTube and a link was provided to the students. These videos contained a series of Rolf Movement strategies that I demonstrated with a client and I gave various explanations. Mostly, it's just seeing me work with a client. In the videos, I model the use of evocative language with clients, which of course is very important in the Rolf Movement work. I put this question to my students: *How do you use evocative language to help clients enhance their sensory awareness?*

My aim has been to make these demonstration videos extremely detailed so the students have the most complete step-by-step progression to work from. I have also developed and written illustrated guides to provide easy step-by-step instructions for all the movement integration strategies presented in the video. When they work on their own with a client, they can have that guide by their side as a reference (see Figure 1 for an example).

During the Zoom class meetings, I began with a PowerPoint lecture on a topic such as tonic function. I believe Hubert Godard's tonic function model is something Rolfers might consider as a sort of 'unified field theory' for structural integration. It strengthens our theoretical background for understanding what it is that we're doing both in Rolfing SI work and in Rolf Movement Integration. So that's an important lecture. Another example of a lecture I give is a presentation on the human gait, emphasizing Serge Gracovetsky's spinal engine theory.

I then had students discuss the ideas presented in small groups using Zoom's breakout rooms. These discussions were organized around questions I had previously generated from the lecture material. Following these small group discussions, students returned to the main session and each group gave a presentation to the class in response to the assigned discussion questions. So, after

the lecture, discussion, and presentation, which took up to an hour total, we had ten-minute break. Following the break, I brought in a client-model for a live demonstration of the strategies learned that week, repeating what they had seen in the week's video. This live client-model demo that students viewed during the class was typically about a half hour to forty minutes (see Figure 2). The next portion of class time was spent debriefing the client-model demonstration. Students asked questions and responded to one another. That was a big ingredient in the Zoom meetings: talking and connecting.

The final important ingredient was live experiential movement practices. I led students through predetermined movement sequences. Students set up a space in their house where they could explore the movements. They used a Rolfing bench and a mat with access to a wall where they could push with the feet. Through the targeted use of TheraBands, walking sticks, and other tools, students were led through experiential movement practices related to the week's lesson (from video demonstration, client-model demo, and lecture materials). These practices deepened students' own embodiment and enhanced their own body awareness.

That, I think, was particularly useful and helpful for people in this COVID-19 moment when so many of us have been missing being able to go to yoga or a Feldenkrais Method® class. Whatever resources people had before the pandemic were often taken away or dramatically reduced. So, working through the course material using Rolf Movement was especially valuable as it offered us an embodied connection in a time of disconnected shutdown of our communities. Learning these principles through movement is not just the intellectual kind of learning, but also somatic and embodied understanding.

Using all of this course material, students were then invited to work with an in-person client. During the six-week class, students would take their clients through a series of practice sessions. Students were asked to write detailed notes and post the notes on Canvas online learning platform. That gave me a chance to read their notes, give them comments, and graded them. This chance to comment on what they were doing as an instructor helped me have a better understanding of how they were integrating the material. How were they applying it? How are they using their creativity?

Session One Outline

1. Walking and Perception

- A) Focal versus peripheral vision.
- B) Sensory awareness of feet.

2. Assessment, Awareness of Breath, and Thoracic Motion (Supine)

- Allowing the weight of client's body to rest,
- Speaking of the support from table.
- Position hands upper thoracic, anterior and posterior,
- Breath exploration.

3. Breath and Anterior/Posterior Movement of Spine (Standing)

- Does client's breath expand in the anteroposterior dimension?
- Do the sides of the thorax expand laterally?

4. Thoracic Spine Movement in Walking

- Practitioner observes thoracic spine in walking,
- to identify 'still' place, where there is a lack of continuity.
- Practitioner chooses one or two vertebrae to work with.

5. Anterior/Posterior Movement of Spine, Flexion (Sitting)

- Client is seated on bench, hands on treatment table.
- Practitioner standing or sitting behind client takes hold of spinous process.
- Client is invited to 'tune into' sensory awareness of palms of hands, and soles of feet.
- Whole thoracic spine invited into flexion.

6. Anterior/Posterior Movement of Spine, Extension (Sitting)

- Practitioner initiates anterior motion of same thoracic vertebra.
- Client invited to observe space above and around, as well as hands and feet.

7. Flight of the Eagle, Part One

- Client supported to find sensory awareness in hands as well as in the feet.
- Through touch and verbal cues, imaginary vectors are established.
- Teach lengthening the front line (extension) and back line (flexion).
- Have client walk to feel the changes, to express what they are experiencing.

Figure 1: A step-by-step instruction for session one given to students.



Figure 2: Per Haaland working with a client-model demonstrating a Rolf Movement Integration session.

It was very rich to see how each person found their own solutions to implementing evocative language. Understandably, this can be a little strange at first. In Rolf Movement sessions, you're using evocative language and asking your clients to visualize, often while they're performing guided movements. Using evocative language is a skill that can take time to develop. It may feel a little awkward for some in the beginning. It can feel awkward to clients too. But through ongoing practice, and while working with videos and reference guides, students learn to integrate evocative language in their work. They can revisit the videos and see how I apply those tools with my video client, as well as the examples used with my live client-model sessions.

LAH: That sounds like a really beneficial learning environment. What you are describing is quite empowering to the learner.

PH: I think it is, yes.

LAH: So interesting to hear about how you met the challenge of the pandemic shutdown, you responded to those challenges by making even more detailed content to help people learn.

PH: The fact that the class happens over a six-week period really gives people a

chance to slowly integrate the material and to actually do some serious research, which I feel in our field is a bit of a weak point. The theoretical understanding of structural integration can always be stronger and that's something I really want to support. I would like to appeal more to the inquiry, to the scientific aspects of our training, so that we can get better at understanding what it is that we're doing. To update our minds as to the new research and how that applies to our work, that all requires time.

In my classes, students read articles and we take the time to deepen their understanding of the content through lectures, discussions, student presentations, session notes, and quizzes. At the end of the course, students reflect on their session notes and course content by writing a final paper. These assessment features allow the course to qualify for Board Certified Structural Integrator^{CM} (with International Association of Structural Integrators[®]) and National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) continuing education (CE) accreditation.

LAH: Do the students get a sense of building relationships with each other as colleagues in this online format for Rolf Movement classes?

PH: Very much so, yes. Building relationships is important and is something that many people fear would be lost in an online setting, but I found that, in a different but meaningful way, students did indeed form close collegial bonds.

As I mentioned earlier, following the lectures, three or four students discussed course content in breakout rooms. At other times, students were directed to lead and receive mini-Rolf Movement sessions with one another in the breakout room. Students partnered with another fellow student and, through guided imagery and verbal queuing, practiced the techniques we were studying. We did as much as we could without literally delivering a hands-on session. This worked very well, it created a type of closeness between the students that they reported as very professionally meaningful.

LAH: So, people in your class got the opportunity to learn how to deliver Rolf movement sessions over an online format. Could they possibly be offering online movement sessions to paying clients? You modeled it and they got to practice with each other.

PH: In this course, the focus was on students taking these skills into their in-

Whatever resources people had before the pandemic were often taken away or dramatically reduced. So, working through the course material using Rolf Movement was especially valuable as it offered us an embodied connection in a time of disconnected shutdown of our communities.

person practice, but it's true that they could choose to do it online as well.

LAH: Ah, this sounds great, it is a new possibility.

PH: Absolutely, and online delivery is something we might all want to learn because it expands our reach, right? We can work with people in different geographic locations.

LAH: As an instructor, does teaching through your computer screen present unique challenges? What was it like talking and teaching to a group online?

PH: Relatively soon I fell into some degree of ease. I would say that it's important that those kinds of classes need to be not too big. I found that the maximum number of students that I would want to teach would be twelve students, because then you can get everyone on the screen in front of you. I really did find that I was able to track them quite well.

I haven't been a particularly tech-savvy person in the past, so on the whole there were a few challenges, but I had some really great help. My son was there with me in the space at first and conducted all the technical stuff. Then after a while, I was able to do it myself. It was great to have that kind of help, to feel that kind of support when I first launched into this.

LAH: What did you hear back from the students? What was the feedback?

PH: I had really good feedback from students. First of all, remember this was during the restricted public health conditions of 2020. People were very excited to be able to continue their structural integration training online and appreciated a substantial learning experience in this six-week sequence format. People felt excited and empowered to have an ongoing, serious study experience, and also the kind of comradery we talked about earlier. Some people said that they really appreciated how the Zoom format enabled them to have meaningful social contact. From the feedback I received from students, they felt good about themselves and proud of what they were able to achieve.

Something I may not have emphasized earlier, with regard to the final paper, which was one of their home study requirements, students were asked to respond to higher order discussion questions. At the end of the six weeks, there's twenty or so discussion questions we have covered and I asked them to select six of those questions and write an essay response to

each. This was another thing that really made students say, "Oh, okay. I get to write about this. I get to formulate my own thoughts, put it into words." It was an empowering learning experience for people, really good feedback.

LAH: You are talking my language; I really enjoy studying too. A deep dive into the material would have been refreshing, especially that complicated moment during the 2020 stay-at-home orders. Even now, in our current moment, this is still very relevant. Hearing this makes me feel like your class has now become more accessible to me, I live in Canada and I have a young family. You have created a CE format that Rolfers who can't make it to trainings as frequently, we could be still benefiting from the Dr. Ida Rolf Institute® (DIRI) faculty like yourself. Would you recommend keeping certain classes in this online format in the future even when travel becomes easier when the pandemic abates?

PH: I definitely recommend that people continue this type of work, yes. I certainly intend to keep teaching like this. After launching my "Normal Stability" course last year, I have now taught this class three times. This last spring I created and taught another class, again in collaboration with Kevin Frank, called "Embodying Rolf's Structural Integration Recipe." This class looks at the perceptual and coordinative dimensions of Rolf's ten-session 'Recipe' and gives specific tools for integrating self care and embodiment practices that are specifically related to the goals and strategies of each session in the Ten Series.

Another class I am currently developing is called "Walking and Breathing," which provides tools to help students and their clients to better understand the mechanics and the science related to these

quintessentially human activities. My plan is to continue to offer these types of CE classes and Rolf Movement certification classes to Rolfers, SI practitioners, body therapists, and movement educators.

I think teaching these types of purely online classes is really valuable. I can also imagine a hybrid format where one might do, say, three weeks of online work emphasizing theoretical material, followed by a five- or six-day in-person training. Then, when students gather in person, one would be able to deepen much more into the subtler aspects of touch and client/therapist interaction dynamics.

LAH: That sounds really good to me. I was wondering, when you were working with the students to do their own movement exploration, would they position their cameras so that you could see their body? Could you see their movement so that you could make verbal suggestions while they go through the exploration?

PH: Good question. So yes, I would ask students to the extent it was possible, to position their cameras so they were clearly visible to me. In this way I was generally able to see their movement and make suggestions as needed.

The personal Rolf Movement explorations I led students through were part of the same types of practices that they would do with their clients and the same ones that were in the instructional material. There was a familiarity with it. With only audio guidance, people could lay down, push with their feet against the wall while observing how the spine went through flexion and extension, etc. They were invited to notice how the perception of the eyes is linked up with the pushing of the foot; they could find, on their own, with verbal guidance, how to enhance their coordination, how to foster subtlety

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of movement. All this can be done in an online format. Students could, in this way, in the comfort of their own homes, nourish themselves through deep embodiment practices. They got to slow down and take the time to sense themselves while engaging in somatic exploration.

In our modern world, our cognitive brain functions are emphasized. So, we all need time to slow down, to actually learn how to sense our bodies again, right? How to feel, how to perceive and how to pay attention to how we perceive, which is huge. So, taking time, giving students long periods of time where they can breathe into a movement, settle into it, be with the felt sense of weight, volume, and so forth. In between each individual experiential session, I would have students walk, lots of walking. After you do something, you walk, you observe, you sense, "Oh, what feels different after that?" Then after that, again, we would come together and I would ask, "Tell me about what that was like for you." What followed was some very rich, in-depth sharing of their embodiment experiences.

LAH: A word keeps coming to mind as I listen to you speak which is: enriched. This learning environment sounds nourishing. I can hear how you circle back to your core ideas so that nothing gets missed. Well, it is wonderful to listen to how you have integrated Rolf Movement with online teaching, what a great use of time for the participants. Thanks so much for telling me about it.

Before we go, can you tell me how our colleagues can find your courses? What are you offering in 2022?

PH: For sure. I have three courses scheduled for 2022 that people can view on DIRI's website, just click through to the calendar. There you will see I'm doing: 1. Normal Stability, January 12 through to February 20th; 2. Breathing and Walking, March 1 through to March 24; and 3. Embodying Rolf's Structural Integration

Recipe, April 6 through to May 15th. People can email me directly at perhaaland@baymoon.com if they are interested.

LAH: That's great, we can keep learning Rolf Movement Integration even though it's best that we not gather in big groups. Thanks again for your time today.

PH: You are so welcome. Thank you, I really appreciate being invited to speak to you and the journal readers.

Per Haaland is a Certified Advanced Rolfer®, Rolwing® Instructor, and Rolf Movement® Instructor. Per received his Basic Rolwing Training in 1989 and completed his Advanced Training in 1994. Studies with Hubert Godard and Kevin Frank shaped his understanding of SI as an interactive somatic education, highlighting perceptual and coordinative processes. Per's inclusive teaching style enables Rolfers to easily and confidently expand their SI skills into Rolf Movement applications. Per lives and practices in Santa Cruz, CA.

Lina Amy Hack is a Certified Advanced Rolfer practicing in Saskatoon, SK, Canada. She is also the Co-Editor-in-Chief of this journal.

Review

Moving Into Alignment: Your Practical Guide to Improve Posture, Reduce Pain, and Move with Ease by Jennifer Hayes

Reviewed by Christina Fenendael, Certified Rolf®er, LMT

After over a year of social distancing, working from home with often less-than-optimal ergonomics, and the suspension of in-person bodywork sessions for many people (both practitioners and recipients), it is more important than ever for people to have low-stress, accessible ways to practice and teach therapeutic movement.

Jennifer Hayes's 2019 book, *Moving into Alignment: Your Practical Guide to Improve Posture, Reduce Pain, and Move with Ease* is a timely resource for Rolfers who want to provide just such an educational tool for themselves and their clients. While it certainly won't replace good old-fashioned, hands-on Rolfing® Structural Integration (SI), it quite possibly can help many of us escape the world of Zoom meetings and pandemic-related physical and emotional stress for a few moments each day. It also encourages readers to take active roles in their development as moving, thinking, and feeling beings – which is useful under many circumstances.

For lovers of ordered, incremental steps to create gradually cumulative changes (*cough cough* the Ten Series), the organization of Hayes' book will be appealing. It is written as a set of ten self-contained movement sessions that were designed to be used alongside a traditional Rolfing Ten Series, or simply as an organized, independent exploration to be used at home.

Each session is preceded with an "aim" (which should sound familiar to readers of this journal) to help the reader focus their attention, and ends with a list of "perceptions," which are possible perceptual or kinesthetic changes a person might notice after they complete the list of exercises. While the list of

aims may often be a bit beyond the average person's initial grasp, they are most certainly helpful reminders for practitioners, particularly those who are relatively newer to the tradition or are Rolfers-in-Training. And while you may or may not personally notice the perceptions listed at the end of each sequence (depending on you and if you're even accustomed to thinking about such things), the power of suggestion can be a potent vehicle for change, and at the very least, for reflection about one's physical sensations. As I went through these exercises, I found the perceptions section helpful in ending the session with enjoyable sensations whether I read them ahead of time or at the conclusion.

The first three sessions are particularly simple and safe for most people to attempt, and provide basic, practical tools for connecting or reconnecting with our physical selves. Especially foundational are the exercises to provide ease to the breath, improve spinal mobility, and get the toes, feet, and ankles moving – all things that desk workers (and anyone who spends a lot of time sitting and wearing shoes) often desperately need. Also, especially helpful in the age of COVID-19, the seventh session gives useful tools for dealing with neck and facial tension as well as symptoms of TMJ dysfunction. Since it's been a wildly stressful time for many, as well as a time when intraoral work is not as feasible, these exercises could be invaluable for our clients whether or not we can work on them in person.

The cumulative movements draw from a variety of movement traditions, including yoga, Pilates, martial arts, dance, music, and theatre training, and also the exercises of Ida P. Rolf, PhD, among others. As useful as those modalities can be, this is not a program that is appropriate in full for every client. Certain sessions are much more physically demanding and more likely to require modifications than others, it ultimately depends on the ability and limitations of the reader. Acknowledging this, Hayes suggests that it's acceptable to just practice whatever exercises from each session resonate for the reader, but common sense also dictates that it may be advisable to be more specific if you are using this book as homework for clients (i.e., assign only what your client can safely

do on their own and give modifications where needed). However, it is a book you could easily recommend to those clients who want specific skills to work on at home in between Rolfing sessions, who are also already physically active, familiar with some of the movements, and/or who have solid coordination and body awareness skills.

As a person extremely familiar with many of the movement disciplines that inform Hayes' exercises and practice, and as a fairly rusty, newer Rolf®er (I graduated in 2019 and started my official practice a mere two months before our statewide shutdown), I sometimes had a hard time making immediate connections between the movements and the goals described (and with the corresponding hands-on work that might take place in a typical Rolfing session), so I'm sure that the average person might experience similar challenges. However, I'm confident that some deeper understanding will come with practice and experience, and the rest isn't necessarily important to unravel intellectually if the movement and perceptual goals are met – and the potential is there in this book. That, added to the author's attitude (Hayes's movement series culminates in a way that celebrates and encourages a lifestyle of joyful, individualized ways of moving), which makes it easy to appreciate this book.

I recommend this book to student Rolfers and those (like myself) who haven't yet had the opportunity to study for their Rolf Movement® certifications, as well as to clients, general 'movers' looking for more comprehensive homework, and experienced practitioners who want a beautifully illustrated coffee-table book that is also an easy-to-read, well-organized resource for clients looking for a challenge.

Institute News

Message from Our Executive Director/Chief Academic Officer



Dear Membership,

While the past year has posed unprecedented challenges for individuals and communities, there is also a sense of gratitude for each day's gifts, especially the gift of connection and relationship. As an Institute, we have taken each day as it has come . . . figuring out how to work together to serve our students and members during the

pandemic. We are grateful to have received two SBA PPP loans and a US Department of Education grant which allowed us to support all students and faculty with COVID-19 impact grants. Faculty have remained the center of gravity for the organization, volunteering to lead ConnectMembership meetings, to teach free online classes, and to instruct Basic, Movement, and Advanced certification classes despite COVID-19 risks. Thank you, Faculty!

The Board of Directors is focused on the next three-year strategic planning, under the leadership of Libby Eason. They are engaging the community through focus groups, membership surveys, and ConnectMembership meetings, as well as meeting with and listening to individual members. (If you have a good idea, please reach out!)

While there was the heart-wrenching loss of Pat Heckmann, our colleague and friend, we are grateful for the small staff of four who have continued serving the

community for many years. We have grown closer than ever. We all feel the uncertainty posed by the future and the continued impact of the pandemic – but personally, I am also deeply grateful for this community. The thoughtful love of this work continues to inspire.

As we move towards the end of 2021, we wish you and your families blessed holidays, filled with love, peace, and simple joys. May each of you feel cherished.

Sincerely,

Christina Howe

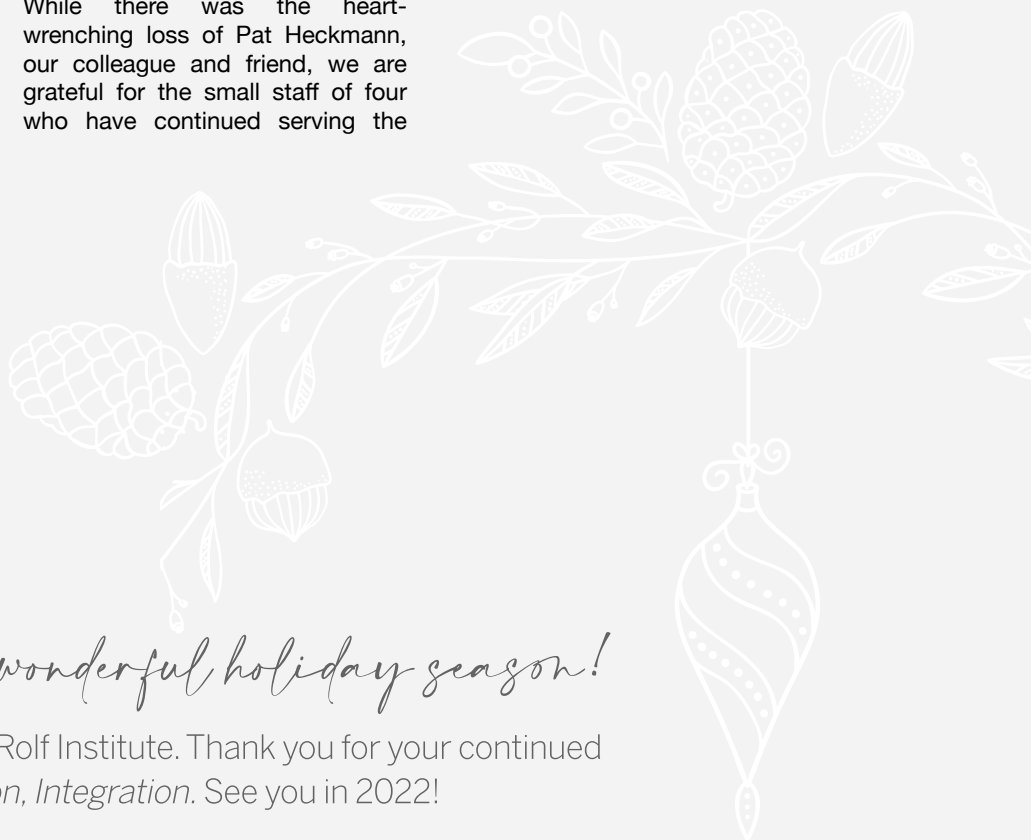
Executive Director/Chief Academic Officer

of the Dr. Ida Rolf Institute®

LOVE
PEACE
JOY

Wishing you a wonderful holiday season!

From everyone at the Dr. Ida Rolf Institute. Thank you for your continued support of *Structure, Function, Integration*. See you in 2022!



Contacts

Officers & Board of Directors

Libby Eason (Faculty, Chair)
bodfaculty2rep@rolf.org

Paul Van Alstine (Western USA)
bodwesternrep@rolf.org

Florian Thomas (Europe)
bodeuropeanrep@rolf.org

Juan David Velez (Faculty)
bodfaculty1rep@rolf.org

Cosper Scafidi (Eastern USA, Treasurer)
bodeasternrep@rolf.org

Greice Gobbi (International)
bodinternationalrep@rolf.org

Ines Hoffmann (At-Large, Secretary)
bodatlarge2@rolf.org

Jenny Rock (At-Large)
bodatlarge1@rolf.org

Dan Somers (Central & Mountain USA)
bodcentralrep@rolf.org

Executive Board Members

Libby Eason
Ines Hoffman
Cosper Scafidi

Education Executive Committee

Neal Anderson, Chair
Tessy Brungardt
Lisa Fairman
Larry Koliha
Kevin McCoy
Adam Mentzell
Juan David Velez

Dr. Ida Rolf Institute®

5055 Chaparral Ct., Ste. 103
Boulder, CO 80301
+1-303 449-5903

www.rolf.org

info@rolf.org

Dr. Ida Rolf Institute Staff

Christina Howe
Executive Director/Chief Academic Officer

Mary Contreras
Director of Admissions
& Recruitment

Samantha Sherwin
Director of Faculty & Student Services

Wendy Griep
Student Services & Financial Aid Advisor

Brazilian Rolfing Association

Sally Nakai, Administrator
Associação Brasileira de Rolfing - ABR
R. Cel. Arthur de Godoy, 83
Vila Mariana
04018-050-SãoPaulo-SP
Brazil

+55-11-5574-5827
+55-11-5539-8075 fax
www.rolfing.com.br
rolfing@rolfing.com.br

European Rolfing Association e.V.

Sabine Klausner
Saarstrasse 5
80797 Munchen
Germany
+49-89 54 37 09 40
+49-89 54 37 09 42 fax

www.rolfing.org
info@rolfing.org

Japanese Rolfing Association

Yukiko Koakutsu, Foreign Liaison
Omotesando Plaza 5th Floor
5-17-2 Minami Aoyama
Minato-ku Tokyo, 107-0062
Japan
+81+3-6868-3548

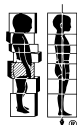
www.rolfing.or.jp
jra@rolfing.or.jp

Rolfing® Association of Canada

Beatrice Hollinshead
Suite 289, 17008 - 90 Ave
Edmonton, AB T5T 1L6
Canada
+1-416 804-5973
(905) 648-3743 fax

www.rolfingcanada.org
info@rolfingcanada.org

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