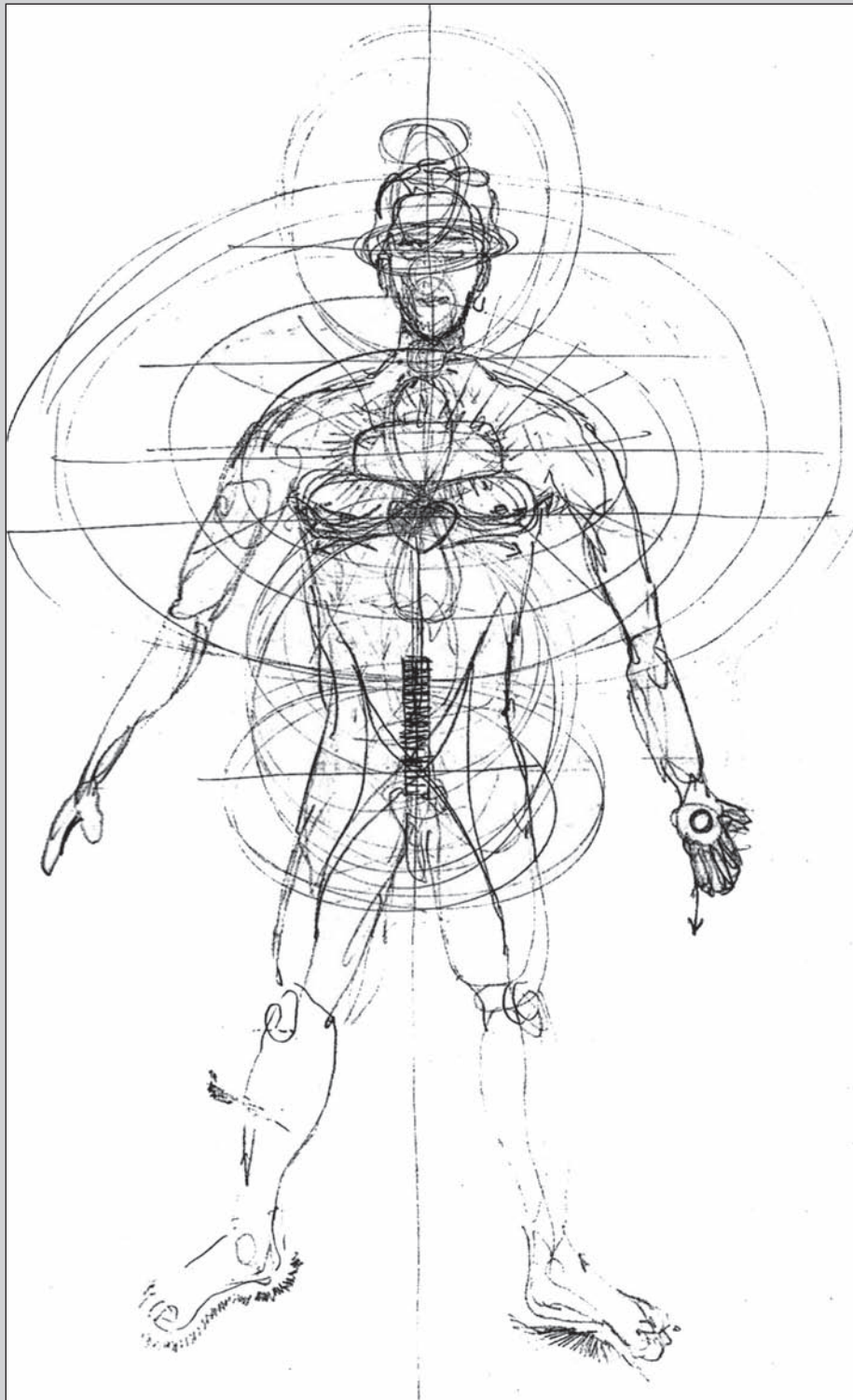


STRUCTURAL INTEGRATION

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5055 Chaparral Ct., Ste. 103
Boulder, CO 80301 USA
(303) 449-5903
(303) 449-5978 Fax

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Cover image: Pencil drawing by Gil Soares de Mello, courtesy of the artist.	

We have just one theme for this issue, but it's a whopper: Rolfing® Structural Integration and the Mind.

In the Rolfing community, we've always said that our work affects the mind-body connection, but what exactly is mind? Is it the brain? Barbara Drummond takes this question head-on in her illustrated 'zine "Brain Is to Mind," opening our field of inquiry in a unique and playful way.

As we see from the varied viewpoints of the other authors on this theme, there are many nuances to mind. Clearly the brain and nervous system as a whole house and operate many functions of mind. One is what we could call the instinctual intelligence of the autonomic nervous system, which supports our survival yet can be dysregulated by trauma – as Lael Keen discusses in her article "Rolfing SI, Trauma, Orientation, and the Autonomic Nervous System."

Human beings also have higher faculties of mind capable of things like language and metaphor, which have the potential to either enhance our experiential understanding or remove us from our direct sensate experience. The topics of language, concepts, and general semantics (a favorite field of discussion for our founder, Ida Rolf) are explored by both Kevin Frank and Carol Agneensens, while Lucia Merlino opens the world of metaphor as it relates to embodied experience in her article "Metaphors of the Body."

Other writers – Deborah Weidhaas, Owen Marcus, and Pedro Prado and Heidi Massa – look further at mind as consciousness (and the subconscious and unconscious) and how it shows up and can be worked with in Rolfing sessions. Others consider the therapeutic relationship. Relationship is important to our theme because the mind and sense of self develop as the human infant develops – in a field of relationship. While we Rolfers™ work with the body, the context for that work is a therapeutic relationship that can harken back to, or be a corrective to, earlier relational deficits. Heather Corwin speaks to the psychological realm of attachment theory in her article on the therapeutic relationship, which is also discussed at length by Russell Stolzoff in a dialogue with Carole LaRochelle ranging from psychology and the Bodydynamic® system to the practitioner's therapeutic use of self. Matthew Berean bridges us to our further inquiry of consciousness as transformative or metaphysical in his explication of the mechanics of the cultivation of insight through meditative practice, and how this development of the practitioner is of service to our work with clients in the therapeutic field.

Finally we look at mind-as-consciousness from a 'spiritual' perspective, seeing how Will Johnson has brought SI practitioners into formal meditation retreats both to ease meditators' body suffering and to support the opening of the body-mind to subtle sensation and – ultimately – states of consciousness that reveal a fundamental ground of being. Then the Buddhist philosophy of the trikaya – the paradigms of Body, Speech (mental and emotional activity), and Mind (the creative, transformative aspect of space) – is discussed by Liz Gaggini in our closing piece on the Mind theme. In this interview, Gaggini convincingly explains the transformative potential of SI as the operation of these three paradigms in unison in a Rolfing session, what she terms "SI on All Cylinders."

Our Perspectives section, as usual, takes us into varied and interesting territory.

Peter Schwind discusses osteopath Jean-Pierre Barral's New Articular Approach, and how this work around joints also interfaces with the brain and has the potential to lead to a new modality of bodywork.

Szaja Gottlieb discusses how the ideas of tensegrity, long familiar to Rolfers, are being developed into the field of *biotensegrity*, particularly in the recent and important book by osteopath Graham Scarr. Gottlieb notes, "While fascia is the ground of the edifice that is SI, biotensegrity is its firmament. As the nexus between art and science, the perceptual and the conceptual, movement and structure, biotensegrity mirrors SI perfectly in its paradox and creativity. This new scientifically-based discipline is our new field of inquiry, and we may have to reexamine our concepts and practices accordingly, sometimes with consternation."

Next we see Ida Rolf through the eyes of two of her students: Gael Rosewood and Sharon Wheeler discuss the Esalen years, what they saw Rolf doing in her sessions, and what it was like to study under this impressive and challenging personage.

Matt Hsu closes the section with important notes on femoral acetabular impingement: what research shows about what that diagnosis may or may not mean, and how Rolfers can help rehab hips.

I hope you find much to inform your own mind-body system.

Anne F. Hoff
Editor-in-Chief

Ask the Faculty

The Body-Mind Relationship

Q *What is something from your Rolwing® Structural Integration practice or another field of study that has struck you about the body-mind relationship? How has it affected your thinking, how you practice our work, or how you communicate with clients?*

A I am always amazed at how the body and mind work together. At times, the two seem to be arguing to find a spot to rest. At other times, the body-mind works effortlessly, with everything in balance. As I have worked with the mind-body connection, I have learned several lessons:

- **The mind can work too hard or not at all.** If a client's brain signals his body to constantly go from zero to sixty miles per hour, you must ask your client to use slower progressive movements, or even a thought of movement. This is especially true for the really 'fast-twitch' clients. At the other end of the scale, if someone comes in tired and ready to fall asleep on your table, see if he can become more engaged with movement. It really takes two to get the greatest benefit: the mind and body have to work together so that the muscles firing (or not firing) use the proper amount of energy to get the work done.
- **At times, signals from the mind get crossed going to the body.** I see this in three different types of people: 1) the clients who can take anything, wanting you to press harder, almost as if they need you to create a sensation; 2) others who have highly sensitive areas, where touch isn't possible because of pain; 3) lastly, there are people who feel nothing at all due to an injury or trauma. When the brain doesn't seem to be signaling a part of the body correctly, you must get touch or movement involved. If the client requires heavy pressure to feel, use a lighter touch. Work with his body to 'come out' to meet your pressure. To do this, you can start with a light pressure he can feel, and have him lightly engage his muscle to press out towards your touch. Helpful cues include, "Let your movement or pressure just touch my skin and nothing else." This helps re-sensitize the area with wider parameters. With areas of no feeling or hypersensitivity, you might try starting proximal or distal to the problem area and working slowly into it. If the client is highly sensitive, do not invoke an autonomic nervous system response. If the client goes into 'fight or flight', your work is less effective and may very well be counterproductive.
- **Use past memories to enhance function.** Working with a client who had an arm in spasm due to Parkinson's disease, I found that asking her to recall a past memory (playing the piano) while we worked caused the spasms to disappear. Although the spasms would return when she stopped, simply recalling an arm activity from before the illness allowed the arm to relax. This gave her a tool to help her relax her arm during times of increased spasms.
- **The mind can label parts of the body.** You often see this in cases where clients refer to the less productive side of the body as 'stupid', 'dumb', or 'bad'. The body responds to this kind of naming. This can be detrimental when you use negative labels, or it can be positive when you use positive descriptors. Explain to clients that naming affects the healing process and can be used to their benefit. Describing areas as places that are 'getting better', 'working harder', or 'still learning' helps even with the most severe injury.
- **Beliefs can override the body.** A ninety-four-year-old client with a memory problem had fallen and injured his hip. Several weeks later he was still having difficulty walking, but medical professionals could find nothing wrong with him. He had completed a Ten Series in the past, so his wife brought him in. I did a full set of range-of-motion tests, palpating and checking in on his pain levels as we progressed. He indicated no pain in any direction. I told him that I couldn't find any restrictions or areas of pain and suggested that I thought his hip might be okay. He said, "It is?" I said, "I think so," and asked him if he would like to walk to see if the pain

returned. He did. No pain, no problems. He walked out to his wife without limping or pain. It had only taken a few minutes, so she was justifiably stunned. When she asked me what I had done, I told her the truth: nothing. I told them that his hip seemed fine but to call me if the limp or pain came back. He walked out and the pain never returned. I think, in his mind, he believed he was hurt so his body produced a commensurate experience. Our work was like pushing a reset button.

- **The brain and muscle memory will choose familiar over unfamiliar.** If a person has trained himself into a pattern of pain or poor movement, his body will have created a buildup of tissue in that area causing a restriction, so you must find a way to break the pattern. You need to do fascial work to remove the buildup of tissue, and enhance the resulting freedom with movement work to create new opportunities of how to move. Use gravity as a tool to help open fascial restrictions. This can be done by bolstering areas open, hanging part of the body off of the table, or working in gravity with the client sitting or standing. Use different movements as you work to make sure that the client is not going into his old pattern.
- **Use the mind-body schema to include the missing section or structurally solid section of the body.** Some clients have had areas of their bodies removed, amputated, mechanically repaired, or fused. When working with this situation, have clients extend their thoughts or movements to the affected area. If they are mechanically fused, work above and below that section. Or, in the case of one of my clients, while working with a leg where the lower leg had been amputated, I still continued the work and movement through that part of the body as if it were there. He reported that he could feel the work all the way to his toes, even though they were missing on that leg.
- **The sweet spot I've found is where the mind and the body are working together.** This happens when the client is lying quietly on the table, totally aware of everything you are touching and unwinding. It is as if the two of you are one and you are feeling every molecule of being under the skin, and the client's mind and body are supporting the process. The more the body can respond on a primal level, the better.

These are just a few of the things that keep me constantly amazed at how our bodies and minds are really the same thing. It is what keeps me passionate about this work and constantly learning.

Larry Koliha
Rolfing Instructor

A Years ago I came across the concept of body image and body schema. This idea is helpful to distinguish the physiology of structure and movement from how humans look at themselves – an example of how mind and body can interfere with and ‘shape’ each other.

The physical and coordinative structure describes the physiological base on which a human being moves in gravity. Fascia is the ‘organ of form’: it shapes the body and is interrelated with gravity. As a ‘sensorial organ’, it’s related to movement quality and coordination. All participating forces (including evolutionary processes) create a body schema, which ensures the best possible way of surviving.

If we could leave it on that level, moving in gravity might just happen – but there seems to be self-awareness! That makes the whole story more complex. We define ourselves as ‘I’ and start to create a body image. This image interferes with the physiology of the body schema – we are shaping our bodies along ideas and concepts, which are based on our experiences, trauma, culture, and many other factors. We do that because it has a certain meaning for us. It seems to be simply important. As long as there is a balanced relationship of mind (perception and psychobiology) and body (physical and coordinative), structures will work well accordingly.

It might be true that this concept separates and simplifies the entities of body and mind artificially, but looking more closely at the correlation helps to orient and navigate through this complexity. As a Rolfer™, I use this concept for my clients and myself to identify and become more aware of precisely how the physical reality of the body and its meaning are related in a client. The ability to connect those concepts provides consciousness, more options, and freedom of choices.

Jörg Ahrend-Löns
Rolfing Instructor

A I am supposing all of us have had the experience of a client looking at you as if the session you just finished struck him as flat or opaque and he is bored. But you didn’t give up, and in the next session you explained the work, and why you wanted to work with something particular that day. Maybe you also talked about how the expected results could influence his habitual experience of the world and other. Some time later you noticed that it was after that session that the client started opening up to the work.

Something similar may have happened to you yourself when you went to a museum and saw a piece of art that did not touch your soul. But when you learned about how it was made and the person who made it, what was flat and opaque revealed itself to you, and maybe even touched you deeply.

Or you found yourself having to take an elderly aunt to a classical music concert, and you are not used to listening to classical music and dislike it. You know it will be boring, but on the way to the concert hall, your aunt tells you about the composer, what his life was like, and what the music you will be listening to meant to him. Or, auntie recommends that you practice active listening to be able to follow one, then all of the instruments playing, and the dialogues between them. Suddenly the concert is no longer meaningless and boring.

What happened with the bored client, and with you at the museum and concert hall? The work you delivered, the piece of art, and the music did not change, but the client’s experience of your work and your experience of the art and music did – and in such a way that you both now perceive what was there all the time but not available to you. The transformation happened because of *understanding*.

Even though some of my colleagues warn against becoming intellectual or explaining theory when working, especially with movement, I have been playing with explaining to the client what I am going to do, and why. I experience that these clients can participate better and actively perceive that which they otherwise could not. I am very curious about the role that understanding and knowledge and skills embodiment play in opening the world for experience. How can understanding help me get and recruit the skills needed to make contact with the world and other?

How can understanding help me actively shift out of my habitual engagement with the world and other?

And why do I want to acquire these abilities? As humans we have an inherited animal presence, and a cultivated presence as well, which can be subject to criticism. Animals have lives that begin and end, while people have biographies that include acts that have the power to bring the world forth. Biographies have endings. I firmly believe that changing the way I contact/perceive other has the potential to change the way others contact/perceive me. And that can change something (hopefully for the better) in the world. It is as Carl Gustav Jung said: “Until you make the unconscious conscious, it will direct your life and you will call it fate.”

Monica Caspari
Rolfing Instructor,
Rolf Movement® Instructor

A While working at a pharmaceutical company before becoming a Rolfer, we collaborated on a project with two physicians, Drs. Omura and Shimotsuura, who are using a procedure they call the Bi-Digital O-Ring Test (BDORT). This method can locate each organ’s outline on the skin using the phenomenon of electromagnetic resonance through the human body. When the physician finds cancer in a patient, in most cases the location mapped by BDORT matches well with what is found through CT/MRI imaging.

The BDORT method can also be used to determine treatment. While at Dr. Shimotsuura’s hospital for a few months, I saw many kinds of carcinoma seemingly cured completely with supplements, Chinese herbs, or acupuncture, chosen and prescribed using the BDORT method based on what ‘canceled’ the electromagnetic level of the lesion. All results were backed up by MRI or sonographic analysis. It seemed that very subtle stimulation is enough to heal the organism.

Dr. Shimotsuura observed that when a patient failed to heal, he had often taken a higher or lower dosage than the BDORT results determined, or a supplement other than what was selected by the BDORT method. This suggests that appropriate subtle stimulation can stimulate healing, while excessive or uncalled-for stimulation may cancel the positive effects of a suitable

intervention. These experiences affected my perception of the human body, and may lend support to the concept of 'less is more' in our somatic work.

Hirooyoshi Tahata
Rolf Movement Instructor

A As a practitioner of Rolfing SI for more than thirty-three years, there are three endeavors that influence and complement my understanding of mind-body(-spirit) in practice, thinking, and communication: 1) the study of *biodynamic orientation to craniosacral therapy*, 2) a deepening understanding and application of embryological development, and 3) the sheer delight I experience *walking*. None of these pursuits have usurped my passion for Rolfing SI; instead they have expanded both my perception and ability to engage the multidimensionality of the physical body.

- Understanding the dynamics of embryology contributes to the possibility of engaging a 'system' through time, as well as the origins of foundational patterns.
- Walking and running the shores of Monterey Bay at twilight always clarifies the integration of body-mind-spirit after a long day of sessions. As the ocean's dynamism flows through my body, I explore the subtle adjustments of toes and feet, breath and body, as I move barefoot over the sand. In fleeting moments of ecstatic delight, the light of contralateral spinal fluidity emerges. I am home again!
- A biodynamic approach opens these portals to the *mystery* and palpable realization of our innate wholeness.

With each client, aspects of this triad of influence slip through, whether it is in conversation, an inquiry, or an exploration.

Just a few quotes to inspire:

"We are embryos through our lifetime."
(Rosemary Feitis, *The Endless Web*)

"Wholeness is the smallest division of life."
(unknown)

Carol Agneesens
Rolfing Instructor,
Rolf Movement Instructor

A I personally don't like to make this kind of distinction, as body and mind are two different but interrelated levels of our experience of being. I imagine them as two powerful entrance doors to interact with the system.

More and more in my practice I encourage my clients to take time every day to self-nourish their development. Providing, in Rolfing sessions, some freedom in the potential adaptation of the body structure and a better capacity to organize this freedom in the everyday movement of life is not enough. Clients really need to experience and practice consciously a tiny bit every day – build new synapses, create a new, different experience of being and moving, value their power to allow change to happen.

I emphasize more and more how important everyday practice is in order to change the 'setting' that has created the 'symptoms' for which they came to me asking for help. They can learn how to take care of themselves. I give them some information (knowledge helps), some homework for self-treatment, some guidelines for daily movement. Sometimes it's using the metaphor or the input we discovered to be effective during the session. Other times it involves some real exercises. Whatever the suggestion is, the main point is to be consciously present in the moment. There is never an intention to be correct, but rather to find ways to allow expression, freedom, and adaptability. It's a change in attitude I'm aiming for.

Rita Geirola
Rolfing Instructor,
Rolf Movement Instructor

Brain Is to Mind

By Barbara Drummond, PT, Certified Advanced Rolfer™, Rolf Movement® Practitioner

Author's Note: This zine, "Brain Is to Mind," is the text I use with clients to help them understand how Rolfing® Structural Integration works. It is a theory of mind that involves the body. Most folks don't think about thinking, nor do they think they will have to do so when they arrive in my office. But people can change under your hands, and they should know why and how.

Muscular tone is the relationship between the mind and body. Thoughts are energy, and energy has the capacity to do work, so what 'work' thoughts do is to change the body by changing muscular tone. Some thoughts ingrained by experiences are beliefs, and these are often unconscious – things like "the world is a harsh and dangerous place" or "I have to work to earn love" will result in different ways of being in the world, different bodily/postural habits. Rolfing SI can serve to make people aware of their unconscious attitudes.

Parents can pass their attitudes on to their children. They create the container, for good

or for ill. When we work with our clients, we have a different way of being with them than their parents did, and when we reflect what we see without judgement, with compassion, they can change.

Parents form secure attachments to their children when they pay attention to their children's body language and take a guess at their feelings and attitudes. That's what we do as Rolfers when we 'see'. We pay attention, we feel with them, we give feedback, we mirror – and that's the way our brains grow to begin with. I find that clients especially appreciate the material on 'bad containers', which gives simple explanations of loss, narcissism, and addiction/mental illness.

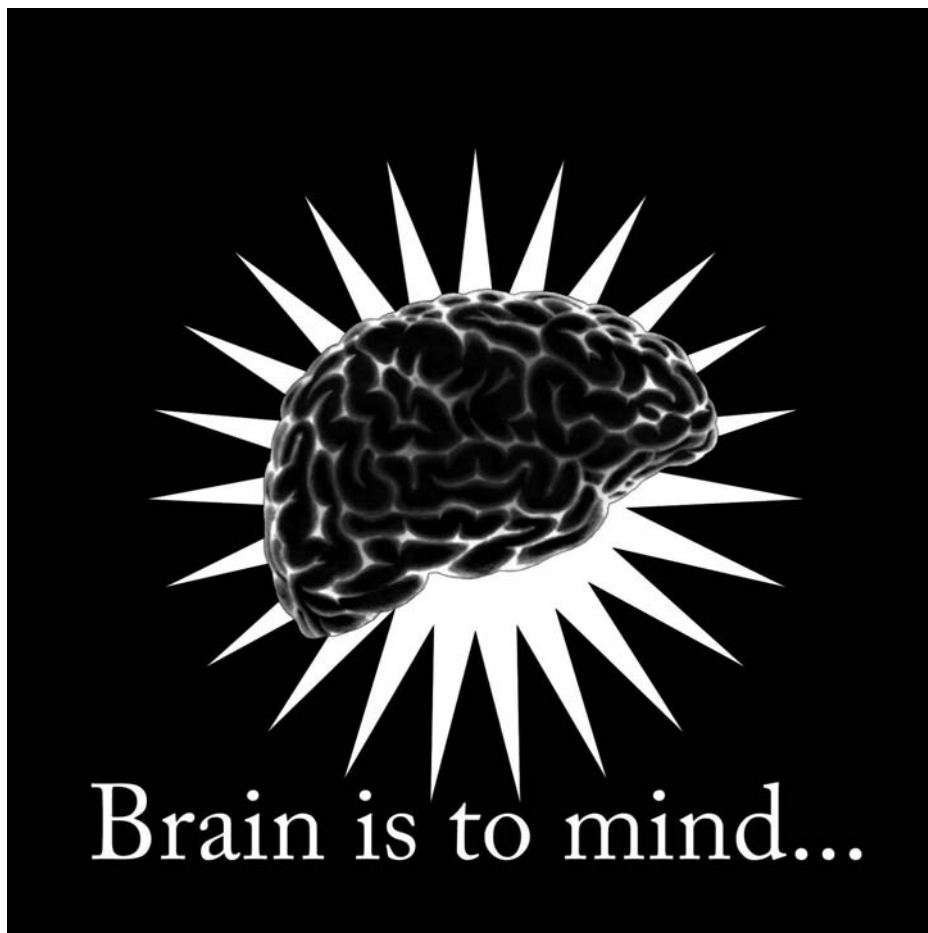
The second chapter lays the groundwork for Walking Towards, an exercise I use as the primary way to teach someone about his edges, and how he experiences his right to exist. In the zine, I take time to show that the things we think are edges are not: they don't separate

anyone from anything. If people's minds flow towards one another, they merge. Connected is the default state. But when I walk towards someone in the Walking Towards exercise, his boundary habit will speak volumes. He may stop breathing, step backwards, the subtle signal to the world of "here, you take this space, I'm not really using it." The separation, the true boundary, is not outside of us created by others but one we create for ourselves, within ourselves. This is a terrible thing. Without the right to exist firmly implanted in our habits, there is no internal sense of safety. With no line outside of themselves, our clients cannot be met. And we must meet our clients if we wish to help them. A line between two states or countries is a symbolic one, it separates nothing. But to create the line between two people is how we can all be "Out of Many, One" – our edges are where we meet.

This material on centers and edges is discussed in more detail in two earlier articles:

Drummond, B. 2014 Dec. "Edges." Structural Integration: The Journal of the Rolf Institute® 42(2):42-43.

Drummond, B. 2013 Jun. "The Center of Rolfing SI." Structural Integration: The Journal of the Rolf Institute® 42(1):43-44.



Chapter 1

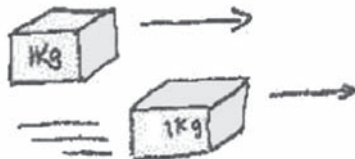


... as log is to fire.

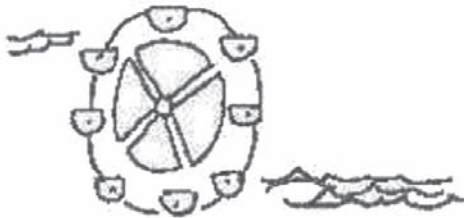
That means, you cannot always expect to find the mind inside the body.

Energy is the ability to do work

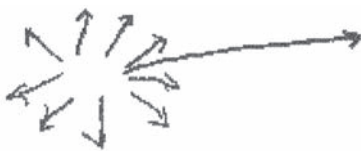
based on its movement



or position



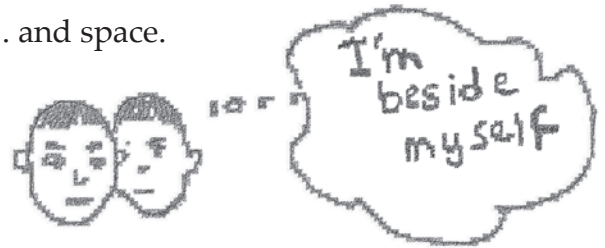
Thoughts are constantly in motion.



They can go forward or backward in time . . .

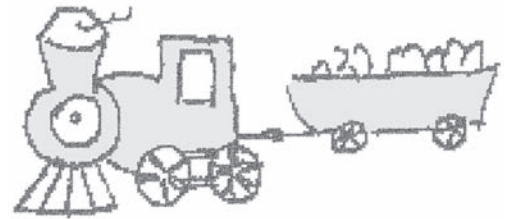


... and space.



And thus, thoughts are energy and have the ability to do work.

Fire has the ability to do work.



It can also rage out of control.



Fire works best when it is contained, like when it stays close to the log, and the log becomes coals – only then can it cook our food.

The mind is the same way – it works best when it is contained.

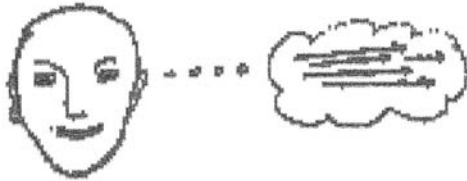


This is very difficult.

Thoughts are like sheep, constantly moving in many directions, and containment is like a border collie. The skill and discipline of the dog, its ability to follow the whistles of the shepherd, keep the sheep moving in one direction.

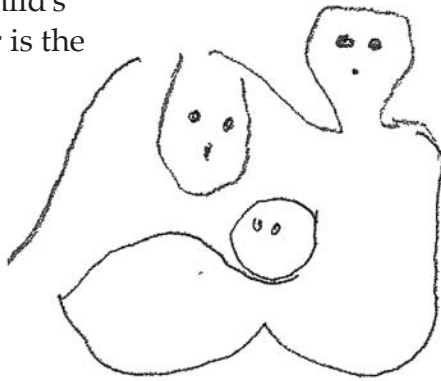


Disciplined thoughts are the only way an adult can truly use the mind to do work.



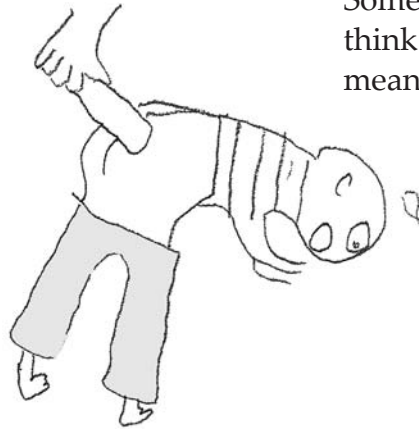
But adults are children first.

And so, the child's first container is the family.

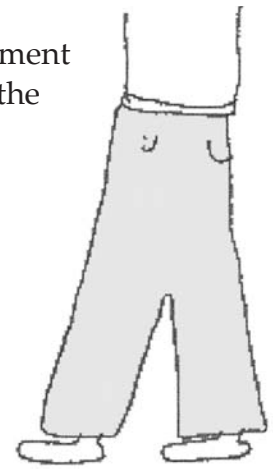


The energetic responsibility of the family is poorly understood.

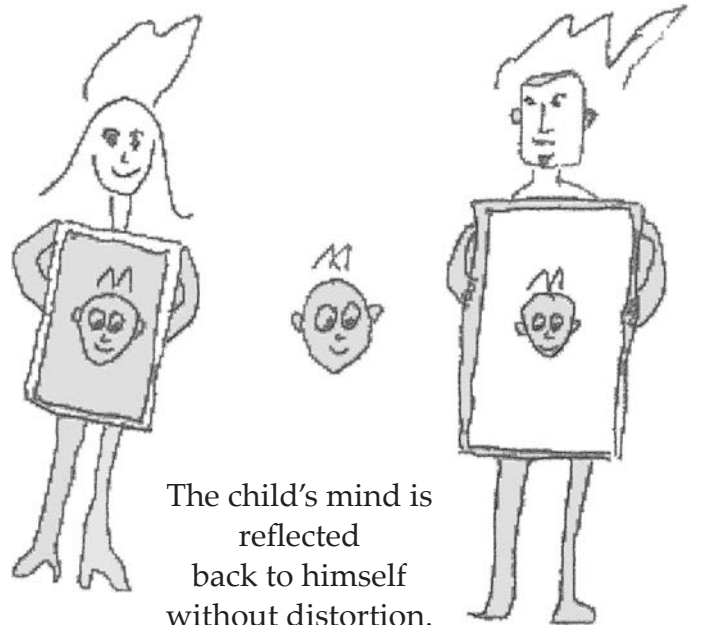
Some families think discipline means punishment.



Or that containment means putting the fire out.



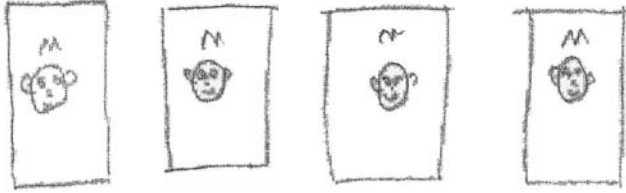
However, the best container is a mirror.



The child's mind is reflected back to himself without distortion.

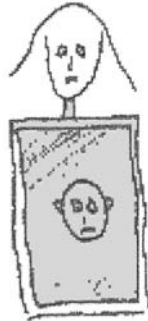
This is love.

Many mirrors are even better.

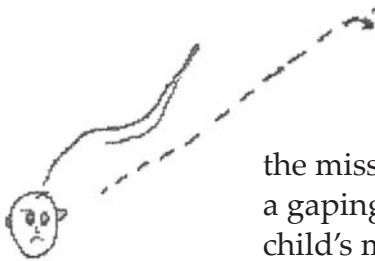


But often things go wrong.

When a mother and father get divorced or someone dies . . .



the missing mirror leaves a gaping hole and the child's mind escapes.



Some parents expect a child to mirror them . . . but children are too small to do this.



And some parents are lousy mirrors. So the child cannot see himself. The child grows up thinking he is broken.



We in the West believe our minds are in our bodies and under our control.

But we cannot control events, processes, or energies of which we are unaware or that we categorically deny. If we base our culture on incorrect assumptions, we all become a little bit broken.

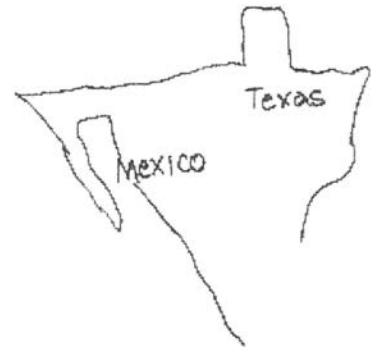
Chapter 2



If two fires start in different places and burn towards one another, soon you will not be able to tell them apart.

There are no lines between fires.

There are also no lines between countries when you see them from an airplane.



We create imaginary boundaries between things to make a complex world more manageable.

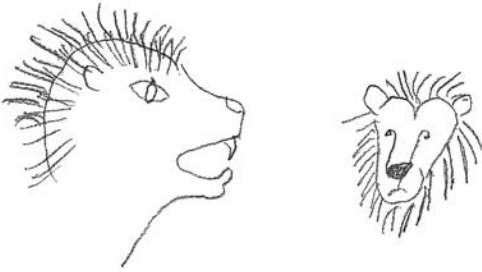
Some lines are more real than others . . .

The line between cliffs



and the ocean is a line,

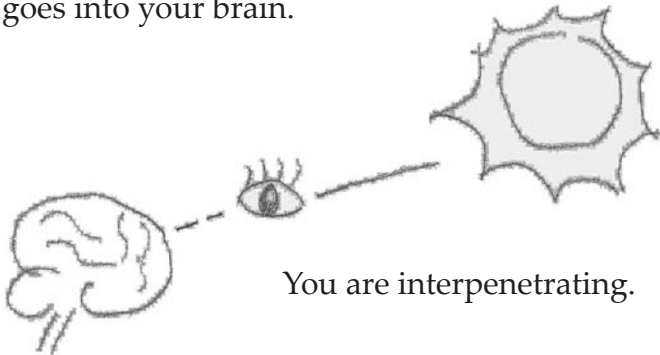
but the land continues under the water, so they are not separate.



If a lion is defending his territory he will fight other lions who challenge him . . . But when the lion dies, his territory dissolves.

That is not a permanent separation either.

You can't even tell where the environment ends and you begin, because the light from the sun goes into your eye, changes form, and goes into your brain.

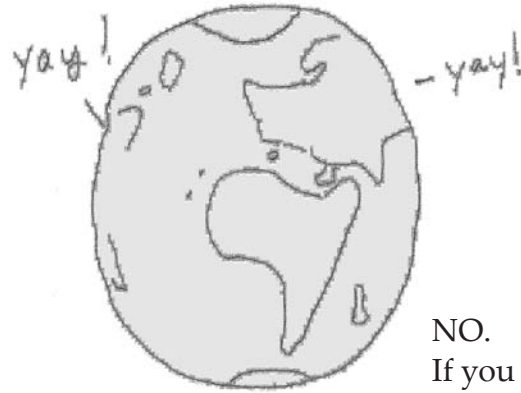


There are few energetic boundaries and that's what makes it so confusing,



because all of us behave as if when we draw a line, we actually create separation.

Some people would say the answer is simply to stop drawing lines.



NO.
If you think things are confusing now, just wait.

Energy is real, but matter is real too.

And it can really hurt you if you run into it.



So, perhaps, there is NO separation of anyone from anyone else, or anything from anything else.

unless you run into it.

I'm sure that last statement is giving rise to some questions.

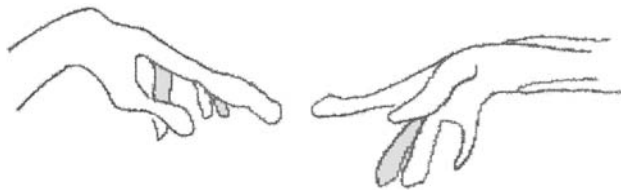


If we are all supposedly so connected, why do we feel so disconnected?



Perhaps we don't physically run into each other enough.

Perhaps we don't touch each other enough.



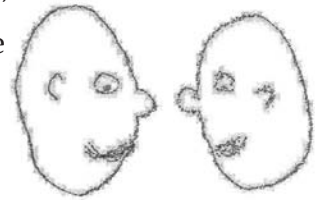
We don't use our bodies enough to actually show people what is on our minds.

**Use your body.
Show people what you feel.**

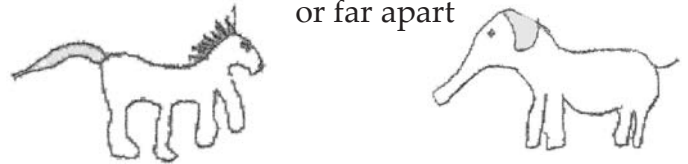


In the process, we will learn about ourselves as well, and bring the fire closer to the log where it belongs.

So, when you talk,
get as close



or far apart

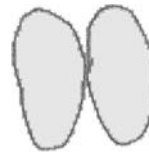


as you feel from one another.

Mind gets closer to the body when you use body language.

You can mirror a body and give a child clues about his mind.

If we show people they are connected



and it truly feels that way, perhaps they won't be so afraid of being separate. And vice versa.



Our founding fathers may have been able to imagine this day when they wrote,



"Out of Many, One."

Inside the Genius That Is Rolfing® SI

By Deborah Weidhaas, Certified Advanced Rolfer™,
Rolf Movement® Practitioner

Author's Note: I acknowledge there are debates about the terms 'subconscious' and 'unconscious'. In my experience, there is no question that these aspects of self exist and that they are different and distinct levels of being.

The subconscious is the part of us that is beyond common attention. The subconscious includes experiences like premonitions, déjà vu, hints, and suggestions, but this information comes so quickly into conscious awareness that we generally discount or dismiss its messages.

The unconscious is that of which we are fully unaware or, perhaps, that which conscious awareness can't fathom. How in the world do you get a glimpse into something that is normally unfathomable? The glimpse into the unconscious comes in the guise of strong reactivity or compulsion. We've all experienced these reactions even though they are outside what we would ever hope or choose for ourselves. When they happen, we can't seem to stop them, and, once they are over, we seem completely unable to understand, influence, or change what triggers them.

For clients, I compare conscious awareness, the subconscious, and the unconscious to an evening at the theater. Our conscious awareness is the play that is happening on the stage. Our subconscious is the flurry of activity going on backstage. The unconscious, for lack of a better analogy, could be all the insects that live in the theater. As we watch the play, we don't even entertain their existence, but when they enter our experience, we react.

In Jan Sultan's notes, one quote from Ida Rolf is, "There is a lot more going on with a man than the body, but the body is what you can get your hands on." This article is about the "a lot more" and the beginnings of how to proactively engage it so it and the body can change.

Part of the genius of Rolfing Structural Integration (SI) is 1) bringing more of who-we-are to conscious awareness, and 2) cleaning out old and non-beneficial material in the unconscious and subconscious. The magic of Rolfing SI is that it accomplishes both of these – both with, and without, our direct efforts to make them happen.

There is, therefore, an option to help a client make more progress by being more proactive. You can be more proactive by directly engaging and assisting the client in bringing some unconscious and subconscious material to conscious awareness and letting it change. One great value in this approach is that some of this material can have a hold on the anatomy in a way that no amount of tissue work can resolve. Why? The answer is threefold: 1) because this material does not originate at the anatomical level but from the mental, emotional, or spiritual level; 2) because anatomy and structure must negotiate *all* of who we are, no matter from what level it originates; and 3) if that material originates from the non-physical level, the body can't let go of it until it is addressed at the level in which it originates.

How do we begin to consider engaging this material so it can release its hold on anatomy and so that structure can become more balanced, aligned, and integrated? To work proactively, one must first realize that most of our clients think that they are their thinking minds. The thinking mind is a constant presence in our lives, so it is only natural to think that it is who we are and that it is our best tool. The thinking mind is a fabulous processor, analyzer, and synthesizer. In these functions, it excels. However, our thinking minds are also adept in the skills of delete, distort, ignore, rationalize, generalize, defend, deny, apply coping mechanisms, etc. These skills prohibit any access to truth or accuracy. For working proactively with clients, I can say unequivocally that the last tool I would ever use, or encourage my clients to use, is the mind.

Having been so forthright in saying that, I must add a caution. It is useful to tread carefully when approaching a client with one or all of the following: that the thinking mind is not who you are; that it cannot make decisions; that you are not what your mind tells you you are; that it can't give you understanding or insight; that it can't change your behavior; and that it doesn't have a clue about how to heal and resolve

your state of being. Some clients are not in a place in their lives or being where they can hear this. We must recognize and respect this as part of 'meet the client where the client is' as a boundary. There are many clients, however, who have been aching to understand why their thoughts about changing don't actually *produce* change, and many who have learned in their journey that the thinking mind is not who they are. These are the clients with whom we can be more proactive.

In my experience, the thinking mind is the one and only aspect of us that is logical, rational, and reasoning. I would like to give all due respect to the thinking mind's ability to learn through education, survive in the working world, and puzzle out our conundrums. However, there are serious limitations on the thinking mind's ability to fathom the body and the being because all else of who-and-what-we-are does not function on the world of logic. Therefore, in this alone [thinking we are our minds and thinking our minds are the tool to use to heal and resolve], we get into trouble.

In my experience, Rolfing SI works with all of consciousness, including, and even directly engaging, the subconscious and unconscious. What is amazing in working proactively is that integration within the structure happens spontaneously. Remove from the mental, emotional, or spiritual level that which has had a hold on anatomy, and anatomy integrates. It really is that simple. Anatomy wants to integrate but it can't when material from these other levels prohibits it.

To work with this in clients, one must first recognize for oneself that the mind is not who you are. Another skill set to put in place, which many of us do in the course of doing Rolfing SI, is that of trusting your own intuition, trusting your own abilities to sense and perceive, and trusting your hands. Being able to connect with the deeper levels of another starts first with having experience, trust, and confidence with the deeper levels of oneself.

Before one can be more proactive with a client, one must have a trust and rapport in the professional relationship. People don't like others to see their weaknesses, so we must create trust, respect, skill, and compassion. Working your own process, regularly, as a practitioner goes a long way to building confidence in the client. It shows the client: "I've been here and I know how

to help you walk through it.” We cannot proceed unless clients trust us enough to let us in and to expose the parts of themselves that they normally keep hidden.

Once you trust your hands and have a trusting professional relationship, there is more value in letting your hands go where they are called (or if you’re newer at this work, where they are called within the session of the ‘Recipe’) and embodying within yourself the attitude of “I wonder what is here? I wonder how it needs me to engage it?”

Sometimes just putting your hands in one place and holding the tissues until you find the level that feels like emotion or belief (instead of pure anatomical tissue) can feel to the client like finally being really ‘seen’. Actually being ‘seen’, of itself, can assist the area to let go. Another step would be to ask the client what this area feels like, as in an analogy likening it to stone or wiring or a hammer. Does it have emotional content (sad, scared, anxious)? Does it have history (how long has this been here)?

We are so used to shoving stuff that we don’t like, or that doesn’t feel good, into the background. Sometimes we think we buried it and then use thinking to tell ourselves it’s gone. The problem is that once it is in the background, it can’t change; it can only continually be a part of who we are. So when you find stuff (and the client finds stuff) that has an emotional, mental, or spiritual component to it, and have accessed it via the tissues, hold it for the client and ask the client to let it be exactly what it is. Ask what it feels like.

A side note on asking what something feels like. We are not asking for a sensation like ‘tight’ or ‘hurts’ or ‘burns’. We are asking for an analogy to something that exists in the world. Perhaps it feels like egg white or duct tape or a rod, or the heat waves that rise off a car in the summer. An analogy will give you and the client more qualities to connect to in order to create a proactive, working relationship with whatever this is. You don’t need the story or history of what it is. An analogy will give plenty of qualities for you and the client to perceive it more clearly.

Once we do this, we are letting it back into conscious awareness, and with this, it now has the potential to change. I tell the client, “Do not try to fix this, relax it, make it go away, wish it was different, or change it to something nicer. Let it be exactly what it

is.” With this, it can begin to change on its own, and you will feel in your hands that the tissues begin to change.

One other point that is useful in working proactively with the mental, emotional, and spiritual components that have a hold on anatomy and on structure: listen to the client’s language.

1. Many times, even without realizing it, the client’s language will give you clues to what you have your hands on, and this can help you hold, more precisely, exactly what-it-is for the client.
2. Notice when a client uses negative judgments as an answer, such as “I’m wrong” (or “selfish,” or “mean,” or “I should be more loving”. . .). Negative judgments are crucial because intuition and the inner voice do not convey information through negativity or judgment. When you hear negative judgments, it is a red flag for you that the client is accessing information from a vantage point of the self that produces inaccurate and false information.
3. Notice when a client responds to your questions with, “I think it is such and such.” Using the words “I think” is a red flag that the client has shifted back to using the thinking mind as a tool. With many of my clients, there is enough trust, rapport, and confidence that I can half-jokingly say, “I really don’t care what you *think* it is, your thinking has no clue about this, please ask or feel with your inner knowing for what it really is.”

What I’m asking the client to do is to use intuition, inner voice, gut feel, or the part that just knows that it knows. The answer to questions from this level of being usually comes instantaneously. Unfortunately we’ve been socialized to discount or ignore information from this level, so your client may need you to go slower. What’s needed in this case is to provide the client opportunities to recognize and experience that information from this level of being holds accuracy, value, and dependability. Being willing to point out when the client has used “I think” or negative judgments will help the client begin to discern when he is accessing mind and negativity and, instead, recognize when his is connected to the intuitive aspects of self.

I once told a client: “The thinking mind will move you forward about one inch; your body (physical experience) and feelings

will take you 3,000-5,000 miles; and your intuition will take you though the entire journey of your life.” She said I should patent that.

Consciousness, subconscious, and unconscious are the huge soup of who-we-are. No matter what we *think*, the body will pay attention to – and, ultimately, must negotiate – that soup. Bodies and beings are incredibly paradoxical, playful, and complex, and this all lives in the realm of consciousness and, even more so, in that which lies beyond conscious awareness.

I have occasionally heard some Rolfers say that this work can become boring. I would suggest that there is much to perceive, sense, and engage within a client beyond anatomy or gravity or the Recipe.

When you are working proactively, clients will tell you they feel lighter, or feel a freedom they never thought was possible. They might say something is freer but not be able to say what it is. If a client returns for his next session saying, “It came back,” remind him that we are complex beings and many of these issues exist in layers. Most likely, it didn’t ‘come back’. Instead, the next layer is working its way back toward conscious awareness so it can change.

Deborah Weidhaas has been practicing Rolfing SI for twenty-four years. She spent her first year of practice negating or ignoring the information that flowed into her conscious awareness as she worked in the tissues with clients. Over the next couple of years she tread cautiously and tested the validity of the information she received, only to have clients vehemently confirm its accuracy. She is adept in the subconscious, unconscious, mental, emotional, and spiritual aspects of self that arise in the client’s experience of Rolfing SI, adept in working proactively with clients, and adept in teaching clients the skills to work proactively with themselves.

Meta Mind of Rolfing® SI

By Owen Marcus, Certified Advanced Rolfer™

'Meta' refers to a higher-level abstraction. We Rolfers recognize that the power of our work extends beyond the limitations of a client's structure; that is, the changes that Rolfing Structural Integration (SI) facilitates in the body are more than physical. Our understanding of that creates a richer experience for our clients. The bigger our container of what is possible and why, the more we can surrender into a deepening of our clients' Rolfing experience.

When I started Rolfing SI, I was fortunate that I'd had a lot of bodywork done on myself as well as training in the psychological aspects of it. Yet I was naïve to the impact Rolfing SI had on clients' lives. My biggest limitation was often not my skill, but my mind. I didn't realize the impact of the psychological response, nor did I have a way to explain it to a client. In the beginning, there were times when I would hold my breath hoping nothing would come up during or between sessions that I could not explain.

Slowly – through experience, training in non-manipulative approaches, and my own growth – I exchanged my limited beliefs for a set that invited in a larger number of clients (an unintended consequence). These clients were more fun to work with; they were willing to go further with their change, gently pushing me to do the same personally and professionally. They taught me mindfulness better than any teacher I had. They inspired me to take comparable risks in my life.

Why Meta Mind?

An expanded Meta Mind of Rolfing SI affords us the ability to become more inclusive while maintaining the core principles of Rolfing SI. When we embody the principles Dr. Rolf gave us, we can use those principles as the scale to judge the value of other input. Does a new system enhance our goals as a Rolfer? Does it increase the change we are going for? Does it make our work easier or more fun? Does it cause us to grow? Often the biggest gains in our effectiveness as Rolfers come from not learning more manipulation skills, but learning how to hold a bigger space for our clients.

What the Client Gets

As we expand how we frame Rolfing SI, we allow for a fuller range of experiences to show up for clients. Our unconscious minds are powerful. When we don't believe in something or don't believe it's possible, we limit not only our experience, but also that of our clients. The studies of how a physician's mindset affects her patients are just as applicable to Rolfing SI, given the intimacy of our work.

So much of what we are doing as Rolfers is catalyzing the incomplete to complete. To achieve a higher state of order, the client will unlearn his old pattern as he stumbles, completing what he didn't get to complete when the stress or trauma first occurred. I've had clients come back to me after a few sessions to tell me that their therapist told them to stop their Rolfing SI because "they'd already dealt with these issues." My response to the client's question of what they should do was always, "Do what you feel is best." In every case, the client quit the therapy and continued Rolfing SI to the end, reporting that they got more psychological change out of ten Rolfing sessions than they had from years of therapy.

The more the stress and trauma is released, the more the past is not determining the client's future. In addition, the resources he was using to survive can be allocated to healing. A client can only heal to the extent that his body is not in a hyper-aroused state. We are hardwired to survive first, and that need to survive must leave the body/mind before full healing is possible.

As a client travels this path, he learns a higher level of functionality and adaptability. The rigid structure that protected him and confined him is now more open to life. We can help him create a larger conscious and unconscious frame to hold a richer experience of life. His past orientation towards survival or fitting in can transform into increased awareness and appreciation. Self-regulation replaces control.

We focus on achieving the highest order possible for the client. To the extent his life doesn't match the order we help create in his body, he will be at risk of not sustaining the work. There will certainly be the chaos and its collateral effects in his life, which might

appear to risk maintaining the structural integration you both achieved. The chaos of deconstructing a person's world is not the restraints that prevent sustainability or further growth, it's believing that his only problem is his back pain.

Timeline of Change

Our first inclination is to see Rolfing SI as ten sessions. But our clients teach us that their Rolfing SI is just the beginning. Telling them up front that the change will continue to integrate for up to a year sets a larger context. I tell them half-facetiously, "Anything weird that happens, blame it on the Rolfing SI." Because they have no reference for what I mean, most clients will forget I told them that. That's fine. This is one case where I'm speaking more to their unconscious mind. I'm planting a seed of what is possible and planting an 'embedded command'¹ that there will be more change.

When my clients ask to continue seeing me but there is not significant work to be done, I explain that their bodies need time to integrate and rebuild. In our instant-gratification lifestyle, we don't allow for downtime or rest. With a longer timeline we need to look at what support the client will need beyond her Rolfing SI. Will she need to continue eating meat to build more muscle tissue? Will she need emotional support to integrate her change? Is her exercise regime helping her Rolfing SI? What is her *structure of support*?

The body is the ultimate biofeedback machine. Through Rolfing SI, clients learn how to relax. A relaxed body does feel stress; in the moment of feeling stress, it hurts. That negative feedback is telling the client to relax or do something different. If she doesn't change, the pain will get worse. Quickly the client learns that holding her shoulders up, something she'd never noticed that she did, is now teaching her how to relax.

Over time, a client learns what limits – and what supports – her continued change. Our challenge is how can we instill in her a new meta behavior pattern that will reorient limiting behaviors to be supportive behaviors. I first reframe many psychological issues as physiological or stress issues. Right there people relax. What once was an emotional issue is now an adaptation to stress. That reframe always relaxes the client.

You can foster sustainability by teaching a client the basic skills of breathing and walking in a natural manner. It's teaching her how to discover for herself how to know when what she's doing is right. Is she relaxed from doing it? Over time, does she lose or get more energy from it? What is her body telling her when she's doing it? I tell my clients that I'm teaching them so they don't need me.

Beyond the Mind

Our limited view limits our clients' Rolfing SI. We have the opportunity to expand their model to include everything from the autonomic nervous system to mindfulness. In the course of their Rolfing sessions, we can teach them how their symptoms are just that: symptoms of chronic issues in other parts of their bodies. We bring out with our hands and our words what was hidden so it can be experienced, accepted, and released.

We also get to challenge the limits of our cultural models. I explain to my clients how our genome is 99.9% the same as it was 10,000 years ago when we were in tribes. Our instincts are the same. Our bodies have not come close to keeping up to how our lifestyles have evolved, though. We are cavemen running around with smart phones.

Thanks to Descartes and the Catholic Church, we grew up in the West believing the mind and the body are separate. There is no more powerful way to burst that belief than Rolfing SI. For some clients, we may need to give their conscious mind a new model that allows for the connection of the mind and body.

The Power of Indirect Work

We are oriented to work directly. Certainly as men in the West, we learn to get in there and fix it. We aren't taught to listen, learn, wait, respond, get in sync, guide, or support. The urgency and importance of the situation drives us to take action.

With Rolfing SI, we have the opportunity to apply the best of both worlds. You apply the direct pressure causing the body to respond. Then with the body's response, you guide your pressure to catalyze deep change. The precise input of your direct pressure causes the body to go into its habitual stress response, even if it's on a micro-level. Once the stress response is activated, you get to gently enhance it so that when the release or relaxation phase

occurs, the body releases more than it ever would have on its own.

Cranial osteopaths taught us how to use the subtler rhythms of the body. Homeopathy teaches us that "like cures like." Applied to the body, when we apply firm pressure on a restriction, we recreate what is there. We take over that restriction, as Ron Kurtz would say.² Because we are doing the work of the restriction, the body can begin to let go.

Through Peter Levine's Somatic Experiencing® work, we learn to tackle the subtle cues of the body as we encourage it to slowly release. As he says, "we titrate" – measure out the release not to overwhelm the system. Again, we stimulate – then allow for the release.

As we indirectly name and touch what is missing, we give witness to what was not allowed or encouraged. As the body and the emotions release, your presence is saying to the client, "you and your experience are acceptable." This quiet compassion and courage cause the client to surrender deeper into unfelt and unexpressed experiences. As this continues through the sessions, you teach her nervous system not to go to the sympatric response as a default. You are releasing old stress and recalibrating the nervous system to return to a relaxed state.

Milton Erickson was a psychiatrist who developed indirect hypnosis as way to utilize a person's own unconscious to reorganize the patient's world. Rather than directing the patient into a trance then telling him what will happen, Erickson would tell a story. We all like stories. Stories entertain. They naturally put us in a light trance. From there Erickson would carry on a conversation with the unconscious, with the conscious mind fully aware of what he was saying.

The day I was scheduled to meet Erickson to set up studying with him, he died. Undeterred, I found his best students to study with. Being a dyslexic like Erickson, I immediately understood what he was doing. He was using his dyslexic, illogical mind to guide another's unconscious, which is certainly not logical. Immediately I started using stories, indirect suggestions, and metaphors to create new frames for clients. It was fun seeing how I could tell a story 'out of the blue' about some other client, not directly implying that this former client was like my current client. Then weeks later, my current client would come

in for a session telling me about a dream, an experience, or a new plan that was seeded by my story.

If there is one place where we can significantly expand our Meta Mind of Rolfing SI, it is here: it's how we speak to our clients' unconscious minds. We know that the body is the physical analogue for the unconscious, so why not engage the unconscious mind indirectly? One benefit of working *with* the unconscious is that you are much less likely to limit your client. If what you are guiding isn't useful, it won't take. You are planting a seed; whether or not it grows is up the client.

Your presence with your touch and words takes over the coping mechanisms that were your client's limitations. By being that pressure that is always in his IT band, he gets to feel how tight he is. He gets to choose to release it at his own speed. Unconsciously he starts to feel how you are his ally, willing to 'inflict discomfort' for something better. That new experience evolves for some to be a new strategy. Rather than avoid pain and possible rewards, you are teaching the unconscious that the pain of release is temporary and produces new possibilities.

Much like Rolfing SI, this indirect approach quickly evolves to be more art than science. You learn to apply key principles in the spontaneity of the moment. Step back to see what happens before you take the next step.

The Body Is a Literal Metaphor

One of the more advanced processes we do in the men's groups I lead is where each man stands up in front of the other men naked. The group then speaks to what his body is saying that he's not saying. We wouldn't do this with our clients, but we can ask ourselves the question, "What is our client's body saying?" Creating a story that his body is saying gives you the depth of understanding that the story he tells you won't.

Here are some of the specific questions you can ask yourself. (If not sure of an answer, assume the client's posture or imagine it, then ask yourself again.)

- Where is the client's support coming from?
 - Is he leaning on someone?
 - Has he created an exoskeleton?
 - Is he collapsed? Or is he jacked up?

- What is his body saying that he isn't saying, and to whom is he saying it?
- What is he hiding or protecting? What's not safe?
- What is he moving around, through, towards, or away from?
- If he were in a play, what role would he be playing?
- What response is waiting to happen?

Go beyond a client's structure to observe the quality of his tissue, his macro- and micro-movements, and see what is missing. There is always something missing or not being spoken. Use all the information of your unconscious and intuition to craft your indirect work with your client. All this information is his unspoken biography, and you are going to help him rewrite it.

Support the Work

There are clients who need more support if they are to sustain, let alone grow from, the change you co-created with them. It may be that their lifestyle will sabotage their Rolfing SI, so you support them in getting into a more healthful diet. Or they are in a stressful relationship so you find other support for them, be it a therapist or a support group. You use your team of resources to build on their Rolfing SI. You send your clients to others so they are best served.

Rolfing SI transforms lives. The problem comes when a client's relationships aren't supporting that change. We all experience clients who share with us their new struggles with their significant relationships. In some of these communications, a client will be releasing past stress the Rolfing SI stirs up. In other situations, she will be consciously or unconsciously learning new skills she never got to learn. For example, she may be learning to, say, set personal boundaries by saying "no" for the first time in her life. As with learning any new skill, the beginning stages of skill development can be rocky. She also might be deliberately attempting to up-level her relationship; rather than tolerate mediocrity, she may want to go for creating a fulfilling relationship. With the support of a bigger frame and your acceptance of parts she hasn't accepted, she unravels what doesn't work to weave a new life that does work.

To learn more about the specific skills of expanding our Meta Mind of Rolfing SI, I suggest checking out the references below. We can leverage our amazing work as we expand the context we use to frame it. Allow Rolfing SI to catalyze even more change by expanding your frame and the tools you use in it. I suspect as you explore your Meta Mind, you will find skills that you enjoy developing and sharing with others. Let me know what you learn.

Owen Marcus, MA, is the author of Grow Up: A Man's Guide to Masculine Emotional Intelligence and (soon to be released) The Power of Rolfing Structural Integration. More of his work with men can be found at www.freetowin.com.

Endnotes

1. A Trojan Horse statement, where a command (suggestion) is hidden in a sentence disguised as a statement; for example, "You can feel relaxed."
2. Ron Kurtz was an old teacher of mine and developer of the Hakomi Method of Mindfulness-Centered Somatic Psychotherapy. For more information go to: www.hakomiinstitute.com/resources/ron-kurtz.

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The Role of Consciousness in Transformational Rolfing® SI

By Pedro Prado, PhD, Rolfing and Rolf Movement® Instructor, and Heidi Massa, JD, Certified Advanced Rolfer™, Rolf Movement Practitioner

Illustrations by Gil Soares de Mello¹

"It's amazing! Since last session, I'm not sure why but I've been sensing myself in a totally different way. Things feel rounder, with more dimension, more color. Even the light seems brighter. I notice a better feeling socially, too. I'm more comfortable in my interactions with co-workers, more secure with my decisions. I feel more centered, calmer, and somehow more 'myself' . . ."

Each of us from time to time receives testimonies like this from clients – and how profound is our shared sense of wonder when we do? We ask ourselves, "How did that happen?" How does our work bring about these transformations – and how can we facilitate them?

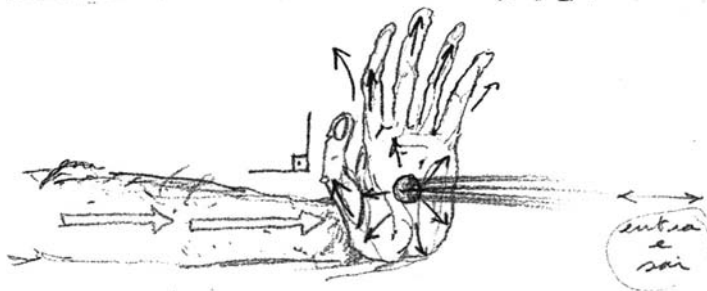
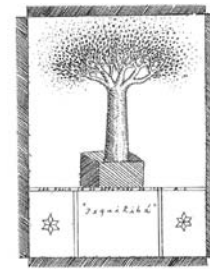
The defining insights of our work are 1) the role of connective tissue as the organ of structure and 2) the importance of gravity in our structural arrangement. Structural integration (SI), which addresses connective tissue, organizes the body in gravity. Movement integration, which addresses patterns of perception and coordination, organizes function in gravity. And yet – it is apparent that while our work approaches the person's physical aspects, it also involves the spiritual, emotional, psychobiological, and socio-environmental layers of being.

Reflecting on this phenomenon, we must acknowledge two awkward realities. First,

we affect realms of being beyond our defining competence – and for many of us, beyond our own training and expertise. Second, shifts in these existential realms are inevitably, at least to some degree, outside the conscious awareness of both the practitioner and the client. We cannot ever be fully conscious of the whole being. Still, the more of the being that comes within the practitioner's and client's conscious awareness, the more refined, masterful and profound the work can be. And each of us has tools available to bring us toward mastery, whatever one's level of expertise.

I. Framework

Rolfing SI is a multidimensional event. Coming from a holistic viewpoint but working from a somatic² perspective, we recognize that the body both hosts and manifests the many layers of the being, layers that continually bridge each to the others. Of course, these layers are didactic constructs – not descriptions of reality. They are perspectives that emphasize different aspects of a unified human phenomenon.



What's more, we humans experience all of our behavior – even the most abstract – through our somatic biological nature. A biomechanical disorganization or fixation affects movement, which alters emotional experience, which colors the meanings derived from any situation. Conversely, a person's impressions about the body,



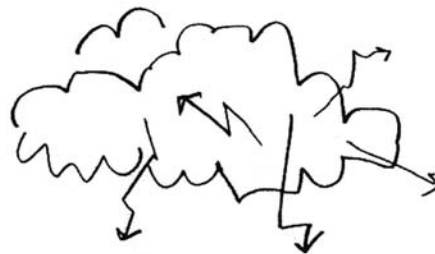
Integrating the masculine and feminine.

as well as the language used to describe its structure and function, will influence the person's functional mechanics. This flows automatically from the fact of interconnection among the layers of human experience. However, for the layers to become not just interconnected but *integrated*, the client must go from being unaware of a circumstance in a particular layer, to becoming aware of it in the sense of perceiving it, and finally to grasping its effects on other layers and its significance to the person as a whole. Here, we will call this last kind of understanding *consciousness*.

II. The Transformative Potential of SI

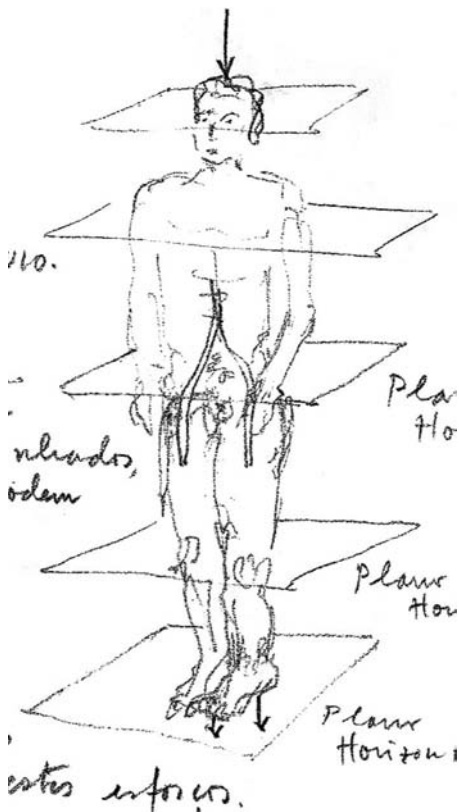
Identity, or sense of self, is influenced by everything that shapes one's affinities and aversions, emotional orientation, sense of place in the world, and beliefs about the nature and meaning of one's physical structure and movement patterns. The sense of self is the ever-present backdrop to one's experience, both consciously and unconsciously. It is a complex structure the constituents of which range from sensory associations based in the brainstem, to limbic affective associations, to cognitively derived meanings.³

Sensory and proprioceptive inputs form the brain's map of the physical body, which we call the *body schema*. The brain's registration of the body's parts and their relationship is directly linked with a person's self-sensing. Any time we touch the client, we provide sensory information that adds detail and refinement to the body schema, and we thereby influence the client's sense of self. Every time we guide a client's proprioception by teaching new relationships within the body – e.g., with tracking exercises – we refine identity at the level of the body schema.



"I felt good after this deep experience of integration, me + me = me."

Beyond that, improvement in the body's organization in gravity can enhance the client's repertoire of expression by bringing new sensations and relationships to be integrated. In humans, sensations produce



emotional experiences that contribute to identity, and sensations we evoke in our clients are no exception. The client might like or dislike the touch, like or dislike the new possibilities, and will build a *body image* congruent with personal, individual experiences. Adding to the complexity, our interpretation of new experiences is colored by the filter of our memories and associations with past experiences. The client's *body image*, along with the body schema, is central to the formation and maintenance of the 'who I am' *idea*. At a more elaborated level, the client's experiences of the body and associated emotions acquire meaning by being named; and the client's system of beliefs and values evolves.

SI transforms identity as the client unlocks patterns, experiences new possibilities, and generates new emotions and meanings. On the sensory level, the work builds the body schema. On the affective level, it creates possibilities for new emotional experiences and can release and help reintegrate emotions held in the body. Finally, on the cognitive level, the process has the potential to address existing beliefs and meanings, and also to evoke new meanings. The client's self-sense changes,⁴ but it is within the client's consciousness only to the same degree as its myriad influences, whether physical, emotional, or cognitive. While identity will shift and develop somewhat in any Rolfing process (whether the client and practitioner are conscious of it or not), the work will integrate better and more fully in proportion to the degree of consciousness both parties bring to the process.

III. The Conundrum of Consciousness

Identity, in the psychological and ontological sense, partakes of both what is conscious and what is not. It is a challenge to admit that we have both conscious and unconscious realms operating at all times. Be the phenomena sensory, emotional, or cognitive, *consciousness of it* requires presence for and recognition of an event, an experience, or a fact of life.

The dialogue among the physical, functional, emotional, spiritual, and perhaps other dimensions of our nature comes into our practices when we want to help clients find their 'Lines' and their presence in the world, to address their patterns of behavior and expression – and, ultimately, their manifestation as human beings. The client

may *know* a goal for the work – perhaps symptom reduction or pain relief – and even relate the goal to a specific structural arrangement or an emotional pattern, or to a worldview or belief system, any of which the client might even recognize as both diminishing quality of life and constraining his or her expression as a human being.

But many clients do *not* know. Like a blind man feeling the tail of the elephant, they do not grasp the breadth and extent of the pattern that manifests as the symptoms for which they seek help. Some have minimal sensory awareness of their bodies, and little comprehension of where their body parts are or how they relate to each other. *Arrangement in gravity?* Few of us even come close to a full perception of this.

Some clients might register the concomitants of physical changes only later – e.g., by noticing a correlation between fuller breathing and reduced anxiety. Others might get a *silent* Rolfing experience: months after the series, the transformed structure gives the person better body awareness, which leads to improved coordination and a better self image, as the person enjoys activity more and no longer feels clumsy. And yet – the client might never make the connection between the structural change and the sense of greater well-being.

Other clients are conscious in one or more dimensions, but lack consciousness of how any one dimension bridges to others. Though they might be conscious of the structural causes of their symptoms, they might also be locked into the related patterns of perception and body use, and not relate at all to different possibilities of being in the world. Or, the client might not be conscious of the emotional or social *benefits* of a pattern that is dysfunctional from a structural or movement perspective.

What's more, it is not only the client whose consciousness is partial. The practitioner is not fully conscious of all that is happening, either. Our knowledge is insufficient; our presence inadequate; or our maturity and receptivity wanting. We are not necessarily mindful of the emotions we ourselves are experiencing, and perhaps we dissociate. Limited as we are even with respect to our own experience, we can never assume that we perceive correctly the client's. This is humbling, and brings to the therapeutic relationship an equality born of shared imperfection.

IV. The Task of Evoking Consciousness

Because experience is always organized by both conscious and unconscious associations, our professional orientation and demeanor can and should reflect that reality. In part, it is a matter of attitude: do we provide a welcoming environment that fosters curiosity and invites the client to a larger view of the process? It is also a matter of tools and techniques, of building a repertoire of means to evoke the client's imagination and awareness. Inviting and hosting moments of consciousness is an art. How do we enhance our capacity to practice it?

First, let's recognize that we have choices as to the orientation we bring to the work. We can work quite effectively from an unconscious perspective by organizing connective tissue in gravity and allowing the client's process to take whatever course it will in other layers of being. Things will take their course, and the process will indeed work. Or, we can begin to raise our own consciousness of the client's process by paying attention – e.g., by monitoring the effects of our touch on the client's nervous system and physiology, and modulating the touch accordingly. We can broaden the client's consciousness in many ways, such as by inviting contrasts between old and new patterns – contrasts that can include the client's affective or emotional experience of each. Whatever the style in which we work, we should indeed *choose* it – not just default to a habit.

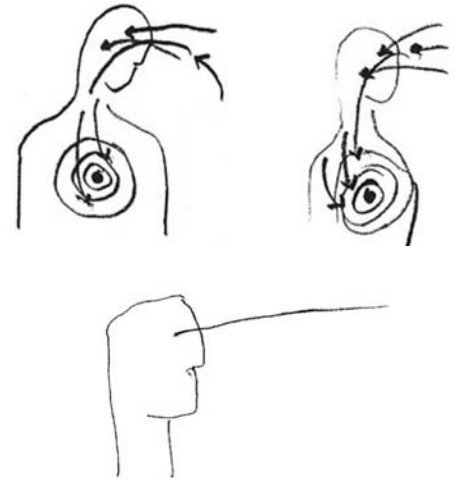
Next, let's recognize the need to tailor our interventions to what each client can accept in any particular moment. Choices among interventions are always available, but choosing well requires sensing the level at which the work is actually happening – and where it could happen in that moment. That requires attention, a condition for which is presence. We need to listen continuously to the experience of both clients and ourselves.

Listening to the Client

An artful practitioner is constantly attentive to the client's goals and layers of availability and alert to opportunities to enlarge the scope of the client's experience and awareness. The client's reports can guide the process. If we are listening, the client will tell us what has happened and what should happen next. Whether conscious of it or not, the client has the information we need.

The Client's Goals

The client's stated goals are a starting point. Because goals can be articulated with reference to various layers of experience, they are clues for identifying the layers in which the client is conscious and available. Goals also suggest a vocabulary of both language and technique, be it touch, movement, or something else. Keeping the stated goals as part of the background also protects the practitioner from making untoward inferences and interpretations.



He was feeling confused, wanting to improve the quality of his relationships and self-connection.

Observing the trajectory of the client's goals helps the practitioner to adjust language and attitude, and to choose the best tools. The original goal might be physical and move toward the existential; e.g., "my knee hurts, which makes me wobble when I walk, which leaves me feeling clumsy and embarrassed, like I can't do anything." Conversely, the goal might first be stated in existential terms (e.g., "I don't know what I'm about"), and then progress toward resolving a mechanical dysfunction (e.g., I'm not sure what to say, or how to be with others, so I've walked as quietly as I can, with rigid feet, and now I have plantar fasciitis).

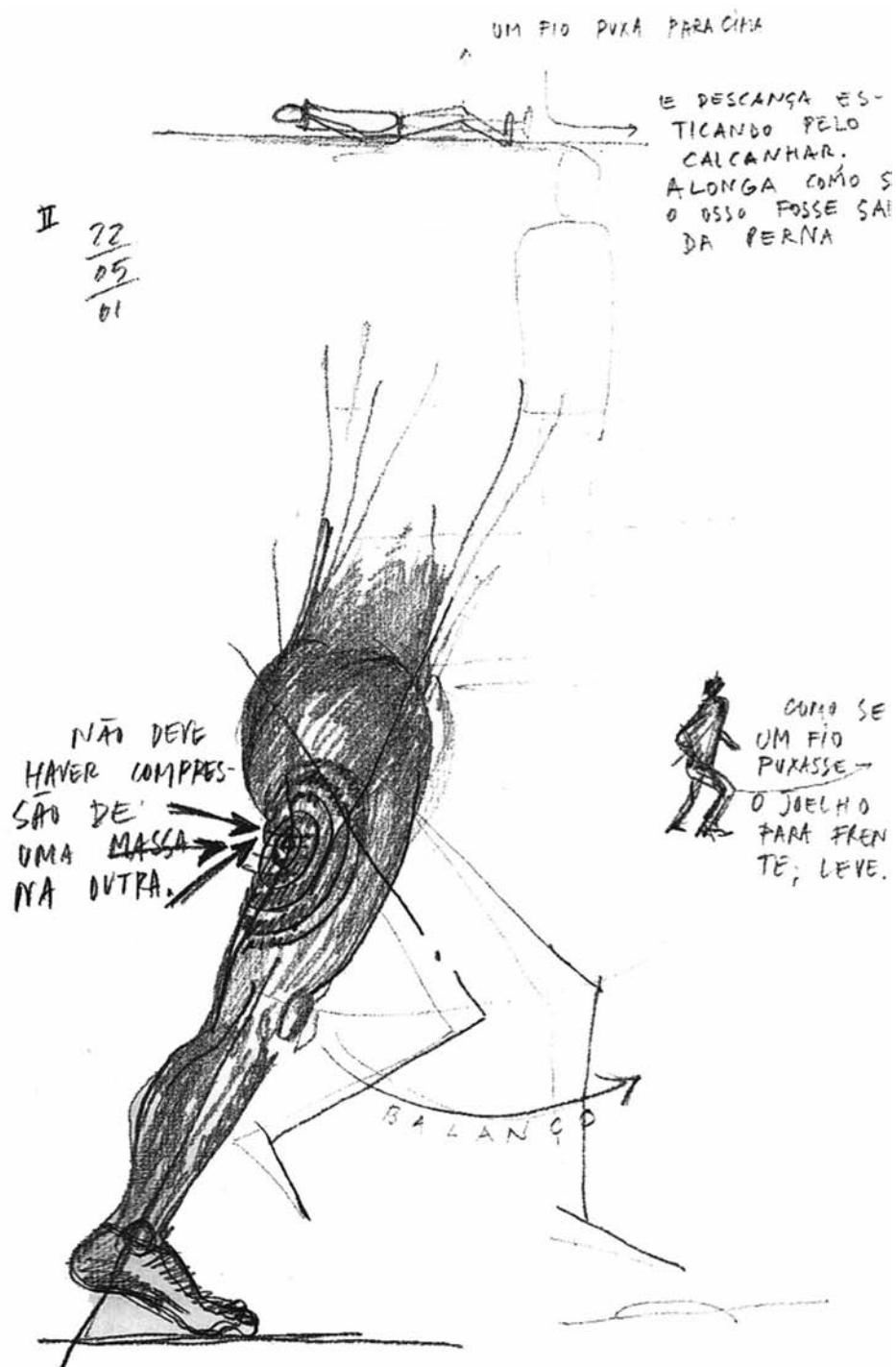
As the process unfolds during a session, a series, or even a long-term process, the scope and direction of the client's goals evolve. With that evolution, the client's experience becomes richer and more layers of being become consciously available.

The Client's Layer of Availability

The initial interview offers an excellent opportunity to gauge the client's orientation and layers of availability and to sense where the client navigates comfortably. Though the goals might be expressed in one layer, the client might very well be open to exploring others. For example, a client who presents seeking relief from low back pain and observes that his hips are asymmetrical (structural layer) might be receptive to noticing how his postural habits in sitting (functional layer) leave his back with little support. Similarly, exploring the utility or meaning of a functional pattern can reveal new layers of availability. A client encouraged to perceive a pattern of walking with the head down can be asked to elucidate the contrast between the felt sense of this habitual pattern and the felt sense of walking with the head upright. The client's response will reveal the layers of immediate availability.

We must tread lightly when inviting the client beyond territory that is familiar and comfortable. Just as the body rejects sensory input that is too fast, too soon, or too much, the client will not necessarily be receptive to the Rolfer's invitation to make correlations between structural or functional patterns, on the one hand, and other layers of experience, on the other. An open-ended and layer-neutral question about an acknowledged change in the client's somatic pattern – e.g., "How is it for you to be here [in this pattern]?" – often elicits a report stated in surprisingly rich emotional or energetic terms. However, it also often elicits an observation like, "Fine." And that *is* fine. It is the client's experience, on which the client is the only and ultimate authority. It is up to the practitioner not only to evoke what the client can access and own at the time, but also to respect what he or she cannot – as well as to accept the possibility that in the particular moment, significant correlates in other layers might very well be absent.

Layers of availability will shift during the SI process – and even during a single session. The practitioner who stays attuned to this will sense 1) where the client is immediately present, and 2) what levels of the client's process can be brought to consciousness at the moment.



Enlarging the Client's Envelope of Awareness

We can help to enhance the client's consciousness across layers of being by enlarging the client's envelope of awareness in many ways, such as education; noticing what the client likes or dislikes; and encouraging contrasts between habitual and newly available patterns.

Because how the client's body behaves is influenced by how the client imagines it to be, education to structural and functional

reality is a powerful intervention. It allows the client to entertain new possibilities of being, and often reveals cognitive errors or biases that have been playing havoc with the client's system. As this happens, clients often begin to build bridges among the layers, which enlarges their consciousness.

For example, we often see clients who breathe into their bellies while the ribs and thorax seem collapsed and uninvolved. If we explain the basics of breath mechanics, letting the client know that the ribs

and clavicles should participate in the movement, the client is often surprised. "But I thought that breathing into my chest was 'shallow' and breathing into my belly was good! That's what I was told. . ."

Many of our clients long ago adopted dysfunctional patterns because of what they once heard was 'correct'. But education can empower them to decide for themselves what is correct for them. And those decisions can be guided by interpretations of sensations.

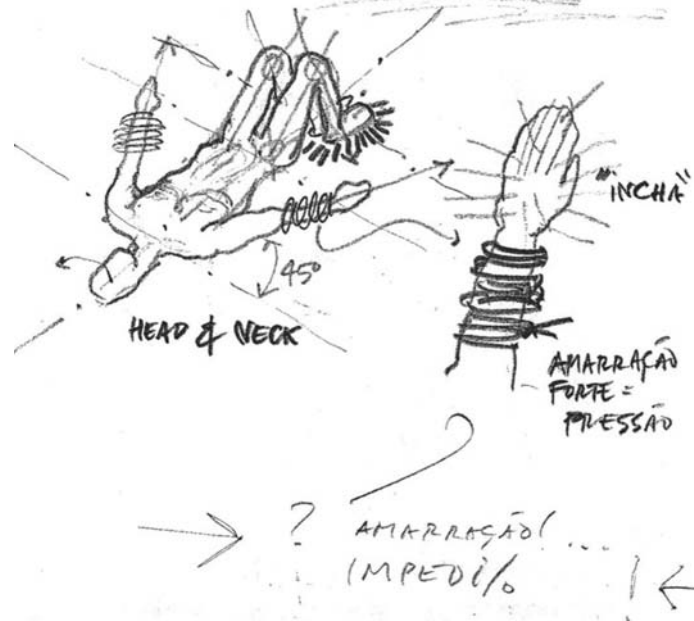
With any instance of pattern shift, it helps to ask the client to describe both the new and habitual patterns. Clients can articulate the contrast with reference to any layer, and we can help the client to notice different layers with suggestive but still open questions: Does it affect how his weight transmits through his feet? Does it change his sense of relationship to the surrounding space? Is it comfortable? Does it bring with it emotions the client can describe? Perhaps

the most open question to compare patterns would be, "Which do you prefer, and why?" Whatever the answer, the next question could be, "What is it that prevents or discourages you from being all the time in the pattern that you prefer?" This question can elicit the client's awareness of how the seemingly dysfunctional pattern is actually quite functional, actually yielding advantages to the client in some layer or another.



For example, one might ask the client who *believes* it is correct to breathe by pushing his belly out how it *feels* to restrict his ribs and push his belly forward. He might say, "It feels bad – and pulls my head forward." His sensory awareness has given him a good reason to abandon a dysfunctional pattern self-imposed on the basis of misinformation.

But, the client might also report a sense of *emotional security* with belly breathing – and an uncomfortable *vulnerability* in a newly possible and *more functional* configuration. Should the client be encouraged to adopt a better functional pattern at the cost of some degree of emotional or social discomfort? Not necessarily. If the client does no more than to become conscious of a psychobiological need and its postural and functional correlates, the client is empowered to make a choice. Because the Rolfer's role is to facilitate the *client's* process, the client should feel free to set his or her own priorities among the layers of experience, and to choose accordingly among the available functional options.



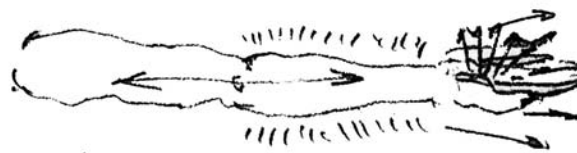
Whenever we enable change, we induce new experiences, which will be perceived as good or bad, threatening or safe, comfortable or not. The client will react to the affective or emotional quality of the new experience either consciously or unconsciously. A client who enjoys the new experience will automatically associate with it a positive affect, which in turn will accompany the mental representation of the experience and create an interpretive filter for the client to use going forward.

To harness this process consciously in our work, we need to track the client's experience. It helps to look for those *ah-ha!* moments when the client has a surprising and meaningful experience. We can recognize these when the client uses a new word to describe something, or appears to be surprised or pleased. These moments are precious windows into the client's subjective experience, and allow the *dance* of Rolfing SI to flow.

Listening to Ourselves

In the therapeutic context, masterful practitioners continually monitor their own attitudes, impressions, and perceptions. This both reinforces our own boundaries and offers clues to what the client might be experiencing. Yet to understand the client's experience, we cannot rely definitively on either our subjective sensations or our objective observations. Because the things we observe and sense in the client are no more than shadows of reality, we must treat our impressions as hypotheses and not as facts. We should test them against the client's subjective experience. In addition, we should strive to be as neutral and balanced in our own systems as we can be, so that we do not transmit inappropriate patterns to our clients. Finally, we must respect and acknowledge our own limits when a client's process moves into layers beyond our expertise, training, or comfort.

Every mammal is a resonant system. Whether through the polyvagal system, eye contact, chest tracking, or something else, we mammals register the experiences and states of others in and through our own bodies, sensing the others' affective states and reacting with our own autonomic responses, emotions, and energetic shifts. In short, what a practitioner senses in his own body is a clue to what is happening in the client's. The same is true of emotions or energetic shifts. These phenomena are real, and should be honored and taken seriously.



*summit de pressão - aperto restritivo
que a Virlei no meu Pai faziam p/ não deixar
fazer alguma coisa → ♥ Maria*

During a conversation with his father, the perception of internal space allowed him to feel safe emotionally.

Our body dialogue with others is enhanced by the fact that pre-movement signals intentions and affective states as these organize in movement. The practitioner's own body use conveys to the client the practitioner's emotional state and patterns. Staying centered in one's own Line enables greater clarity regarding the ongoing emotional and energetic dialogue. Because the client will indeed gather information from the practitioner's body – whether consciously or only through the autonomic nervous system – the more the practitioner can be conscious of his own functional, emotional, and energetic state, the more he can be a 'clean slate', the better he can reflect what is happening for the client.

But the practitioner remains a subjective being, one who filters and interprets input – including input from the client – under the influence of his own prior experience, emotional state, and worldview. And the practitioner can observe only the client's behaviors and his own reactions – not the client's subjective experience. For example, the practitioner can observe a client retract the chest posterior during conversation. If the practitioner were to comment to the client, "You are afraid of me, defending yourself from what I'm trying to say, don't worry . . .," he would be superimposing on the client his own impressions – impressions that might very well be entirely wrong.

The practitioner's belief regarding what is happening for the client can be no more than a hypothesis – one that should be stated as such and tested by asking the client questions such as, "It seems to me that you might be more comfortable here. Is that your experience – or not?" Or, "I'm sensing some sadness here. Am I sensing correctly?" Even if the practitioner's hypothesis is correct, it might be beyond the client's immediate layer of availability.

We respect the client's limits by positing our hypotheses as possibilities rather than facts.

Just as we strive to respect our clients' limits, we must respect our own even as we keep the holistic perspective. Given the multidimensionality of the work and the limits of our individual backgrounds, each of us will have strengths and weaknesses in respect to various layers of being. For example, one might be keen at sensing the emotional state suggested by a client's gait pattern, but less able to evaluate its biomechanical shortcomings. Even if we do not feel comfortable working in one or more layers, we will best serve our clients by keeping all layers within our consciousness and referring clients to other practitioners when their needs appear to be beyond our own limits.

Therapeutic Orientation

Acknowledging that the effects of SI are to some degree outside conscious awareness clarifies the importance of the practitioner's keeping a receptive attitude toward the client. We must create a context for new information to come into the awareness of both practitioner and client and to be articulated in a way that supports the client's ownership of it. In this regard, language is primary.

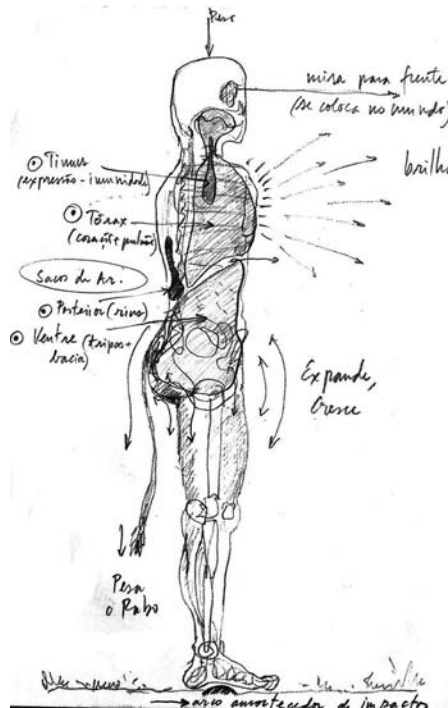
Language is another way of touching the client. Just as there are various physical touches – such as broad, specific, direct, and indirect – there are many styles of touching the client with language. Which to employ is in part a matter of personal choice and ability, but also depends on what the practitioner is trying to accomplish, and what layer or layers are to be addressed or accessed.

For example, a practitioner needing the physical facts about a client's old meniscus injury must ask direct, specific, factual questions. Questions such as, "How was the

injury for you?" or "How do you feel about your knees?" perhaps have some place in the process – but not in the particular place where the practitioner needs to know which knee was injured and whether it was surgically repaired. Likewise, if the aim is to give the client anatomical information, the language will be specific. It might be either anatomical (e.g., your vertebrae articulate at their facet joints into flexion or extension) or metaphorical (e.g., imagine your vertebrae like pearls on a string, or links of a bicycle chain), but it will be quite specific to a particular physical or functional reality.

When, however, the client is asked for a report following work, the language of the question should be tailored to the practitioner's intention. If the practitioner wants to know whether table work affected the pain in the client's knee, the question is direct and specific: "Is your knee better, worse, or about the same?" However, if the point is to invite the client to identify structural or functional changes, or deepen the level of the client's awareness of the changes, open-ended inquiries are appropriate. To ask "How do your feet feel now?" tends to constrain the client's exploration and report to just that: the feeling in the feet. By contrast, asking, "What, if anything, do you notice?" or "How is it to be here?" opens the possible responses to all layers of being.

When the aim is to evoke sensation or function, our use of language must be fluid. Because the practitioner's and client's interpretations of words are not necessarily congruent, the clients do not do what we ask; instead, they do what they think we are asking. Active or passive phrasing of requests for action – e.g., "touch the floor with your feet" versus "allow the floor to touch your feet" – can yield quite different client responses and experiences, and the differences will vary among clients. Though our instincts and experience will guide how we choose the right words for each client, we must be ready to keep offering different ones until we get what we're looking for.



Metaphors help bring consciousness of alignment.

Finally, because the client's own images and metaphors are both clues to the client's layers of availability and passages to the client's consciousness, when we use language to track and advance the client's process, using the client's own words is key. It would be a mistake for the practitioner to use words that, in his own mind, are synonyms for the words the client uses. Whether terms are synonymous is largely subjective, and the client and practitioner might not agree.

Conclusion

Whatever the client's journey, wherever the process leads, we as structural integrators must maintain our perspective as such, and bring the discussion back to the benefits of structure and function integrated in gravity. Still, the more of the whole we can consciously engage, while still respecting that which we cannot, the better we can serve our clients' processes of personal transformation. Honing our abilities in this direction not only makes us better practitioners, but also makes us more conscious human beings.

Pedro Prado, PhD, a clinical psychologist, in 1981 founded the Brazilian Rolfing community, now over 160 strong. He was also central to bringing Somatic Experiencing® (SE) to Brazil and has dedicated himself to exploring the relationships among Rolfing SI, autonomics,

and psychosomatics. At the forefront of academic and clinical research on Rolfing SI, Pedro has developed clinical research protocols and databases and established an SI postgraduate research program, and he built and maintains the Ida P. Rolf Library of Structural Integration (iprlibrary.com). He promotes and teaches Advanced Rolfing and Advanced SE worldwide, and practices in São Paulo.

*Heidi Massa, JD, trained in Brazil and for years has collaborated with her colleagues there – including Pedro Prado, Lucia Merlino, and Fernando Bertolucci, among many others – to publish their work to English-speaking audiences. She has been a Journal editor since 2000 and has served on the Rolf Institute's Ethics & Business Practices Committee since 1997. She and Monica Caspari co-authored the chapter on Rolfing SI in the book *Fascia: The Tensional Network of the Human Body* (Schleip, Findley, Chaitow, and Huijing, Eds.; Churchill Livingstone Elsevier 2015). Her practice in Chicago (www.windycityrolfing.com) emphasizes the transformative aspects of Rolfing SI.*

Endnotes

1. Pedro Prado's client Gil Soares de Mello, of São Paulo, Brazil, kept a journal of his Rolfing® process. The journal included his illustrations, some of which are presented here with his kind permission.
2. The Greek word *soma* refers to the *living* body. According to philosopher and phenomenologist Merleau-Ponty, a living body is not only an object, but also a *subject* imbued with consciousness.
3. The triune brain model, adapted from the work of Paul MacLean, is a simple and helpful way to conceptualize brain function. According to this model, the reptilian brain controls the basic autonomic functions of life, such as digestion, reproduction, circulation, breathing; the limbic brain regulates the expression and mediation of instincts, drives, and emotions; and the neocortex governs language, cognition, and reasoning.
4. The Santiago Theory of cognition emphasizes *autopoiesis*; i.e., the role of self-recognition in the development of biological forms. See F. Varela and S. Frenk "The Organ of Form: Towards a Theory of Biological Shape," *Rolf Lines* July 1988, 16(1): 32-42; also H. Maturana "Autopoiesis, Structural Coupling and Cognition: A history of these and other notions in the biology of cognition," *Cybernetics & Human Knowing* 2002, 9(3-4): 5-34.

Attachment Theory and the Therapeutic Relationship

By Heather L. Corwin, PhD, MFA, Certified Rolfer™

“Safety and security don’t just happen, they are the result of collective consensus and public investment. We owe our children, the most vulnerable citizens in our society, a life free of violence and fear.”

Nelson Mandela

Attachment Theory

Attachment theory was pioneered by John Bowlby (1958, 1982) who looked at the child’s ability to regulate emotions in relationship to the proximity of a primary caregiver (usually the mother) to whom the child can run if he feels he is in danger. The more secure the attachment, the more the child is able to investigate his or her world feeling safe. Similar to attachment theory is an effective therapeutic relationship, though this relationship most often occurs between adults. A therapeutic relationship has many components, but the foundation is trust combined with the interest of the ‘caregiver’ (e.g., therapist or practitioner) in supporting and facilitating the client’s health, which is similar to secure attachment. What the therapeutic relationship adds beyond trust and health is both the caregiver and client actively participate in addressing the client’s barriers to wellness. What this article will discuss is how the elements of secure attachment combine with the therapeutic relationship to foster wellness in the minds and bodies of our clients.

Going through your day, do you ever think about the elements that make you feel safe or comfortable (assuming you do experience those feelings)? In children, secure attachment is most evident through a child’s ability to easily seek out and accept comfort from their parents. Securely attached children probably have parents who are sensitive and responsive to the child’s needs (Ainsworth et al, 1978). Secure attachment is “when a child thrives in her environment as a direct result of her caregiver’s efforts” (Corwin 2012, 39). Part of our ability to be able to take in information has to do with how we have been taught to do so, consciously or unconsciously, by our caregivers. Ideally, we are supported

through our developmental stages in learning how to manage the vast amount of information around us, which helps us develop the necessary management tools to not just survive, but thrive. An example of this would be in the process of emotional regulation. Infants are not capable of regulating emotions and learn to do so by connecting with the caregiver’s ability to regulate emotions (Schore 2001; Seigel and Hartzell 2003). Specifically, the part of the parent’s brain that regulates emotions links with the child’s in such a way that the parent’s ability is then transferred to the child (Schore and Schore 2008). As bodyworkers, this is important to know because how we relate to our clients can mimic a supportive parental relationship. We are caregivers.

Why Security Matters in the Therapeutic Relationship

Security is mostly a superstition. It does not exist in nature, nor do the children of men as a whole experience it. Avoiding danger is no safer in the long run than outright exposure. Life is either a daring adventure, or nothing.

Helen Keller

It is possible for a person who has not had the experience of feeling supported and nurtured to have that opportunity through the therapeutic relationship – whether through therapy or through the Rolfing® Structural Integration (SI) process – to discover what a safe, trustful, and secure relationship feels like. However, a person who has not had much success in interpersonal relationships often has challenges in the arena of trust, and will push a caregiver through acting out. This is also known as testing boundaries. Acting out occurs consciously and unconsciously, and may seem like sabotage to some. However, please note that people who grow up learning that their needs are not important will not easily be able to recognize or believe otherwise, even if they understand this dynamic logically exists. Some examples of people who may have trouble with secure relationships include,

but are not limited to, a wide variety of abuse survivors, adults who lost a parent at a young age (which may manifest as abandonment), children of alcoholics, children of divorced parents, and more. Ways in which insecure relationships can manifest include eating disorders, anxiety, dissociation, depression, and more. Blame is not helpful in addressing secure attachment, but understanding the history of your client is important to identify the challenges you will both face in relationship with each other. Secure relationships create the space to redefine how a person can be in relationship with another person in a way that’s supportive, nurturing, and fulfilling.

A useful tool to gauge where a person might be on the secure attachment spectrum is a health-history intake form. Ron Kurtz, who created and practiced Hakomi therapy, spoke of not needing to take a formal history from his clients. He said that clients’ history walked into the room with them. Though I wish I could intuit a person’s history like that, I do need intake forms to help me understand the path that led the client to our working together. Before I earned my PhD in clinical psychology, many new clients in my Rolfing practice would not mention any anxiety disorders or past abuse for a variety of reasons. When I would tactfully ask directly about past experiences, ensuring confidentiality, clients would become more forthcoming with pertinent history like abuse or anxiety. I didn’t always ask in the first session, because people need to feel trust before revealing events that they may feel are none of my business. However, that type of information is vital for me to mindfully lead our work together.

Shame can be a powerful silencer, but the body never lies. Physical evidence of a client having an insecure attachment style may include an engagement of the sympathetic nervous system (sweating, avoiding eye contact, fight, flight, or freeze) when work begins. To be clear, these sympathetic cues can be signs that the work is moving too fast for the client to integrate, or that there is past trauma that is active in the moment, yet these too can be evidence of an insecure attachment style. Regardless of the reason, when you can tell a person’s sympathetic nervous system has been activated, slowing down and asking questions is necessary. The questions can begin with physical observations. For example, “I notice you’re perspiring. Can you tell me what you feel

like inside right now?" An observation is made and an open-ended question is asked, avoiding judgment, to discover what the client is thinking and experiencing. This simple observe-and-ask protocol has often helped me build trust with my clients. I believe this is true because not many people are asked about their experience by others with a sincere curiosity. This process introduces to the client ways of regulating his or her nervous system.

Security matters because this therapeutic bond allows a person to learn or relearn ways of being that allow the nervous system to remain on an even keel and avoid overstimulation. When this relearning happens, it allows a person to be present and engaged when forming and participating in relationships through talking and listening, because that's what the client and I practice together in my studio. Consequently, we as Rolfers and as therapists are able to assist clients in having healthy interactions with others.

Dyad Means Two People Working Together

An interesting part of the therapeutic relationship is that the interest goes in one direction, to the client. Though we as practitioners can and do share some of our own stories, doing so is usually in support of and/or mirroring feelings or experiences for the client – confirming that she is not alone in her experience – and modeling secure-attachment caregiver behavior. For the secure or well-adjusted client, being heard can be enough to heal a fissure of hurt. The insecure client may have to separately and clearly observe/name being witnessed, heard, believed, and supported to have the possibility of *becoming* secure. To be clear, insecure adults *can* become secure. This transition can occur when engaged in loving relationships with secure adults. Specific ways that we can facilitate security in the therapeutic relationship with our clients is to name when changes in the room are happening. For example, I have a client who has a history of childhood sexual abuse. She's been in 'talk therapy' for years and on the outside seems like a well-adjusted, smart, and unhurt person. Much of the time, she is fully functioning. However, when touch is introduced, a chain reaction of dissociation, shame, and an inability to articulate her needs can take over the session. In our time together, I name where I intend to work before starting, ask what she's noticing

as body sensations as we work, and give each contact some time to settle after I touch her. All of these choices that I make in our work together clearly allow her the ability to be present with me in our Rolfing sessions. I support her nervous system by acknowledging how her history impacts our work. Through this mindful and deliberate process, she tolerates and begins to believe that she can be present when a person is touching her and that she will not be hurt. This is the foundation necessary to begin to heal an insecure attachment style.

Abuse in a relationship involves violated boundaries and severed trust. Sexual abuse is one of the areas that I help clients address with the use of healthy touch. In the previous paragraph are some tools you can use to support a client's evolution in relation to touch that decrease the charge of negative associations so that touch can be enjoyable. In many cases, clients may have anger or other big emotions that spring up as we work together because the space is a safe one to address the feelings. When this happens, I often slow the session way down (do not touch as much or as often) and make sure we are both in the present moment, allowing observations to occur. While working in the moment, it can sometimes be tempting to dwell on the story. The story is not actually as important as the sensations occurring in the client that are translating into big emotions. If you are able to home in on one location in the body that is drawing the most attention and work with that area, you are highlighting the fact that the abuse occurred in the past and will not be relived in the present.

Another tool I use is to have the client put a hand on an area of her body first. I make clear that what we are doing is giving her the power and choice to touch or not be touched. After that, I ask her to ask that area of her body if there's something that it needs. If she is able to do this, we keep moving forward in this manner until we feel there is a good stopping point. Depending on the time frame and where we are in the session time, we might stop there or move to a place of grounding, like working on the feet, to help the client make connection to the ground in a supportive manner.

All of this may sound like work for a marriage and family therapist, and some of it is, but practitioners in that scope of practice are by law restricted from using touch. This type of work should go hand in hand with your client seeing

a psychotherapist. Sometimes, through trust, we can let big emotions, memories, or trauma be present in the room, but additional harm does not occur because the story is not alive in the present moment and in the therapeutic relationship.

If you do not feel comfortable using the ideas above, I would suggest that when emotion or memories arise for your client, you slow the session down and work more on the periphery of the body to help the client ground and be present. Make what you're doing deliberate and slow. You can always ask the client if she needs a break – if you feel like you need a break, she probably does too. This doesn't mean remove your focus from the client, it just means giving the client space to *be* until you both feel like she's ready to receive again. Honor your comfort level with the client as well as your own boundaries. By doing so, you will both have the likelihood of experiencing a profoundly honest and transformative session.

Somatic Psychology

Transformation is not an easy endeavor. However, with the intention to be of service to the client, combined with a gentle curiosity supporting the client's alignment and health, I have witnessed profound events (small and large) in my studio. In support of this is the field within clinical psychology known as somatic psychology. This pioneering field supports the idea that the body can lead the mind in change more easily than the reverse. Secure attachment and the therapeutic relationship are important elements in the somatic psychology approach. In my experience, the body has more 'pure' feedback than the mind, which allows a person to sense, recognize, and address important issues.

An example of body leading the mind is illustrated in a client whom we'll call "Stan." Stan's body is sending him clear messages that he's in pain, but his physical structure is not offering any evidence of compromise. Consequently, the medical diagnosis is that he is somaticizing his pain – a condition where a person's emotional reaction to a trauma perpetuates and magnifies an event to extreme proportions. Stan feels extreme depression because his current pain does not allow him to do activities that he loves such as surfing, basketball, running, and other sports. His mindset is "because I can't do the things I love to do, my life is over." His thoughts do

not match up with the actual experience. His emotional reaction is extreme, and also manifests as sciatic pain, pudendal nerve pain and sensations in his pelvis and groin, as well as an overall tightening of the sleeve muscles. Stan's 'team' includes me for Rolfing SI, a pelvis specialist who is a physical therapist, and a somaticized pain specialist. In our few months of working with him at least once a week, he has experienced tremendous relief. All practitioners have established effective, secure and therapeutic relationships with Stan, and I feel confident that since we are addressing the mind and the body simultaneously, and he is open to a variety of therapies, we have and will continue to aid him on the path to healing. For Stan, an effective therapeutic relationship has been vital for his recovery. I look forward to hearing about him surfing again. Though a client does not have to have an extreme condition to merit his caregiver's employment of secure attachment and therapeutic relationship behavior, when these approaches are used, the groundwork is laid for comprehensive change.

Conclusion

As a Rolfer, forming and maintaining relationships with my clients that include the elements of secure attachment has made my practice profoundly satisfying and prosperous. These elements include the curiosity to discover the ways in which I can support my clients to grow in alignment, support, flexibility, and choice in the body. Furthermore, all of these qualities are consistently reflected in the mind. Though my way may not be the approach you have with your clients, history is an alive thing that enters the room with us – our history and our clients'. Modeling trust, safe touch, safe space, and an ability to recognize and ask for what is wanted (or needed) are all areas of secure attachment that we have and do practice continually with our clients. Helping clients understand how to better exercise and utilize these skills can impact their lives far beyond the studio and far beyond our limited time together. As my grandma always said, relationships are about "quality, not quantity." By modeling secure attachment through a therapeutic relationship you may help others change their histories.

Heather Corwin, PhD is a Certified Rolfer and has been practicing bodywork since 1993. She holds a PhD in clinical psychology with a somatic concentration from the Chicago School of Professional Psychology and an MFA in theatre from Florida State University/Asolo Conservatory. Corwin is the Head of Movement for actor training at Northern Illinois University. She runs her wellness studio (BodybyHeather.com) in Geneva, Illinois.

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Therapeutic Use of Self in Rolfing® SI and the Bodydynamic System

An Interview with Russell Stolzoff

By Carole LaRochelle, Certified Advanced Rolfer™, Rolf Movement® Practitioner and Russell Stolzoff, Rolfing Instructor, Rolf Movement Practitioner

Editor's Note: The Fall 1997 issue of Rolf Lines included an article "Bodydynamics and Rolfing" by Bill Harvey and Russell Stolzoff. Here, Stolzoff revisits the topic of Bodydynamic® Somatic Developmental Psychology and related themes in an interview conducted by Carole LaRochelle. You may want to reference the earlier article and can find the complete citation in the bibliography.

Carole LaRochelle: So, ten years after [the initial article], what is it like to ask yourself the question, "Why did I get interested in Bodydynamics?"

Russell Stolzoff: It would be good to reference that article (Harvey and Stolzoff 1997) because there's a lot in it. I was really steeped in the Bodydynamic training. About two to three years after that interview, I more or less decided to double down on my Rolfing Structural Integration (SI) career, and in that sense, I made a decision to not pursue a career in body psychotherapy. However, I didn't leave [behind] the understanding that I gained while doing that training, and I think that's only grown. So, even though it's not foreground, it's definitely part of a developmental construct that I can reference when I'm working with people.

CL: What made you want to double down on the Rolfing SI, and move away from becoming a body-centered psychotherapist?

RS: I was trying to reconcile two worlds. I had completed about half of a master's degree in counseling, and was continuing the Bodydynamic training. I had one foot on a boat and one foot on a dock. Actually, it's more accurate to say that I had one foot on one boat and one foot on another boat. Rolfing SI was my original choice, and it was unwieldy in the early years. My interest in Bodydynamics developed from recognizing that I had my hands on a lot more than just structure, and I needed a relational, therapeutic framework to understand and interact with people better. I discovered Bodydynamics through Peter Levine's work. I was in his first Somatic Experiencing® training. At that time he was training with



Russell Stolzoff



Carole LaRochelle

the Bodydynamic Institute and was utilizing some of their ideas in his work. They were cross-pollinating, especially about ideas related to shock/trauma. So that's how I got into Bodydynamics. Then, curiously enough, I moved to Washington, a state where I could [already] practice counseling legally, but I decided I didn't want to continue the

type of relationships that psychotherapy requires. The commitment on the part of the therapist can be very requiring, and I pretty much decided that wasn't for me. I also felt my professional needs would [be] best met through being a Rolfer, and that in order to be really good at Rolfing SI, I was going to have to concentrate on it more. I felt the same way about the psychotherapy, and I didn't think I could apply myself to them both.

CL: I know in Bodydynamics, the commitment of the therapists is huge, and they actually end up re-parenting their clients because they're trying to heal the wounds and character structure going back to a pretty young time. And I can see that might be more of a commitment than you wanted to focus on.

RS: Your comment lends itself to an interesting topic and one of the things we want to talk about in this interview: *the practitioner's therapeutic use of self in the relationship with clients.* In psychotherapy, it's a concept that pertains to every style of psychotherapy. Every form has a therapeutic stance that the therapist takes. I think we have that in Rolfing SI too, although we haven't described it adequately. If I was to try to describe Rolfing SI's therapeutic use of self, there would be an aspect of it in the way we use our awareness of ourselves to behave in ways that affect positive change with our clients. There's a lot more room for fleshing this idea out. I know Pedro Prado is very interested in some of these things. I'm not too aware of the emphasis that he places on it, but he's a leading thinker on the psychobiological taxonomy in our institute.

CL: So, therapeutic use of self would sort of fall into that psychobiological taxonomy that we have? Do you agree?

RS: Yes, although you could say that therapeutic use of self applies across all the taxonomies. With each mode of work there would be a somewhat different use of self. A well-trained and aware [practitioner] could move seamlessly from one use of self to the next, and be able to track [his] clients' responses. Essentially, these are roles that you play in the course of doing your job. And I believe the more we recognize the roles as such, the more deliberate we can be in the way we relate.

CL: So in your private practice when you're working with clients, are you really conscious from moment to moment? How conscious are you about therapeutically

using your self, or has it become sort of part of who you are because of what you've studied?

RS: I'd say it's a bit of both. Most of the time, I have some degree of awareness, and behave somewhat deliberately, even if it's deciding that I'm going to be more casual in the way that I relate. I usually try to relate with my clients in ways that I believe would be of benefit to them, based on how I know them and how I feel about them. This can take different forms, anywhere from being really encouraging to being prescriptive, or sometimes even challenging them in some way.

CL: So would you tend to challenge someone who is more rigid, and be more supportive to someone who has more collapse in his or her body?

RS: Perhaps. If I see someone [who] seems to be more resigned, which might correlate with hypo-responsiveness, I would want to help [him] build up, and sustain, [his] energy and impulses. Challenge could result in further collapse. On the other hand, with someone who is rigid, efforts to be supportive might not be received or taken in. Making a decision to challenge that way of being can be helpful if you can get through. Basically, everyone needs support – it just comes in different forms.

CL: It's about supporting people where they need support, and challenging them where they need to be challenged.

RS: That sounds good to me. Yeah, that sounds right on.

CL: And everybody's a mix.

RS: Exactly.

CL: Do you have some ideas about how Rolfers can do a better job or learn more skills to become more conscious about how they're using themselves as practitioners, or do you have some ideas about how we can do better at teaching that in training? Maybe you have some ideas for a curriculum for a workshop on that topic?

RS: Yes. It seems serendipitous being asked to do this interview, and beginning to teach in the advanced trainings where I've been really surprised by the hunger that Rolfers have for more learning in the realm of therapeutic relationship. I've found it in workshops I've taught too. So, I've been conceiving a workshop or two that would help Rolfers develop the relational side of their work.

I've been hearing Rolfers ask questions about how to deal with certain types of clients. They want to know how to respond to their clients' needs and expectations, while at the same time asserting their expertise, and utilizing their authority to conduct the relationship in a way that is mutually beneficial. You don't have to go into a psychotherapy training to do that.

CL: As a teacher, what do you do to support students who are having a difficult time in relationship with their client? What kinds of things do you do to help them?

RS: Different things. We talk about it in our check-ins and reflections. We also use photos and video analysis. This allows us to look at the client and talk about the relationship when [the client isn't] in the room.

CL: And you're not talking about hands-on right now. You're talking about the dynamics in the therapeutic relationship.

RS: I'm talking about a combination of hands-on and relating to the client. How do we structure our relationships with our clients? I think that's one of the most fundamental therapeutic uses of self that a Rolfer could have. Because our training time is short, there is always less time than we need to present everything Rolfers need to know. So we are sending people out there without a lot of experience, and sometimes their confidence is not high. How do you overcome that kind of circumstance? The only way I know of right now is through continuing education.

CL: It sounds like you're talking about how to consciously make a contract with the client. As you said, manage the clients' expectations, and actually have a dialogue [with your clients about] what they want to get out of working with you. What will satisfy them? What is the bare minimum they want to get? There's a reason they're coming to get Rolfing [sessions], so let's get to the bottom of what it is they want. Sometimes they just want you to make their back pain go away, and sometimes they want you to straighten their scoliosis. So, we need to have a conversation about what is a reasonable expectation for straightening a scoliosis? Right?

RS: Right.

CL: And educating the client about [his] scoliosis so that [he understands] what's really going on. In my experience, even though people understand they have a

scoliosis, they have a limited understanding about what that means.

RS: Right. Here we are, right back at therapeutic uses of self. Rolfer as educator. Helping clients understand what are the real limits of their bodies' ability to change. There are some simple constructs that can be practiced in a workshop with role-playing and dialogue, and can be put into practice immediately. This stuff can give you what I call 'breathing room' within the relationship. I always say if you're stressed, or if there's pressure put on you to perform, then it's harder to perform. For example, when a client comes in with something that is longstanding, and gives you two or three sessions to prove that Rolfing SI will work, you need to turn the table on that dynamic right from the outset. In this instance, I believe as practitioners we should give the client a reality check.

CL: It helps [prevent] there being a bad ending, or somebody walking away unhappy, if you can address that expectation at the beginning. And do that through education and communication.

RS: Right.

CL: I guess it's very tempting as a practitioner to get sucked into trying to meet our client's expectations.

RS: It is. We're in a helping profession, and we want to be helpful. We want to be seen as skilled and effective. I just think there's always a limitation, and we need to be aware of that and help set realistic expectations. So this means we also need to know what the limitations are. That's part of it too. What can Rolfing SI really do? What's the outer limit?

CL: And sometimes we don't know. It's ok to tell a client, "I don't really know what's possible for you. Are you willing to hang around and we'll find out together?" And it's ok to say that.

RS: Yes it is. And if that's the understanding you have, you're less likely to run into a problem.

CL: So is there any more that you draw on from Bodydynamics regarding character structures with your clients when you're working in your private practice?

RS: Yes. The Bodydynamic system has a developmental perspective that begins before birth, and continues into adolescence. It describes overlapping developmental periods where a confluence

of things happens. Emotional and cognitive development co-occurs with physical motoric development inside of a social-cultural context. I was attracted to the Bodydynamic system because [it was] specific about how the motoric physical body and the psychological body develop together. I learned to see the way the body is resourced psychologically according to these ideas. It's a way of categorizing things, and I've internalized [the teachings] in a way that helps me to recognize, understand, and relate to people. That's really it.

CL: I think that the foundation of the therapeutic relationship is [the client] feeling seen. And being seen is part of being heard. The feeling is "this person gets me."

RS: Right. I think most of us like that – when we feel understood. And we want help from someone who understands our problems. I think that's it in a nutshell.

CL: Do you have some specific examples or ideas about how we can teach this?

RS: I've been working on the curriculum for a workshop. I have a framework in mind that can be easily taught. I could go into detail here, but I think it would be too much.

CL: I really appreciated how you talked about how the therapeutic use of the self can happen in all the different taxonomies.

RS: It has to. In a sense the highest use of this concept is to become more aware, more comfortable in yourself, and more sophisticated in how you relate to different types of people and situations. And so it can be used for everything. It's not only going to make us a better practitioner, but it's going to make us a better partner, a better friend. Another thing that drew me to the Bodydynamic system and training was their fundamental belief in mutual connection, the idea and that all of our development occurs through relationship and connectedness with one another. They describe the spectrum of connectedness, and how our wounds, struggles, and abilities are all born out of social circumstances. For me, that point of view is very profound and powerful, and I can't argue with it at all. There's a lot of science about relatedness and it's coming on stronger and stronger with the increased understanding of the brain. The brain needs relationship to develop in a healthy way.

CL: Are you talking about attachment theory?

RS: Yes, the ideas that were put forward originally by Bowlby have been proven. We can watch what happens to the brain in healthy relationships, and in ones that lack healthy qualities.

CL: I'm really glad you brought that up. That's huge. We're talking about adult attachment, and one of the things I love about that is that if you get in a healthy relationship, you can actually learn a secure attachment, even if you didn't have it as a kid. As an adult, you can heal that, which is very positive and exciting.

RS: Yes. You're bringing up another thing that appealed to me in their way of approaching people at the Bodydynamic Institute. It's the idea that we all miss out on certain dimensions that could have been more positive for us, and the idea that even though you can't change what happened, you can change how you go forward. It might take some work, and it might be difficult, but the idea is that it's worth it. It's worth it to try and overcome things that have ended up limiting us. And that it's never too late. Lisbeth Marcher, the founder of Bodydynamics, feels very strongly about this. She would get angry with people who would give up on themselves. And in doing that, she modeled something really important for me. And I'll never forget that. It was a gift.

CL: Someone believing in you when you're having trouble believing in yourself.

RS: Yes. And willing to get upset with you.

CL: To care enough to get upset with you.

RS: To care enough about the connection.

CL: And that's part of the space we can hold for our clients without being psychotherapists.

RS: Absolutely. And that's a really good point. You can apply that to the Rolfing relationship in the sense that we hold a vision of what's possible, even though we may not know in complete detail what is needed. Part of our job is to know that, and to be willing to help [clients] work towards it. And to realize that it might not be an easy process, but their [bodies] can change, they can change and become more comfortable, and [their bodies] can work better, can balance in gravity better. Doing Rolfing SI enhances the experience of being whole. We know that. And I think it's important that we represent it.

CL: And that keeps Rolfing SI from falling into the fix-it paradigm. And holds onto Dr. Rolf's idea that Rolfing SI is about the development of the whole person.

RS: Exactly.

Russell Stolzoff first encountered Rolfing SI in 1983 when he was a model client in a Rolfing training. He completed his basic certification training in 1989 and has been teaching Rolfing SI since 1999. Russell lives and works in Bellingham, Washington.

Carole LaRochelle lives in Santa Rosa, California and has been in active practice since 1996. In addition to completing the Bodydynamic Foundation and Shock/Trauma trainings, Carole has studied Resource Oriented Skill Training with Merete Brantbjerg, one of the Bodydynamic co-creators. She continues her study of group relational dynamics with the Systems-Centered Training and Research Institute.

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Rolfing® SI, Trauma, Orientation, and the Autonomic Nervous System

By Lael Katharine Keen, Rolfing Instructor, Rolf Movement® Practitioner

Trauma is a part of human existence and leaves a lasting mark on the body, mind, and spirit of those who have suffered from it. In this article, we will look at the progression of how trauma reprograms the autonomic nervous system (ANS), how this affects our capacity for orientation, and how our capacity for orientation organizes both our movement patterns and our structure. Some tools for addressing trauma within the context and scope of a Rolfing Structural Integration (SI) practice will also be discussed.

Trauma and the ANS – A Simple Explanation

Let us first discuss how trauma affects the ANS. The definition and description of trauma that we will use are based on Dr. Peter Levine's work of Somatic Experiencing®. [For further information, his books *Waking the Tiger* (1997) and *In an Unspoken Voice* (2010) are recommended.]

Levine states that trauma is in the nervous system, not the event itself. How is this so? Trauma happens when we find ourselves in a situation where the level of challenge presented to our survival goes beyond our capacity to actively cope – we perceive that challenge is greater than our resources. Since each of us has different levels of resource and different breaking points, a situation that traumatizes one person may be experienced as an exhilarating challenge by another. When we are capable of rising to the occasion of a threatening event and emerge victorious, we are not traumatized; rather, we come out feeling stronger, more confident, and more capable. However, when we experience a life-threatening event that challenges us beyond our capacity for active ANS response, we may become traumatized. Again, what defines trauma has to do with how the ANS responds, not the situation itself.

Most readers will be familiar with the fact that the ANS is traditionally divided into two branches, the sympathetic and the parasympathetic. The sympathetic nervous

system (SNS) activates our bodies so that we can act and react to situations that demand attention, presence, and action. When the situation in which we find ourselves is experienced as life-threatening, the SNS will come on line more intensively, and our bodies prepare for 'fight or flight'. When the fight-or-flight physiology kicks in, our bodies mobilize an enormous amount of energy to save our lives. All functions that have to do with regeneration are shut off, and adrenalin floods the body; blood flows into our muscles so that we can run or fight; blood is directed away from the surface of the skin so that if we are cut in our fight-or-flight attempts, there will be less blood loss. When sympathetic activation is high, we may be capable of feats that we would never dream possible in a more normal state. The classic example is the story of the woman whose child was caught underneath the wheels of a car: without thinking she lifted the car up and pulled her child out. This is an example of the amount of energy that is generated when our fight-or-flight responses come into play.

On the other hand, the parasympathetic nervous system (PNS) is our regenerative system. The rhyme associated with the PNS is 'rest and digest'. When the PNS is dominant, blood flows to the digestive system and also towards the surface of the skin (hence the pinkish glow, or superficial vasodilation, that Rolfers™ so often see in their clients' faces when the integrating phase of a Rolfing session is complete and the client is balanced, integrated, and settled). We need the PNS to dominate in order to go to sleep, to meditate, or to digest our food. When the PNS is functioning within a low to medium range, we can rest and digest. When the PNS activates very intensively, however, we may see another manifestation, which in trauma research is called the 'freeze' response, tonic immobility, or paralysis. For the purposes of this article we will refer to this as the freeze response.

In normal, day-to-day functioning, the two branches of the ANS have a reciprocal relationship. As one increases in function, the other decreases. Right after lunch (PNS), I don't feel like taking a jog (SNS). When I receive an e-mail that makes me angry (SNS), I may find it hard to go to sleep afterwards (PNS).

When we find ourselves in a life-threatening situation, however, many things change, and the reciprocal relationship in the ANS is affected. As the fear or anger hits, we experience a sharp rise in sympathetic activation. Our body mobilizes immense resources for the energy-consuming activity of fight or flight. If we are able to fight successfully, or are able to run and escape, then the situation is not generally experienced as traumatic – we feel victorious. We had the resources necessary to rise to the challenge that life presented to us, and this tends to make us feel more capable and confident for facing future difficulties. The energy that our body produced gets discharged through usage, and the ANS returns to its normal everyday level of functioning.

What happens, however, when our attempts to run or fight are not successful? For example, in a car accident there is nowhere to run and nothing tangible to fight. What about the child who grows up in a violent family, where the aggressors are far bigger and stronger than she is, and there is nowhere to go that is safe? In these types of situations another physiology kicks in, the physiology of the freeze response. When sympathetic activation reaches a certain peak, and fight or flight do not provide escape or a way to deal with the life-threatening event, the reciprocal relationship of the two branches of the ANS breaks down. While the sympathetic fight/flight response is at full throttle, the PNS also jumps into the fray and parasympathetic activity rises so high that it overcomes the sympathetic response. The person goes cold and pale. He may faint or have the experience of being strangely removed from the situation – dissociated. An excellent example of the dissociation that comes with the freeze response is when someone sees his whole life passing before his eyes because he believes he is going to die. The freeze response can manifest in many different ways. It is an extreme state when our body prepares for what appears to be an imminent death. Both sympathetic and parasympathetic systems are at high

levels of activation. It is like being in a car with both accelerator and brake pressed all the way to the floor.

The freeze response is the last card played for survival. Going limp and lifeless helps to save the life of many a prey animal, as predators will frequently lose interest in inert prey – an instinct that saves them from eating sick animals. If the freeze response does not prevent the predator from going for the kill, at the very least its prey is spared some of the pain of its own demise as the freeze response floods its body with its own endogenous analgesics.

The freeze response is a highly successful biological response to extreme stress, which is our body's way of 'tripping the switch' when activation reaches too high of a peak. It is meant to be a time-limited response. When danger has passed, the intense parasympathetic activation responsible for the freeze response goes down, the high sympathetic charge can then be felt and discharged, and our systems are meant to return to normal. Animals allow this process to move through their systems which then reset. You witness this when a bird flies into a window: the bird hits the window and falls, as if dead, to the ground. However, if you take the time to observe, after a period of no movement, all of a sudden the bird stirs, trembles, and comes out of the freeze response, usually in a highly activated state expressed by flying frantically away.

We human beings are a little more complex. When the sympathetic charge is felt and discharged, we too may experience a number of different sensations and autonomic behaviors – such as expression of strong emotion, trembling, shaking, muscle twitching, yawning, and changes in body temperature, heart rate, and breathing, to name a few. Unlike other animals, however, we often will use our sophisticated nervous systems, and their capacity for inhibiting more instinctual behavior, to shut down this discharge of survival activation and thus short-circuit the reset process. We do this because of social conventions ("It's not okay to cry," "I need to be strong"), because shaking and trembling can make us feel out of control, or because experiencing the sympathetic activation as it discharges frightens us.

Whatever the reason, when unable to allow the discharge of the high activation of the freeze response, we get stuck. Our nervous

systems do not return to normal and we continue through life with the ANS still set to red alert. This underlying dysregulation of the ANS is the basis of the complex and diverse symptoms of post-traumatic stress disorder (PTSD).

What Does the ANS Have to Do with My Rolfing Practice?

"So what does this have to do with my Rolfing practice?," the reader may ask. "I am not a psychologist; I am not a trauma therapist; I'm a Rolfer." There are clearly benefits to helping a client discharge traumatic activation, and there are several unique ways within a Rolfer's scope of practice.

The first way is for the Rolfer to simply become aware of the client's autonomic state, learn to recognize the signs of discharge, and give it time to happen. Human beings, like all other animals, are biologically programmed for success and self-regulation. A freeze response that gets stuck in our biological system is only a temporary glitch within our deep instinctual knowing of how to heal ourselves from trauma. Oftentimes, allowing trauma to heal is simply a question of giving the body time to 'tell its story'. The body tells its story not through words, but through sequences of sensations and autonomic behaviors.

Thus, when you, as a Rolfer, are working on a part of the body that holds a traumatic charge (let us imagine that it is a leg that was broken in a motorcycle accident), you may notice that the client's body is no longer 'listening' to your touch. Your hands may make a suggestion that would nudge the body towards the next highest level of order and integration, and the client's body resists it. The muscles in that leg lock against your touch. The client fidgets and shifts on the table, feels pain, and complains even when your pressure is very light. These are often signs that we are contacting an area of the body that has a story to tell.

What happens if instead, when the client begins to fidget, you slow down, back out with your touch, and wait, asking him what he is feeling in his body? The client may report that he feels an electrical or numbing sensation in that leg that was injured so long ago. As you encourage him to just notice that sensation, he may feel his heart rate increase, and then there may be some

muscle twitches in that leg, twitches that, if given time, evolve into a wave of trembling. As you encourage the client to stay with the trembling, the wave abates, and slowly the client's whole system begins to settle. He takes a spontaneous deep breath and a wave of pleasant warmth moves through the leg. His heart rate goes down, his breathing opens up, and you will often see that all the changes you were hoping to gain by working on the leg occur spontaneously as the stored charge is able to release.

The first level of allowing trauma to release in a Rolfing session is to notice when the body is not responding to our touch in the hoped-for way, and to respond by changing our touch and waiting to see if some information that has been held in the body would like to express itself. At this level, we pay attention to the autonomic signs that accompany discharge: spontaneous 'release' breaths, sighing, yawning, emotion, twitching and trembling, and changes in skin color (vasodilation/vasoconstriction) to name a few. When the body signals us in this way, we simply remove our hands, stay connected with the client, and allow enough time for the body to tell its story.

Orientation, the Hidden Organizer of Structure

Any discussion of trauma and how it affects the body also needs to include how trauma affects orienting, and how orienting affects both movement and structure.

Before we move, we have a pre-movement, also known as *anticipatory postural activity*. This is the moment when our body prepares for the movement we plan to make. If I am going to raise my arm, there will be a thousand tiny compensations all over my body to assure that as my arm raises and the weight shifts, my moving center of gravity will have the support that it needs and I won't fall down. The pre-movement is orchestrated by the cerebellum and the gamma motor system, which coordinate all of our movements. The gamma motor system is informed by our orientation to space, and each of us perceives and moves into space in a very different way.

Rolfer, dancer, and movement specialist Hubert Godard speaks of two different qualities of space: *topos*, or geographical, measurable space, and *phenomenological space*, which contains our own personal histories, meanings and associations, expectations, and cultural/sociological contexts. Phenomenological space, or

subjective, personal space, is the space to which we orient before we move. This perception of space, unique to each individual and each situation, is what shapes our movement, and through repeated movement, our structures (McHose 2006).

Godard's theory of Tonic Function states that in the pre-movement, the moment in which our body organizes to move, we are orienting to both space and ground. According to our unique histories and movement strategies, some of us will orient more to the support that we receive from the ground, and some of us will orient more to the support we receive from the space/context around us. An equal balance of these two orienting strategies towards ground and space will lead to a quality of two-way lengthening in the spine as part of the initiation of any movement. However, when the capacity to fully trust either ground or space is lost (an inevitable consequence of human life), it will lead to shortening in the moment that the body organizes for movement and the resulting movement will have a bias in one direction or the other.

Experiential Exercise to Feel the Effect of Orientation on the Breath

Breathing, as the most basic and most repetitive of our movements, richly illustrates the role of orientation in both movement and movement's formation of structure. This can be felt with a simple experiment.

Seated in a chair with both feet on the floor, with sit bones supported and your back comfortably straight, make sure that you are looking down at the floor. When your eyes are fixed on the floor, this effectively diminishes your capacity to orient to space and increases your orientation to ground.

Take a deep breath and notice how high in the rib cage the breath is able to move, with your eyes fixed on the floor.

Now, to feel the contrast, let your head come up and your eyes find the line of the horizon, and then let them gaze out very slightly above the line of the horizon. Take a deep breath, and now notice how high in the rib cage your breath is able to move.

If you are like most people, when you oriented towards the floor with your eyes, your upper ribs stayed still and the in-breath could not go all the way up into the

upper ribs or the neck and head; when you brought your head up, the breath could also follow, flowing into the top of the rib cage and up into your upper axial pole.

Now, think about a client with a certain body type that most of us know: the person who comes to Rolfing SI because she wants to "open her chest." Her rib cage shows a strong expiration preference, her shoulder girdle slides forward, her upper arms are internally rotated, and her head is projected forward by the lack of support from the rib cage. If we look at where this client is orienting, we will notice that she rarely looks up or out. It is as if the roof of her perceptive space has been lowered. This particular body type rarely holds the change that we so painstakingly labor to bring about with our hands. After a session the client goes out feeling taller and more open, but when she returns the following week, we see that she has fallen back into her pattern of collapse.

To help her succeed in living a lasting change, we need to help her change her pattern of orienting. As long as her perceptual 'roof' is low, forcing her eyes down towards the ground, her upper ribs will not be able to respond to the movement of the breath, and her rib cage, following the breath, will not open or expand in the upper ribs. We breathe somewhere between 20,000 and 25,000 times per day. What our hands can do in one hour of fascial manipulation per week can never hope to prevail over the 20,000 repetitive movements per day.

Thus we come to an interesting cycle of cause and effect. The way we orient determines the pre-movement – the way that our body prepares for movement. The pre-movement defines the movement, and through our most habitual and repetitive movements, such as breathing, walking, reaching and sitting, to name a few, we create and re-create our bodies on a daily basis. Our patterns of orientation truly shape our bodies.

The Orienting Reflex

The *orienting reflex*, also called the *orienting response*, is our natural and deeply instinctual response to novelty in our environment. It is a multi-part reflex, involving the *arrest response* (the first phase of the orienting response), where all movement is frozen and the body flexes slightly. This is followed by the *preparatory orienting response*, where the spine lengthens, all sensory organs

open, and the head turns – scanning the environment from one side to the other.

Ivan Pavlov was one of the first scientists to study the orienting response and he called it *shto takoe*, which roughly translates as "what is it?" When something new or unexpected happens in our environment, we have a biological necessity to know where it is and understand its meaning to us. The orienting response is our body's way of bringing in this information. Neurologically, it is a very complex and not yet fully understood mechanism.

When we are alerted to something new or different in our environment, after the arrest response, our sense organs open. At this moment, when all is functioning well, we are fully present in the moment and able to respond to a variety of possibilities. The source of novelty could be nourishing/interesting to my survival, such as an opportunity for food or contact with another of my species; it could be neutral, with no particular significance to me; or it could be dangerous, in which case I need to mobilize very quickly for fight or flight. In the first moment of orienting, I need to be open, without preconceived ideas. This allows me to scan, to orient, to associate, and to decide, at an organismic level, what action I need to take in relation to this new stimulus. Being biased in one direction or another may cause me to make a costly mistake. Once the location and meaning of the stimulus have been decided, I will approach, ignore, or take defensive action. My nervous system will alter accordingly to support the activity chosen:

- If the novelty is interesting to me for purposes of nourishment or pleasure and I approach, sympathetic-based defensive responses will be inhibited, and a more parasympathetic function will dominate. My quality of orienting will remain open to all forms of information.
- If the stimulus is uninteresting to me in any way, I will discharge the slight sympathetic preparation that occurs with orienting and continue on my way.
- If the stimulus is threatening, my system will prepare for fight or flight. Once my body mobilizes for defense, the quality of orienting changes drastically. Whereas before I was able to perceive all possibilities, now my senses and my attention focus entirely on what is needed for successful fight or flight. At this time, blood supply to the higher

brain centers, the digestive system, and the organs of expression shuts down. My vision becomes focused as I prepare to take the actions necessary to save my life.

- If the danger persists, and fight-or-flight responses are thwarted, I go into a freeze response, where a high-intensity parasympathetic charge dominates, and the quality of orientation here will be disorientation, dissociation, and disconnection at many levels. This is the disorientation and dissociation that we see in people suffering from PTSD. It may manifest in many ways: drawing blanks, moments of sudden confusion, being lost in time and space, bumping into things, or being disconnected from emotions or memories of traumatic events.

What this means is that, in many cases, our capacity to orient depends on our underlying autonomic state. When, through unresolved trauma, our nervous system gets stuck in freeze, that may limit our overall orienting capacities to a state of diffuse disorientation or a state of focused hyperarousal.

If orientation is the hidden shaper of movement and structure, then it follows that stuck patterns of fight or flight and freeze may have a systemic effect on those parameters that we work with in Rolfing SI. To understand this further, and to understand the parameters of healthy orienting, we need to take our consideration of the ANS to the next level of complexity, by taking a look at Stephen Porges's Polyvagal Theory.

The Polyvagal Theory – A More Complex Understanding of the ANS

In this next section, we will consider Stephen Porges' (2011) Polyvagal Theory, which looks at a previously unconsidered division of the parasympathetic nervous system: the dorsal vagal system, a subsystem found in both reptiles and mammals, and the ventral vagal system, a subsystem that is found only in mammals.

The 'reptilian' or dorsal vagal system has its neuromotor origins in the dorsal vagal motor nucleus of the brain stem. The 'mammalian' or ventral vagal system has its neuromotor origins in the nucleus ambiguus of the brain stem. Both subsystems organize around the tenth cranial nerve pair of the vagus nerve, and its close connections with other cranial nerve

pairs, hence Porges' naming of his theory as the Polyvagal Theory.

The reptilian or dorsal vagal system is the system that is responsible for our rest-and-digest and freeze functions. It innervates the heart and lungs and many of the subdiaphragmatic organs. Its structures and function are ancient in evolutionary terms, with some functions going back as far as cartilaginous fish. The mammalian or ventral vagal system is evolutionarily the newest aspect of the ANS, having only appeared with mammals. It innervates the muscles that are responsible for facial expression, modulation of the voice, head turning and tilting, and the capacity of the ear to tune to the higher frequencies of expressive vocalizing. It gives us the fine-tuned responses we need to communicate with other humans and mammals. Porges calls it the *social engagement system*, and the rhyme to remember what it does is 'tend and befriend'. The ventral vagal system is myelinated, nuanced, and flexible. It also innervates the heart and lungs – through its action we have the capacity for a subtle modulation of heart rate and breathing. It connects the expressive organs of the head with the heart and lungs, and when its function predominates we feel safe, we are relational as well as calm, and we remain flexible in our responses to environmental stimuli.

Each one of these branches of the ANS determines not only a physiological state of functioning, but a way of orienting to the world and a state of consciousness. We have already mentioned the disorienting qualities of the dorsal (reptilian) vagal system, which can manifest as a subtle turning away from outside stimuli, or drowsiness that one may feel when digesting food; this system can also produce the full-blown dissociation and disorientation that accompany PTSD. In comparison, a hyperaroused SNS can produce a defense-oriented and highly focused orienting response. By contrast, the orienting quality that seems to accompany a ventral vagal predominance is *exploratory orienting*.

Exploratory orienting is characterized by a state of "relaxed alertness to both the internal and external environment; curiosity; gathering information about the environment with a low level of activation" (Somatic Experiencing Trauma Institute 2007, 3). When the client is in a state of exploratory orienting, his eyes look clear and shiny; he perceives colors

as brighter and more beautiful; and he is curious, playful, and open to contact and connection. In this state, we are most likely to perceive what is happening in this particular moment, instead of projecting a past happening onto what is occurring now. Exploratory orienting is the state where we can orient to that which nourishes us, whether that is food, connection with other, or beauty.

Exploratory orienting is the quality of perception and orientation that allows us to make decisions about our lives; it helps us to determine which situation will lead us towards pleasure and well-being. When the nervous system is stuck in fight or flight (sympathetic dominance), we find ourselves constantly responding to our environment as if we are in danger – *whether we are or not*. When our nervous system is stuck in freeze (dorsal vagal dominance), we have trouble staying present. Because the ventral vagal system is the most recent evolutionary autonomic subsystem, it is also the most flexible of our ways of being; when it predominates, it allows us to respond spontaneously and appropriately to our environment and the situations in which we find ourselves.

It is the author's theory, based on clinical experience with both Rolfing SI and Somatic Experiencing, that in a state of exploratory orienting we are using our senses in a very specific way, a way that leads to maximum balance and ease in both movement and structure. What might this quality of sense perception be? To understand this, we will take another trip into the nervous system, this time into the cortical and subcortical pathways that mediate the senses.

Cortical and Subcortical Sensory Pathways

We have two clearly distinct pathways for visual information in our brain, one pathway where information is processed cortically, and one pathway where information is processed subcortically. They mediate two very different qualities of vision. The two visual pathways are very well researched and documented, and recent research suggests that for our other senses there exists a similar division. In this article we will limit our discussion to the visual system, remembering that the same principles hold true for other senses, including hearing, touch, and smell.

The visual cortical pathway begins in the cones, the light receptors in the eye that see

color. Cones gather around the fovea, the small central portion of the eye that we use when we need to focus on fine details. From here, the cortical pathway proceeds into the brain, crosses at the optic chiasma, goes into the lateral geniculate nucleus of the thalamus, and then to the visual cortices, located in the occipital lobes of the brain (Kolb and Whishaw 2002, 287-291). The cortical pathways see color, fine detail, and are responsible for our focal vision. Being processed by the neocortex, this pathway receives many associative connections. It is through this pathway that we know what we are looking at and what its meaning is to us.

The subcortical pathway begins in the rods, the light receptors in the eyes that see light and movement but not color. The rods are dispersed throughout the rest of the eye, outside of the small, central fovea. From here, the subcortical pathway proceeds to the superior colliculi in the pons, then to the pulvinar nuclei in the thalamus, and from there to the visual cortex (Kolb and Whishaw 2002, 287-291). This pathway helps us to see movement and situate ourselves in space. It mediates our peripheral vision. Having a much quicker processing time than the cortical pathway, it allows us to respond quickly.

The subcortical pathway is our movement and spatial location pathway. We'll look at the processing time of each of these two pathways, using an experience most readers will have had: that of driving and seeing something rush into your field of vision, in front of the car. The first thing that happens is that we perceive movement in front of the car and put on the brakes (subcortical pathways). Only later do we notice that it is the neighbor's cat that caused the disturbance (cortical pathways). Subcortical vision processes information more quickly, because, unlike cortical vision, it doesn't go through the rich associative processes that tell us what it is we're looking at. It simply perceives movement and we move and respond to it. This is efficient and necessary for our survival. If we only jump out of the way once we notice that the long sinuous form in front of us is a poisonous snake, the snake will already have bitten us.

Godard, in his model of tonic function, emphasizes that the two visual pathways bring us not only two very different qualities of vision, but also two different ways of being in the world. The experience of the cortical (focal) pathways is usually

more of an active experience; it is as if we reach out to touch the world. When our vision is proportionally more focused, we tend towards space orientation, being oriented to the outside environment and the context in which we find ourselves. Peripheral vision connects us to weight and ground orientation. When peripheral vision is working, the experience is one of being touched by that which we see. Depending on which quality of vision predominates, we will shift our weight distribution and our posture. If the reader wishes to experience this, he can try the following experiment.

Experiential Exercise: The Effects of Peripheral and Focal Vision on Posture and Weight Distribution

This experiment should be performed in the standing position, preferably with an open space in front of you.

First, find a point directly in front of you, and stare at it fixedly, trying to see the maximum amount of detail possible. Notice what this feels like in your eyes, and in your neck. Notice what happens to the weight distribution on your feet. If you are like most people, you will feel tension in your eyes and neck, and your weight will shift towards the medial arches and the balls of the feet.

Now, standing in the same place, allow your vision to become very wide. Continue to look straight ahead, but allow your eyes to soften, and receive the images in front of you; allow yourself to take in the edges of your visual field. Notice what this feels like in your eyes, and in your neck. Notice what happens to the weight distribution on your feet. Most people will feel their eyes and neck soften, and their weight will shift towards the heels and the lateral arches of the feet.

In the best of all possible worlds, both of these qualities of vision are equally available to us and work together, with one coming to the forefront more than the other depending on our activity. Peripheral vision gives us weight orientation and helps us to come back into contact with ourselves; focal vision gives us space orientation and helps us to contact other people. We can also perceive the two qualities of vision when we look at a painting and see the figure and the ground. Figure is the equivalent of focal vision, ground the equivalent of

peripheral vision. The painting would not be complete without both. For a more detailed discussion of the two qualities of vision, I refer readers to two of Kevin Frank's articles: (2007, 2010).

Considering the enormous impact that our way of orienting has on both structure and function, it is also important for us, as structural integrators, to understand more about the functions of peripheral vision.

The Importance of Peripheral Vision for Posture, Balance, Core Stability, and Movement

Peripheral vision, as stated above, is our movement vision and our spatial location vision. It is peripheral/subcortical vision that brings us stability, security, and balance. Experiments with stimulating peripheral vision and focused vision have shown that when peripheral vision is functioning, postural sway becomes more efficient (Berensci et al. 2005), which means that our balance also becomes more efficient.

Other studies have shown that where focused visual information and vestibular information cross in the vestibular cortex, focused visual information prevails and inhibits vestibular information (Brandt and Dieterich, 1999). When vestibular information is inhibited, the body feels less secure – we are no longer as connected with our sense of gravity, and this makes our body believe that it is going to fall. Consequently, the joints of the lower body brace in preparation for landing, which involves flexion and shortening at the hip and ankle joints. If the reader wants to know what this looks like, it is only necessary to think of the shuffling gait of an elderly person, head forward, steps shortened, and hip and ankles held in a position of slight flexion. The vestibular system is one of the first organs to age, and as it ages our sense of body security wanes. Thus, over-focused vision may mimic the same symptoms as aging. It is also one of the hidden culprits in hip and tibiotalar dysfunction. This is no small consideration in an age where a high percentage of the human race spends so much time staring at devices with small screens.

Peripheral vision affects our posture in other ways as well. When we are in a landscape that affords us a wide visual field, such as a beach or open plain, the

tonic (extensor) muscles of the back work in eccentric contraction and our spine lengthens. On the other hand, when we are in a closed environment, the tonic muscles of the back will work in concentric contraction, shortening our spine. This is another case where two-way lengthening and lift, two of the hallmarks of a body that has experienced Rolfing SI sessions, are deeply influenced by perception and orienting.

Peripheral vision and the vestibular system go hand in hand, as mentioned above, and the conjunction of the two with the function of the spine is also deeply related to core stability. Core stability, at a kinesiological level, involves coordination, or the action and timing of a series of key muscles. However, according to Godard, the capacity of the spine to lengthen in the moment that our bodies prepare to move is one of the important bases of both core stability and efficient, balanced movement.

It is also important to note that the deep, tonic muscles that are responsible for stabilizing our body do not respond well to cortical commands. Their best response comes when they are activated by the gamma loop, the subcortical part of the brain that orchestrates gravity response, movement, and balance. As Frank (1995) points out, this part of the brain responds not to a willed command to move but to spatial awareness and orientation. And so, we return to the premise explained above: when orientation both to ground and space is present, and the two are equally represented, we have two-way lengthening in the spine as we prepare to move; one of the results of this two-way lengthening is core stability.

The peripheral senses relate to our orientation to ground, to context, and to locating ourselves in space. Where peripheral vision gets lost, core stability is also lost, as is the body's capacity for lengthening with movement. Instead of lengthening, the body prepares for movement with concentric contraction and attempts to stabilize by using the larger, multi-joint, phasic muscles, thus compressing the joints and destabilizing the body (Godard 2010).

Trauma Alters the Orienting Reflex and Peripheral Senses

Trauma changes our relationship to space – our phenomenological space, in the

words of Godard, that sense of space that each of us has that is uniquely personal and related to our history and ways of perceiving and being in the world. When the trauma involves an intrusion from a certain direction, in the case of a car accident or an attack, for example, this perturbation often occurs in a vector-specific relationship to space. This altered relationship to space will generally show up in one of two different ways that correspond to either a heightened fight/flight response or a freeze response. It may be that after a car accident, if I was hit on my right side, a person or object occupying that particular angle in my right field of vision will cause me to feel threatened or become hyper-alert – a sympathetic fight/flight reaction. Or, conversely, when someone approaches me from my right side, I may not notice his presence, or I may find myself becoming disoriented and confused – a parasympathetic freeze response.

Trauma changes our capacity to orient, not only to the horizontal plane, but also to 'up' and 'down'. People who have fallen many times, for example, may no longer trust the ground or their legs to support them, and thus become overly dependent on their eyes (and no longer their vestibular systems or feet) for their support. Or, in the case of a child who has received many blows to the head from a caretaker, it may become difficult to orient upwards or outwards.

When trauma changes my relationship to space, my peripheral vision in that vector of space becomes inhibited. Inhibited, because unless neurological damage has occurred, I continue to have the capacity for peripheral vision, but I no longer access it. When I orient to the direction from which the trauma came, my field of vision narrows and my attentiveness and encoding of spatial information diminishes. In scientific literature, the narrowing of the field of vision by negative affect is sometimes called *weapon focus* (Schmitz et al. 2009), an apt term, especially when we are speaking of trauma.

Along with a trauma-induced change in my relationship to space, the integrity of my orienting reflex will also be compromised: the ancient, reflexive scanning response that occurs in the horizontal plane when I am surprised by novelty in my environment will no longer be complete. There may be portions of my scan that my eyes will skip over, or vectors in which my neck muscles will lock, no longer allowing me a smooth

transit through that portion of my space. I may go directly to fight, flight, or freeze when novelty occurs, thus no longer being open to the possibilities of nourishment or social engagement.

This inhibition of orienting in a specific vector of space has consequences for core stability, movement, and structure. When working with a client, it is possible to feel where core stability has broken down by palpation, and thus to diagnose the side of the body where orienting has been obstructed. With practice, it is also possible to perceive where orienting is not working optimally, just by looking at the client's eyes. In the eye where orienting isn't working as well, there is a quality of hard focus; it often appears as if the client is wearing blinders. The loss of core stability that accompanies inhibition of orienting capacity will show up as hypertonus in the scalenes, hypotonus in the abdomen, as well as loss of flexibility in the rib cage.

The hypertonus in the scalenes, which results from the loss of two-directional orienting, shows up as concentric contraction. The scalenes are very important breathing muscles. They give a small burst of activity at the very beginning of each in-breath. Their proximal insertions are all along the transverse processes of the cervical vertebrae; their distal insertions are not only on the first and second ribs, but also on the top of the pleural dome. In the best of all possible worlds, the fixed point of the scalenes is located above, thus drawing the upper ribs and tops of the lungs upward on the in-breath and allowing them to release downwards on the out-breath. In a less-than-optimal situation, usually when space orientation is compromised, this order reverses – the fixed point becomes the upper ribs and the cervicals are pulled down into the upper ribs with each in-breath. Another less-than-optimal configuration is when the scalenes work in concentric contraction, drawing ribs and cervicals towards each other without either end being the fixed point, thus creating localized shortness with torsion in the rib cage experienced to a greater degree. This torsion that originates in the rib cage will transmit throughout the entire body, and since the scalenes participate in each in-breath, this torsion will be repeated 20,000-25,000 times per day. In this scenario, we see how a loss of orientation connected with peripheral vision results in a change to the breathing, which affects structure.

Asymmetrical Patterns of Orienting and Scoliosis

It is interesting to take this one step further and look at how orienting and perception can contribute to scoliosis. In many scolioses that we see, two very different orienting and movement strategies manifest in the two sides of the body, which may be part of what causes the asymmetry of a scoliosis. Usually on one side we will see an eye that is no longer accessing or using peripheral vision; the gaze is harder, and the eye sits further forward in the socket. On this side of the body, the arch of the foot will be higher, and often the same-side rib cage will be more anterior. On the other side of the body the gaze is softer, the arch of the foot is low or collapsing, and the rib cage will tend towards posterior.

There is a very simple test to determine how much of the scoliotic pattern we are seeing is anchored in this loss of peripheral vision on one side. To perform the test, you will need a pair of glasses fitted with plain, non-prescription lenses and some small, preferably round, stickers, no more than half an inch (one centimeter) in diameter. Place a sticker in the center of the lens on the side corresponding to the eye that you suspect has lost peripheral vision. The sticker needs to block focal vision, which is the seven central degrees of the visual field of that eye. Wearing the glasses forces the client's peripheral vision to start working again, so if a loss of peripheral vision is one of the causes of the scoliosis, you will see an immediate improvement in the client's posture and movement. Conversely, if you put the sticker in the middle of the lens on the side of the glasses corresponding to the eye that you believe has maintained peripheral vision, wearing the glasses increases peripheral vision on that side and augments the difference between the two sides; again, if the scoliosis has a component related to the loss of peripheral vision, the client's posture and movement will become more asymmetrical. In either case, the degree of the difference caused by the glasses changing the way the client's eyes work is the degree to which orienting is an influence on the scoliosis.

Some years ago, the author worked with a client who came in with a significant scoliosis and complained of a pain in her right sacroiliac joint. As her process continued, at the end of almost every session I would adjust her right sacroiliac joint. Relief was immediate, but she would

return with the same pain the following week. Eventually I tired of adjusting her sacroiliac joint, and went looking for something that would be more effective in the long run. I noticed her right eye seemed to have very little peripheral vision, and when I showed her a simple trick for restoring her peripheral vision (see below), she felt immediate relief. During the week between sessions, she faithfully practiced using her peripheral vision, and when she returned, she did not have pain in her lower right back, nor was her sacroiliac joint fixated.

Because we were close to finishing her series, and she was preparing to move to another city, I made the suggestion that she buy herself a pair of glasses with clear glass and put a sticker over the center of the right side and simply wear the glasses now and again to assure that her peripheral vision on the right side stayed open. More than a year later we met again, and she told me that she had been free of her right-side sacroiliac pain during all this time. She said that from time to time her right side would start to hurt, and when it did, she would wear the glasses around the house for awhile and the pain would go away.

Below is a simple trick for restoring peripheral vision. If the loss of peripheral vision is trauma-related, other interventions may also be necessary, but this gives the client a way to work with it on her own, which is encouraging and empowering.

Self-Help for Restoring Peripheral Vision

Stand comfortably with feet hip-width apart, looking straight ahead, with both hands in front of the center of your field of vision. Point your index fingers up and position your hands right together (see Figure 1, A).

Slowly begin to separate your hands, moving them in the horizontal plane out to each side, while continuing to look straight ahead at the spot where they were in the beginning. Although you are looking straight ahead, also track your index fingers as they move farther apart in your field of peripheral vision (see Figure 1, B).



Figure 1: Self-help for restoring peripheral vision.

Continue out to the sides as far as you are able to go, without losing sight of your fingers. When you reach the edges of your peripheral vision, 'wake up' those edges by wiggling the fingers (remembering that movement is one of the things that peripheral vision perceives best).

Now drop your arms to your sides, but let your visual field stay wide, perceiving everything from the center to the farthest edges you were able to track with your fingers out to the sides.

Another way to encourage your peripheral vision to come back on line is to practice allowing images to come to you. Imagine that the object you are seeing comes to your eyes, comes into your eyes, and imprints itself in the back of your brain, near the front side of the occiput. This is the famous 'soft eyes', the eyes that see the whole tree, instead of focusing on one leaf that falls to the ground.

Conclusion

In an attempt to understand how orientation affects structure and movement, and how trauma and fixated patterns in the ANS affect orientation, we have covered a wide array of material, from Levine's physiological definition of trauma to Porges's Polyvagal Theory, and many aspects of Godard's theory of Tonic Function. Sometimes

helping the client make a permanent change is as simple as sinking one's elbow into a recalcitrant structure to help restore fluidity and unstick the fascial layers. Sometimes, however, the root of the problem lies in other, not so immediately evident, layers of the being. I have attempted in this article to elucidate some of these layers and make a clear and concrete connection between structure, function, and orientation.

For readers who wish to study more on these subjects, I refer them to Levine's two books, *Waking the Tiger* and *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*; Porges's book *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-regulation*, as well as the website www.resourcesinmovement.com, which has many articles written by Frank, Caryn McHose, and Aline Newton about Godard's Tonic Function theory. Lastly, I have written a few articles myself, which integrate the above theories in different ways, and these articles are available through the Ida P. Rolf Library of Structural Integration (<http://pedroprado.com.br>).

Lael Katharine Keen is faculty for Rolfing SI and Rolf Movement Integration. She is also a senior instructor for the Somatic Experiencing® Trauma Institute, at all levels from beginning through advanced, and is completing a degree in art therapy.

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"The Map Is Not the Territory" – "The Word Is Not the Thing"¹

Exploring the Use of Language in the Art of Rolfing® Structural Integration

By Carol A Agneessens, MS, Rolfing® and Rolf Movement® Instructor

Author's Note: The following is based on the transcript of a lecture I gave in 2008 on the use of language in Rolfing Structural Integration (SI) sessions.²

Korzybski and General Semantics

"The map is not the territory." Alfred Korzybski's famous words were quoted frequently during my early trainings at the Rolf Institute® beginning in 1981. Korzybski was a Polish-American scholar. Dr. Rolf respected his original theories and felt they were directly applicable to the study and embodiment of Rolfing SI. In an attempt to trace the threads of Rolf's early influences, I attended a ten-day seminar studying the work of Alfred Korzybski in 1997.

Korzybski developed the field called general semantics with his 1933 book *Science and Sanity*. At the height of the quantum revolution in physics, Korzybski integrated quantum understandings with the burgeoning research in human neuroscience and language. He "maintained that human beings are limited in what

they know by 1) the structure of their nervous systems and 2) the structure of their languages." Further, he emphasized that "humans cannot experience the world directly, but only through their 'abstractions' (nonverbal impressions or 'gleanings' derived from the nervous system, and verbal indicators expressed and derived from language)." Sometimes our perceptions and the language we use to describe our perceptions actually end in creating false conclusions. He emphasized that our understanding of what is happening often "lacks similarity of structure with what is actually happening" (quotes from Wikipedia 2015).

I recall early Rolfing instructors giving examples of the 'lack of similarity' in our descriptions as we were learning to assess and describe the structural patterns of the individual standing before us. We were instructed to use language devoid

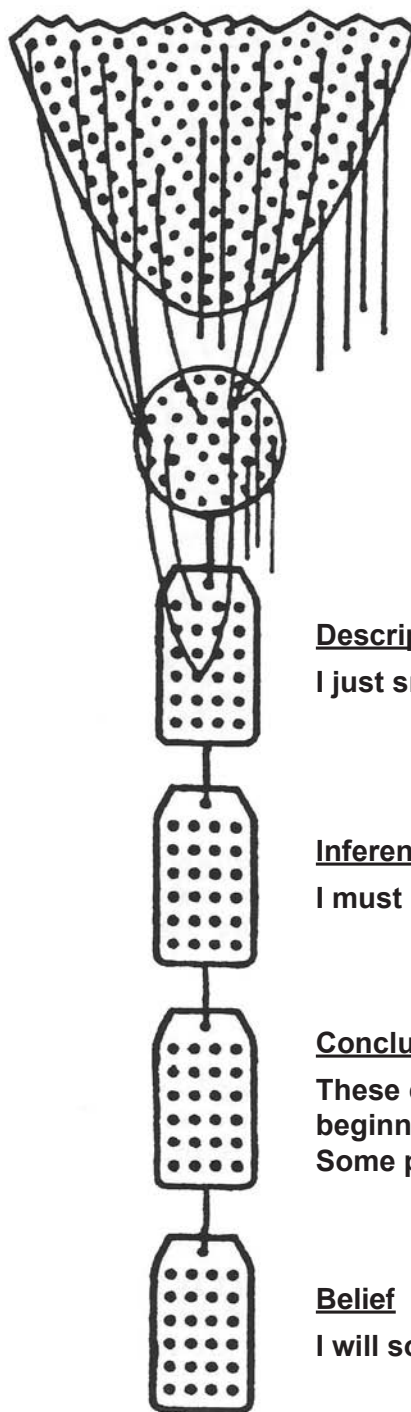
of personal projections, interpretations, or emotion. This was not always an easy task as we slowly learned to describe the territory we were 'assessing' prior to our flowering visual and mental constructs. However, there is more to the phrase, "the map is not the territory" than was often quoted. The rest of the phrase reads: "the word is not the thing" (it represents).

The words are maps, and the map is not the territory. The map is static; the territory constantly flows. Words are always about the past or the unborn future, never about the living present. The present is ever too quick for them; by the time words are out, it is gone." (Weinberg 1973, 35)

Delving into the roots of Korzybski's phrase "the map is not the territory . . . the word is not the thing" (it represents) sweeps the reader into a cursory exploration of Korzybski's theory of general semantics, which was quite amazing for the time in which it was written. The following represents my personal interpretation gleaned from Korzybski's writings and how this understanding may be applicable to the work of SI.

Korzybski noted how the brain and nervous system abstract (omit and/or automatically select out) the cascade of energies bombarding us at every moment beneath conscious awareness. (Just as an example, imagine eating a sandwich: the digestive system secretes enzymes to digest the sandwich, selects what is nutritious and eliminates what you do not need. This activity is totally instinctive, reflexive, without volition.) The brain and nervous system perform this function automatically and without conscious intention. He called this the *structural differential* (see Figure 1), and it summarizes the essence of Korzybski's work.

Another way to understand this process is to imagine a kitchen colander – the kind you strain pasta in. Now imagine that the universe – with its vast fields of vibrating subatomic particles (photons) pouring through the holes of your colander. Korzybski called this initial step of his structural differential diagram the event or process level. He also spoke of the shape being a parabola – or in mundane terms, a colander. Now in your imagination, attach a string to each of the particles that makes its way through the openings. Now,



Comment:

This person is good at jumping from one conclusion to another without verifying the correctness of one conclusion before going on to the next one. There is no evidence to support his belief.

Description

I just sneezed

Inference

I must be catching a cold.

Conclusion

These cold symptoms must be the beginning stages of pneumonia. Some people die of pneumonia.

Belief

I will soon die of pneumonia.

Figure 1: Korzybski's structural differential (from Greg Sawin's unpublished manuscript, 1985, given to the author). The top parabola-colander depicts the process or event level: the flow of quantum energies pouring through the universe all of which happens beneath our conscious awareness. The disc represents the sensory level. There is stillness and silence on the sensing level. "Words can sometimes blur my vision, dull my senses. Things are not what I say, think or believe they are. There are others who are not sensing what I am sensing." As we move to the tags below the disc we enter the descriptive level where labels occur. "There is a vast difference between words and what they refer to. The word is not the thing process it represents, any more than a map (or words, beliefs, understandings, theories, opinions, expectations, hopes, wishes, etc.) is not the territory it maps. Others may describe (or "map") the situation quite differently than you. They are not 'seeing' exactly what you are 'seeing', from your unique perspective." (Quotes from Dawes 1994.)

there might be numerous strings hanging through the holes of your colander. A human nervous system, through its varying sense organs, cannot perceive individual subatomic energies (represented by the hanging strings). It takes an enormous amount of these energies to make up something substantial enough to be seen, felt, smelled, etc. (Sawin 1985, 9).

From this process level with its zillions of quantum energies filtering through, we come to a sense level. Hanging from the process level (beneath the colander-parabola and its strings) is a disc. This sense level disc reveals the photon energies that are now being perceived through the nervous system. The other photon energies have been omitted (or abstracted out). Depending on our unique neurological patterns, gravity preferences, and sensory filtering systems, the vibrating photon particles streaming through are filtered according to personal biases and histories. Korzybski (1958, 238) put it this way: "We are immersed in a world full of energy manifestations, out of which we abstract directly only a very small portion, these abstractions being already colored by the specific functioning and structure of the nervous system."

A sensation results from a nervous system responding to and filtering (abstracting) out billions and billions of subatomic energies that are literally assailing us every mini-moment. All of this is happening on a nonverbal level, beneath our consciousness, and not yet on the level of words, ideas, or statements (Sawin 1985, 17).

Applying "the map is not the territory – the word is not the thing" to the SI framework, these phrases identify the difference between the nonverbal process level of reality (the quantum energies pouring into the colander) and the territory, and then the map – which for us is anatomy. 'The territory' represents the constant movement of extremely small subatomic energies that underlies everything. The body is movement. Rolf said the body is 'plastic' – pliable, changeable, and ripe for structural change. The breathing matrix of fascia is the territory. It is not confined to the map of anatomy.

Korzybski (1958, 387) said this about the quantum level of reality: "If we take something, anything, let us say the object . . . called 'pencil' and enquire what it represents, according to science [in] 1933,

we find that the 'scientific object' represents an 'event', a mad dance of 'electrons', which is different every instant, which never repeats itself, which is known to consist of extremely complex dynamic processes of very fine structure, acted upon by, and reacting upon, the rest of the universe, inextricably connected with everything else and dependent on everything else."

Our sensing bodies do not end at our skin boundary but perceive and metabolize beyond our skin. We are embedded in our environment. Our surroundings touch us as we touch our world. The Rolfing process transforms the density of tissues, enabling an individual's system to become more fluid, flexible, and responsive. There is a mutual interpenetration with surroundings. We engage a system that is intelligent, pliable, and expressive of life moving through its tissues.

Refer again to Figure 1. Notice the disc hanging from the process level that the parabola-colander symbolizes. The disc represents the sense level. What a person 'sees' is based on his interpretation of the light patterns that were perceived split seconds ago. When we imagine that we are responding to what is happening, in reality we are actually responding to an interpretation of the energies abstracted due to our own neurological biases. To live is to abstract; everything we do involves a level of abstraction (Sawin 1985, 13).

Additional strings hanging from the small openings in the disc represent the sense level. We abstract or filter out sensations and the meaning we assign to them according to beliefs, memories, stories etc. Hanging from this disc are placards illustrating a variety of events in time and which represent the descriptive (word) level of an individual's map. This descriptive level is keyed to earlier similar events in someone's life. We continually abstract from the level of process, the streaming sensations pouring through. Our interpretations of these sensations mirror our history and link us to a chain of earlier, similar events.

When an individual expresses herself via the descriptive level through words, phrases, stories etc. we move further and further away from the quantum event that is closest to 'reality' and the truth that lies beneath our sensation. The key to remember is that words are abstractions of reality. The 'story' a client tells herself (or the story we tell ourselves) is an abstraction

from the quantum event and sensation level. The words chosen may actually limit her (or us) to a particular belief system (map) about history, body, etc. – it is not the territory. Korzybski emphasized that words can only represent a fraction of an individual's experience of his/her reality. Words are limited as to what they convey and can often entangle a person in her story or beliefs. This is Korzybski understanding that "the word is not the thing" (it represents). Abstraction, like digestion, is a natural function; however, Korzybski encouraged his students to cultivate an awareness of the abstraction process and realize the level they were speaking from.

Applying Korzybski's Axiom to Rolfing SI

You may be gleaning the value Rolf placed on Korzybski's work as she taught her early students to 'see' and 'assess' an individual's structure coupled with her admonition to avoid projecting personal stories, ideas, beliefs, or feeling states onto their clients. In conversations I've enjoyed with the first wave of practitioners, I was told that she emphasized describing what was there and not what was imagined as an emotional component or a fantasy. For example, a twist in the upper thorax that lifted one shoulder higher was probably not an expression of 'angry' ribs. Practitioners were asked to 'see' the truth (the process level → sensory level), not an imagined history. They were asked to 'see' alignment unfolding through the fascial work of Rolfing SI and not as a re-interpretation of a story.

As we observe structure you might see a right shoulder that sits higher than the left shoulder or a right innominate bone that does not shift anteriorly with push off etc. It is easy to forget that an individual's structure when standing is a static expression of the reality of movement at every level. A client may begin to express her structural patterns in words that actually limit her availability to shift that pattern, or the practitioner may describe her structure with words that limit openness to transformative effect. The word-map we use to describe structural patterns or movement behaviors may actually lock these patterns into their tissues. At the verbal level, 'the map' consisting of words, descriptions, beliefs, theories etc. often limits and binds the territory. The anatomical map is a great resource but often stifles a practitioner's understanding of the integral

connectivity of the fascial matrix as living, breathing territory.

Turning to “the word is not the thing,” clients will report in statements like, “this is my dead leg,” or “this is my dumb foot,” or “I can’t stand up straight” . . . I’ve also had clients come from another practitioner and relate things like, “My Rolfer™ said this is my bad leg.” Although the Rolfing series may have been many years earlier, these words ‘stuck’ like glue and actually serve to solidify the body map. The words that are used to describe something are descriptions; they are therefore, by definition, abstracted representations that can both limit and inhibit the ability to shift structural patterns.

Here is an example from my practice that has to do with the labeling of a sensation and the restrictions that ensue. I was working with a young woman in a First Hour. She stated that she was beginning to feel a familiar sensation in her chest. Almost instantly, she labeled this movement as ‘fear’. I watched her chest contract and breathing stop. She reported, “It’s fear. I’m feeling fear.” I rested my hand gently on her sternum, realizing she had just jumped from the sensation level (sensing energy moving) to labeling this sensation as fear. Immediately, she launched into the story about her fear and hurriedly related a chain of associations from her history. In seconds, we had moved away from the quantum (the parabola-colander) and sensation level (the disc) into further abstraction.

I asked her to allow a breath and gently made eye contact with her while suggesting she sense her back settling into the support of the table. After she relaxed a little more, I asked her to describe the sensation she was experiencing. She said it was like something bubbling up inside her chest and that this sensation was familiar. She knew this feeling as fear with all its corresponding physical responses: stopping her breath, contracting her chest, tightening her calves, etc. This was also the pattern I observed in her body stance. The bubbling sensation had moved in milliseconds from the level of neutral sensation to the descriptive level and labeling of a feeling state carrying her further and further from the quantum process level and down the levels of the structural differential – her history.

I listened to her story, one that had been told times before, and said: “I’m curious, what might happen if you allow your focus

to be with the sensation of bubbling and lifted the label of fear off that sensation.” I suggested that labeling a sensation was like putting a strip of Velcro over it and that she could peel the Velcro away. I repeated this suggestion again and suggested that just for a moment she experience the sensation of bubbling. She agreed and responded with, “Wow, this feels like excitement.” However, it should be noted that even “excitement” is a label. Without labeling, sensation is sensation is sensation. It is not about replacing a ‘bad’ label with a ‘good’ label. Without abstraction, sensation is sensation is sensation and is neither good nor bad, and can be enjoyed or suffered. It is life moving through.

Perhaps the ‘bubbling-up’ that this person was experiencing now offered a novel interpretation for her. Moving from a label of fear to sensing the bubbling as sensation, there is renewed possibility to shift her structural set. This approach bridges Korzybski’s general semantics with the psychobiological taxonomy of Rolfing SI. The language we use to describe and label belief systems, feeling states, and story influences structural patterns and movement behaviors. Supporting a client in staying with the neutrality of a sensation (as energy moving through the body), without labeling (even a positive label), can begin to tease apart the threads holding together historical and patterned familiarity.

The map is not the territory . . . the word is not the thing. Oftentimes, the anatomical map and goals of a session need to be momentarily set aside when the patterned binding of the fascia appears to be limited by language and beliefs. In fact, the goals of a session may not be achieved unless the belief system begins to be addressed.

For example, in working with the CEO of a prominent company, he complained of chronic tightness in his neck. His shoulder girdle appeared to be held up by his ears. We worked to open adaptability in his legs and pelvis as support for his upper body but he continued to move as if his shoulders carried him. Then during Third-Hour back work he began to feel his shoulders relaxing and sense the support coming from his pelvis. After a moment of settling into this novel sensory experience he exclaimed, “If I don’t keep my shoulders tight, I won’t work hard.” He confirmed a long-held belief: keep tight to keep going. Here the challenge becomes to untangle the sensation of relaxing shoulders from the longstanding

belief that allowing ease meant being idle, sloth-like, and unproductive. We worked with the sensation of weight in the bones of his arms, sensing a space for breath in his axillae, as well as the movement of his scapulae when raising his arms. New movement behaviors needed to extend into his daily life: when driving his car or motorcycle, working at his computer, or addressing employees with company policy and profits.

Another side of cultivating the language of sensation with our clients is attuning to our inner sensation as practitioners. The question becomes what am I sensing? What happens in my own system as I come into relationship with living, breathing, moving tissue? How might I cultivate mindful attention to my own personal interoceptive state throughout a session? Where do I fall into the trap of labeling sensations instead of experiencing sensation without a label? How often do I forget the body is movement? Sensation is the language of the brain stem. Attending to sensation, without labeling, cultivates presence and a three-dimensional sense of inhabiting our ‘body’. Korzybski said the natural tendency is to abstract: the quantum or process level → sensation → descriptive feeling states → story → history or earlier similar associations. Thus, beneath every descriptive state is a sensation that is closest to the quantum level of process with zillions of photons pulsing through the field. Attuning to the sensation moving through our bodies is one key to a deep experience of our aliveness. It is also a key to the cultivation of self-knowledge. Whether we are sensing warmth or grounding to earth, or breathing the clean air at the seaside or in the forest, our internal sense (interoception³) is key to practitioner presence.

Speaking through Images

What’s your experience right now as you’re reading? Remembering that the word is not the thing . . . yet we need language, words, to communicate our ideas. Maybe you would say you are “curious.” Notice the feeling sense beneath the word. What are the body sensations this word evokes within you? What happens when you take the label off the word and just experience the neutral flow of energy-movement through your body? Like the bubbles in soda water – they’re just fizzy.

In our culture, the language of sensation is often limited to “I’m in pain” or “I’m out of pain.” In our sessions it’s important to help cultivate a language for sensation. If a client

speaks of pain, ask more about it: is it sharp, dull, all-over, throbbing, cold, hot-poker-like, intense pressure, squeezing, taking-breath-away, stabbing? . . . The language of sensation is the language of the brainstem. Research tells us that to shift posture you can't talk to the cortical brain. You cannot tell someone to just relax. It does not work. You have to speak of sensation to the brainstem, and you have to use right-brain language to begin to touch that dimension within a person.

So what is right-brain language? It is language that speaks with imagery, to the perception of weight and space, and which is delivered in an allowing and welcoming tone of voice (not a 'command', like the "stand up straight" many of us have heard over a lifetime). Use the poetry of images and spaciousness. The right brain understands spaciousness. The body heals when given space. The right brain knows images.

It is amazing what has stayed with me over these many years when the practitioner spoke with language that evoked spaciousness, allowing, and imagery. Long ago, an 'old-time' Rolfer was holding my cranium at my occiput and suggested the image, "Let this bone widen as if curtains are opening and the sun is shining in." Suddenly, my occiput dropped and widened. If he had told me in a commanding tone to "widen this bone," my occiput would not have budged. Find the elusive poet who often hides out in your right brain. (And, of course, there are those individuals who need more literal words and anatomical pictures. As practitioners, we meet the client where he lives.) Rosemary Feitis said, "what you feel, you will keep." When attention is given to sensation, our clients leave with a tissue memory of the possibility of being upright and moving easily within their own skin. A picture is worth a thousand words, but a sensation is worth a thousand pictures.

Conclusion

Our role as Rolfers is not as therapist but as educator. The Latin root of 'educate' is *educare*, meaning to 'bring out'. Our work includes the cultivation of language skills that invite, or that help decipher the invisible bindings a word or belief can have on a client's structure and movement behaviors. The manner in which we cultivate our own use of language invites and expresses a curiosity that may ignite

curiosity in our clients, their own body sense and self-knowledge. In our culture, the body is often treated as a machine – parts are removed and replaced, a war is declared on disease. Our bodies are living, breathing, sensing intelligence. In Rolfing SI we address an individual's structure and movement behaviors with goals of ease in movement, lessening pain, and supporting embodied alignment in the field of gravity.

I love the Rolfing process because in it I can be totally quiet. Often in the depth of quiet within a session, a dynamic stillness is the reverberating sound, the language, the field, and the space of my office becomes the temple of another's transformation. At other times, in the language of laughter or tears or explanation, somatic understanding transpires. The words we choose in order to evoke, explore, touch, and educate can ease and smooth the unfolding of life's vital movement through another's body. And I continue to recall Korzybski's axiom: "the map is not the territory – the word is not the thing."

Carol A. Agneessens, MS is a Rolfing and Rolf Movement instructor, practicing the art and science of Rolfing SI since 1982. She is also a biodynamic craniosacral therapist, and teaches workshops with this orientation. Studies in embryology inform her understanding and approach to structural and functional interventions.

Endnotes

1. Quote from Alfred Korzybski written in author's notes from 1981 Rolfing training.
2. This class was co-taught with Rebecca Carli, assisted by Hiroyoshi Tahata and Kevin McCoy.
3. Interoception is the ability to read and interpret sensations arising from your own body. Blakeslee and Blakeslee (2007, 180) wrote, "The more viscerally aware you are – the more emotionally attuned you are." The tendency to abstract and label sensation is naturally part of everyday behaviors; the practice is to notice that's what we're doing.

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What Is the Role of Language When We Integrate Structure?

By Kevin Frank, Certified Advanced Rolfer™, Rolf Movement® Instructor

Are Words Necessary?

What role do words play in the practice of structural integration (SI)? Are our hands, gestures, and embodiment enough? Must we speak? Must we encourage our clients to speak? For many it might feel like the sweetest practice to have minimal conversation. Some people probably choose a bodywork profession as a refuge from a language-based world, in the same way, for example, that athletes and artists might choose their professions. This is not necessarily a problem. Different practitioners do different styles of practice. Clients also have varied preferences.

Practitioners of either style – many words, or few words – are apt to express opinions about the opposite style. For example, we sometimes hear that “talking to clients about perception means subjecting clients to the practitioner’s belief system.” Conversely, we hear criticisms that less verbal or expressive practitioners “don’t explain sufficiently” – meaning explain the goals of the session or, say, Dr. Rolf’s philosophy. And we could consider the question, “Does asking clients questions, or teaching clients to name their experience, take them into their heads” (and therefore away from their bodily experience)? This question is central to any discussion of language skills and is addressed in this article. What does “take [people] into their heads” mean and what can we do about it? As for belief systems, and if we subject clients to them, that is an important topic, albeit for another day.

Clearly, there are different ideas about what it means to use words/language in SI practice. This article proposes, however, that there exists an inherent relationship between SI and the mechanisms of language, in the same way that mechanisms of perception and motor learning bear an inherent relation to mechanisms of fascial adaptation. That said, the study of language usage (i.e., the study of how words impact structure) is complex. The complexity of the topic can encourage us to avoid it.

If and when one is sparked to find interest in how language skill relates to our field, other questions naturally follow:

- What is the impact of language on SI itself?
- What is the appropriate role for language study in the education of practitioners?
- What does it mean to *embody* language skills for this work?
- What’s appropriate differentiation between evoking the client’s verbal expression in ways that remain within the scope of a structural integrator’s practice versus those of, say, a psychotherapist?

These questions most probably confronted Rolf, as Murray and Sultan have pointed out. (Murray 2010). The answers, nonetheless, remain something Rolf left for us to figure out. It’s time to do that.

The Context for Language Study in the SI Domain

Language and Shape

Language shapes experience. In our work of helping shift the way people stand and move, many forces hold a client in his motor habits. One central force is the way we describe our experience to ourselves and to others. Our descriptions of experience, in turn, hinge on how our world has been described to us. Our family, our culture, and our education have all built filters to what we see and feel, and these filters tend to perpetuate what we see and feel. Language is woven into our perceptive and meaning-making structures. We tend toward what Gibson (1966) calls *invariant perception* – we tend to see what we are used to seeing. Our words, and language-based images, are ingredients in invariant perception.

As each of us wakes up in the morning, our world re-assembles. The descriptive thoughts about who I am, what I am going to face, my history and my future remind me of my identity and, in part, shape the strategy I use to roll onto my feet and meet the day. My strategies, in turn, shape my movement and my body.

But language goes deeper than just a mechanism that perpetuates identity. Words are a symbolic separation from each moment of actuality. This article suggests

that the ‘language piece’ works invisibly – reliably modifying and even thwarting the hard work we do with our knuckles, elbows, and earnest guidance. This article also proposes, however, that the same force that thwarts can also potentiate the integrative process. Rather than diluting the fascial and perceptual work, language skill can deepen it. Integration is a fruit from the seed of *inquiry*.

Language and Inquiry

Inquiry is, implicitly and explicitly, an activity that invites something new to occur in the body/mind. Inquiry is different from technique in that technique aims to reproduce a known outcome, a previously worked out set of skills or steps. Inquiry provokes the mind to discover something that is whole and unknown up to this point. Inquiry is holistic. Technique, no matter how refined, is deterministic.

Language has the power to initiate inquiry and, also, the power to inhibit it. We initiate inquiry when we ask a question openly, with no preconceptions about its answer. Inquiry means being open to find out something unknown. To sustain inquiry means an orientation to elements of experience that are unknown, not abstracted by descriptors that derive from prior experience. The nature of language, normally, is to act as a filter on experience – in predictable ways for each individual. A predictable and unseen filter prevents inquiry and maintains a wall against change. This is a structural consideration.

Loosening the mind’s grip on body shape and movement expression by any structural factor – physical, coordinative, perceptual/proprioceptive, etc. – is the art of coaxing forth new responses to life’s events. It is about evoking plasticity in patterns that, left alone, tend to persist. Language usage is an opportunity to evoke plasticity. What is normally fixed can loosen when our representation of experience is brought to a lower order of abstraction – words that are less abstracted from primary experience. How we represent reality tends toward memories of what we have experienced in the past and labeled and judged as good or bad. When the labels and judgments about past experience are interrupted, the movement patterns associated with past experience have less power to repeat.

Images – We Are Ruled by the ‘Should’

We loosen the grip ‘held’ in someone’s shoulder girdle just by using words and gestures that evoke the meaning that a shoulder can hang off the trunk, like the appendage it is, with no need to be pulled back. Why is this simple suggestion potent? It’s potent because so many people have been instructed, by parents or other authority figures, to “pull your shoulders back.” This is a simple example. There are many examples, however, in which a person’s body image and posture derive from well-meaning but misguided directives. Similarly, we hear that someone’s back got ‘fixed’ or ‘aligned’ by a practitioner. The image of a back being fixed or aligned implies that body parts are something like the front end of a car and that someone has the power to fix them or straighten them and, in fact, did so. Surgeons can claim to do this to body parts – sort of. Do we imagine that manual therapists do this as well?

Images are powerful, and they last. Images are built into the way we speak – in half truths, and worse. People have been told their feet are “flat” or their backs have “too much lordosis.” These days, people are told they need to have “more core.” These assessments are made with no awareness of the iatrogenic (i.e., making the client worse) consequences. Labels lodge in people’s minds and work their mischief, spawning new patterns of effort and fixation. These are gross examples but, sadly, not uncommon.

Words work at more subtle levels too. How this happens leads us to the topic of general semantics.

Alfred Korzybski’s General Semantics

Alfred Korzybski’s book *Science and Sanity* (1933) offers the proposal that humankind’s woes are based on the way in which word use distorts experience, and that word use alone can lead to tragic distortions in our relationships with each other. Our difficulties come primarily because of our belief in the way we describe our identity and our experience to ourselves and others. Our descriptions of life are afflicted with an abstraction process in which descriptors, conclusions, and judgments keep us separated from the living dimensions of life, keep us separate and polarized from each other because of naïve faith in an

inaccurate descriptive process. Also, the descriptors we use are imprecise and often not grounded in fact.

Korzybski called his work *general semantics* (GS). Rolf was one of the many innovative thinkers who found his work and embraced it. She attended seminars with Korzybski in the early 1950s and later spoke about his work to her SI classes in the 1960s and 1970s (Murray 2010). SI is, in part, a response to the body/mind confusion that occurs as descriptive processes blur natural body architecture, wisdom, and function.

Ben Hauck (2008), a writer, actor, and student of GS, defines the GS field as the “study of reactions to language” (including emotional and physiological reactions to language). It’s an intentionally broad definition, but a definition that is also specific and unique. Korzybski went so far to claim that our reactions to language cause disturbances in the colloidal behavior of the body (Murray 2010). This statement and others from *Science and Sanity* (Korzybski 1933) indicate that he saw language reactivity, in the cognitive or psychological sense, as inseparable from physiology. When we react to language, our colloids react and influence physical structure. It is not hard to imagine Rolf finding these notions not only credible but unusually resonant with her view – the view that fascial health, posture, and the way we think are interwoven.

We see a touch of this viewpoint in the work of people like Marshall Rosenberg (2003) – Nonviolent Communication – and Peter Levine (2010) – Somatic Experiencing®. However, GS pursues a more detailed examination of the language dilemma, per se. The emphasis on how language use affects physical structure is particular to the thinking of Korzybski.

Bois’s Map of Language Abstraction

J. Samuel Bois’s *The Art of Awareness* (1996) builds on the work of Korzybski and further illustrates the abstraction problem in the use of language. Bois makes Korzybski’s ideas accessible to a somewhat broader audience. Bois was a participant in the courses that Rolf took in the early 50s (Murray 2010).

Figure 1 maps out the dilemma as Bois (1996, 100) sees it. The diagram shows, at the bottom, a representation of the totality of What Is Going On (WIGO) in

the universe. Each step up on the chart builds representation: representations of that tiny piece of WIGO that a person can be aware of. Each step up on the chart is a step toward greater abstraction, a movement away from actuality and toward more layers of interpretation, and interpretation of interpretation, and so on. The least abstracted descriptors are at the bottom: sensation words that, to some extent, convey an essence of primary experience. Skills for speaking out of primary experience, using words but not losing contact with the ongoing sensory experience – these skills are as central to deepening the SI process, as they appear to be to GS.

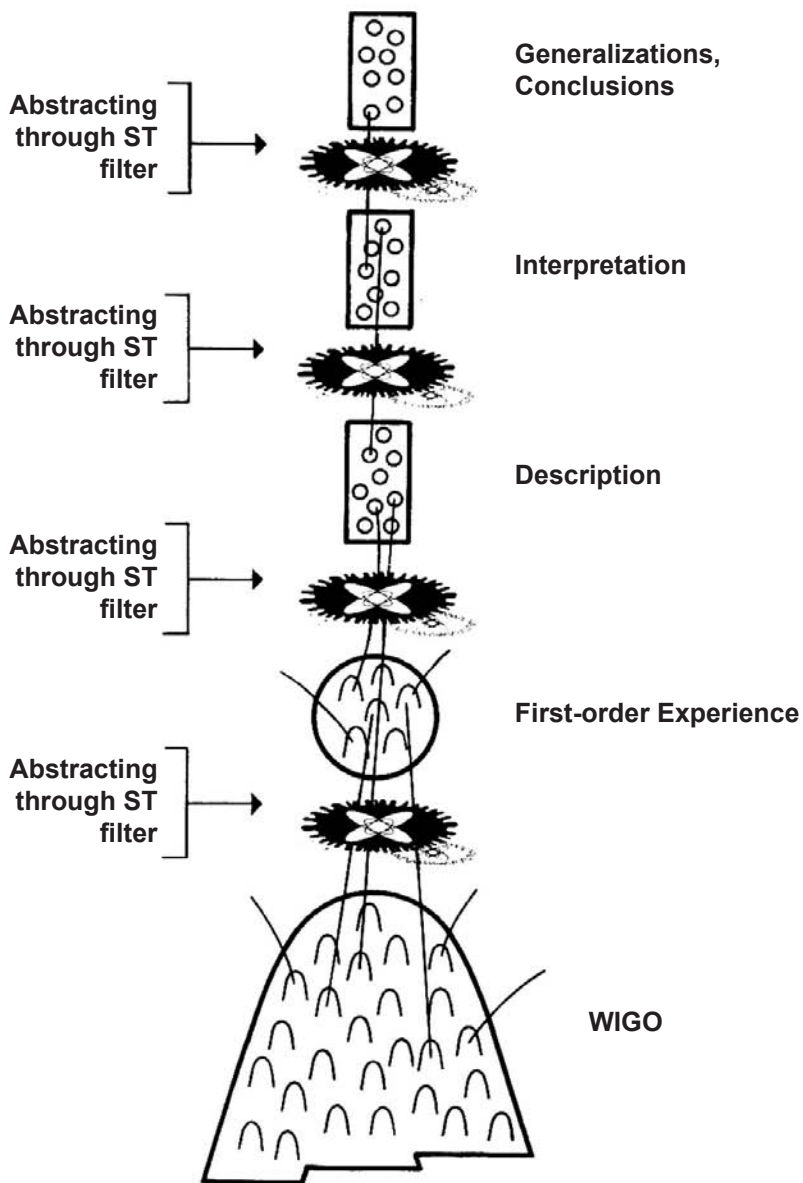
When we gain skill at sensing, speaking, and being aware of both, we revive flow in the sensorimotor capacity of the body/mind. This often occurs for the first time when someone is listened to by a practitioner in a field of *empathic resonance* (Frank 2011). Resonant listening helps a person arrive at moments of awareness coupled with sensory expression. The thinking brain expresses words while, at the same time, listening and attending to the activity of the movement brain. This is a conversation of an unusual nature. It can be described as a conversation between what Paillard (2005) calls the *sensorimotor brain* and the *representational brain*. The integration of sensorimotor and representational is, in fact, a way to define the basis of SI.

Teaching the Art of Sensory Expression

Enrolling a client in the art of speaking from the sensory experience, using words that are the *least* abstracted, is a considerable challenge – but mostly limited by the *practitioner’s* experience doing it himself. To those who have taken the time to learn to navigate word abstraction, un-self-consciously and naturally, the task of teaching it becomes natural as well. One technique that helps one’s own capacity is to build a list of sensory words and to practice tracking one’s own experience and finding the words that match what one feels in one’s body. “The map is not the territory,” but some maps more closely reflect the territory than others.

Sensory Language: Necessary But Not Sufficient

Sensory language and the capacity to engage in it, while necessary, are not, alone, sufficient for integration. Sensory



A new version of the structural differential.

1. WIGO—the cosmic event, shown as made of a limitless number of “infinities” of lower order.
2. First-order experience includes limited number of “infinities” of a lower order (parabolas).
3. The abstracting process shown as a filtering through the sieve of semantic transactions.
4. Circularity not expressed by returning arrow, but implied in ST filtering.

Figure 1: A diagram of the process of abstracting (Bois 1996, 100). WIGO means “what is going on” – the totality of events occurring in this moment. First-order experience is the least abstracted experience a person can have. Each step ‘up’ in the diagram represents an additional level of abstraction and each “ST” means a *semantic transactor*, which is the term for what shifts the description in a semantic hierarchy of abstraction.

language expression can become limited or fixated and, in so doing, can become yet another inhibition to integrative work. People can ‘wallow’ in sensation, as an internal sanctuary held separate from the ‘outer world’. Limitations to this strategy arise when a real-life challenge requires competent response: does one have to stop and find one’s internal sensation to meet the situation? The impulse may be to retreat ‘inside’ to try to arouse one’s internal resource, rather than evoke resource within the context itself. Sensory awareness (interoception) must be joined with spatial awareness (exteroception) and put into activity in order to serve real-world demands in order to embody *agency* (Frank 2012).

The Weave of Sensation with Thoughts About Sensation

Optimum is a capacity to engage language at a minimally abstracted level, shift to higher levels of abstraction, and then shift back again to lower abstraction, back and forth. It is the easy flow, the adaptive capacity to change levels of abstraction, that weaves one’s body experience into the meaning-making that is a natural part of being human. The sensorimotor brain and the representational brain *need* to have a conversation. Put more simply: body discovery needs to integrate with meaning-making discovery. The flow back and forth is essential to integration. The work includes a shift from words that convey what we call emotion or affect (anger, joy, fear, irritation, etc.), which are somewhat abstracted, ‘down’ to sensation, and then back ‘up’ to affect and then ‘up’ further to interpretation, and so on. Whether someone reports affect, interpretation, conclusion, or any thought about what they are experiencing, the abstracted report can be grounded, brought down to a lower level of abstraction – in sensation or gesture or a combination of both. Now the body gets a voice. The art of sensory language work presupposes a practitioner’s capacity to feel comfortable using it and evoking it, with patience, and free of any hint of pressure toward the client to perform.

Sensory Language Has the Power to Unglue Fixation

What sorts of words tend to unglue fixation? Sensory descriptions: sliding, pulsing, expanding, contracting, cooling, warming, etc. These sorts of words often end in “ing” because they are what are called, in English,

'present participles' – movement presently taking place. Movement that continues as words are spoken is itself a shift in awareness, a more refined awareness in which description doesn't have to interrupt flow but, rather, deepens it and anchors it. Fixation often releases with the exploration and expression of sensation, with no 'doing' other than supportive active listening on the part of the practitioner. Why? Because descriptors hold us fixated at a subconscious or unconscious level. We are fixated oftentimes simply because of beliefs based on memory. Fixation lets go when primary experience finds voice. Fixation gets replaced by flow – the flow of perceived movement.

Sensory Language Evokes Empathy

Sensory language evokes empathy. If I tell you I am feeling unhappy, that permits you to imagine something about what I feel, and maybe have some empathy. If, however, I tell you I feel squeezing in my abdomen, that there is thickening sinking in my lungs, that inside my head there is prickling, your body will probably connect better to what I am saying. The body knows how to turn sensation words into a physical experience we call empathy. When one wants to increase empathy, body-sensation words offer access more easily than emotional generalizations. Why? Because the language of sensation is a language of the body, in the same way that gesture is a language of the body. If we combine sensory language with gesture, and if we mirror back gesture – as we mirror back some of the words of a client, slowly, empathically – the client is joined and supported. With the added support, the body can do what it needs to do, to release, to move, to breathe.

Empathic communication is not only useful for professional life, certainly. Sensory words support empathy for any conversation in which there is challenge to finding common ground. As empathy is evoked, polarities of attitude can more easily soften. Rosenberg's (2003) work, mentioned previously, is all about working through intractable polarity via skillful word use – but he doesn't appear to include the body-based language ingredient. The addition of sensory words makes Rosenberg's work vastly more effective.

Sensory Language Anchors What We Do with Our Hands

When we evoke movement in the connective tissue, with our touch, or evoke movement in the perceptual process through guidance, the body responds: it organizes the practitioner's provocation into something that can be felt by the client as 'something perceived'. The lowest order of experience is sensation. When that sensation is described, in words that are birthed tentatively, which emerge from body-based speech and gesture, impact deepens. Sometimes it's as though a person is groping for words that might accurately do justice to the novelty of the experience; the groping means the brain/body is organizing/sorting. The 'new thing' starts to find a place in the brain, a place in the brain gets 'worked'. The new thing has had conscious observation and permission to express itself as sensation. Organization and somatic expression deepens the result, to a degree that is often deeply satisfying.

What Would That Look Like?

How might this process look in a session? Let's say you touch fascia somewhere in the body and, at first, the client is not sure what she is feeling, but there is watchful, cautious curiosity. The touch lasts for some number of seconds, but in the client's mind, time might be standing still. Your touch withdraws. You are quiet. You, the practitioner, notice yourself, whatever is there to feel, inside that part of *your* body, or anything that is available in your felt sense. You wait. You watch the client and notice if you *imagine* that the client is sensing . . . that there may be some openness in the client to primary experience.

At some point you ask, "What are you noticing?" You have visited this territory with the person before so it's not so strange anymore. The client softly reaches and 'palpates' the air with her fingers as if feeling the experience through touch, and then says, "I don't know . . . it's kind of like a pulsing, and a spreading." Clients may report a shape, a color, a temperature, or a texture. These are all words at lower levels of abstraction. The client may just utter a sound or make a gesture. You, the practitioner, stay present to the room, to the space, the weight of your body, your sensations, and you reflect back a bit of what you hear/feel from the client's report. You speak slowly, and from your own sensory landscape. Your tone

conveys an implied question: "Am I hearing this correctly?"

You watch to see if your pace, your word choice, your tone, and your posture are supportive to the client feeling OK with the process. You ask yourself, "Does she feel safe enough and supported enough to explore what is new in this moment?" The client's body/mind is integrating, and what integrates now goes on integrating, consciously and non-consciously. The work anchors as it unfolds. The client's system digests and sorts what is going to be useful for life, now.

Sensory expression might be followed by the invitation, "How is it for you to notice that?" This is a step upward in the abstraction hierarchy. A feeling about sensation is a step away from the thing itself. The client might say something as simple as, "It feels good. I like it." Or the client might say, "I'm not sure about this" or "It's weird" or "I don't know." This latter response can be followed by further invitation to notice something that has previously been reported to be a resource, or to simply explore the sensations that underlie the "weird" or the "I don't know." As a structural integrator it's not one's place – unless trained and credentialed in another, appropriate discipline – to encourage explorations into distress, especially if there is a trauma history. (It's wise to find out during the intake process if someone has a known trauma history, and whether that person has a professional to work with in a way that is helpful.)

Sensory expression, by the client, combined with quiet observation, is not a 'heady' process. Rather it is a body-education process, one in which the client learns at many levels. Included is a deepening of sensory mapping in the brain. Naming isn't necessarily interrupting. Rather, in the described context, naming performs a necessary function to anchor, by linking what is felt directly in the body with related brain structures. As the saying goes, "what fires together, wires together." In order for firing to take place, we need to build a minimal threshold of sustained attention to the phenomenon – to what is evoked by the SI process itself.¹

When and How Do Structural Integrators Learn How to Do This?

As of this writing, structural integrators are typically not trained to work with language in the ways described. It would be most effective to do language education, iteratively, at each stage of SI training. It takes time for skills to be observed, understood, practiced, and integrated in a way that isn't artificial and awkward. New students at first, understandably, will overdo it. There may be too many requests for what a client is experiencing. It can easily become too much, as one example. It is helpful for students to see demonstrations by a variety of teachers to appreciate stylistic differences. This is true for all aspects of a training of course, but it is especially true for skills that don't look like what the student expected in a SI course.

Some practitioners will take trainings from other schools – course work in Hakomi Method, Susan Harper's Body of Relating trainings, or Levine's Somatic Experiencing – which involve other adjunct skills. Students who take these kinds of trainings usually have an advantage in SI classes that involve movement – the part of our work that emphasizes client discovery and integration. Rolf Movement Integration training now offers courses that include development of language for somatic integration.

Embodiment of Language Skills

As for embodiment, the difference is not subtle. Someone who has spent time learning to track his sensations, name them, work the steps toward meaning and interpretation, and then back to sensory expression – such practitioners show a distinctly higher level of skill in embodiment, the ability to map the body and space around them, and a capacity to *see* embodiment and missed places in students and clients. Sensory tracking (following the trail of sensory movement in the body) and embodiment complement each other.

Embodiment shows up in the capacity to notice and shift pre-movement. People who learn to track sensation know how to pause and attend. This skill gets better over time. Changes in pre-movement are learned faster and easier with people who have practiced feeling/speaking the nuances of

body experience that accompany those changes. People can see pre-movement more easily when they have worked with sensory expression and tracking. Sensory expression and tracking do not have to be purposed for psychological therapy. The work is about skill-building – body education and improving self-knowledge.

A further benefit from hearing clients report primary experience is that it helps us find out what our work is doing: things like 1) have we done enough?; 2) where are we in the arc of a session?; 3) what seems helpful for this person? One advantage to hearing many clients name sensory experience is that we hear new variations. We get the chance to 'grow in' more embodiment – a broader range of somatic experience – because we get to feel what we hear. Our territory gets mapped more thoroughly.

Scope of Practice

When is work with sensory expression, language, and levels of abstraction an appropriate adjunct to SI and when does it wander into the domain of psychotherapy? What is the distinction between the psychobiological² and the psychotherapeutic? The answer to these questions becomes clearer with experience, but what about new practitioners? How do we make it clear so people who are starting out have distinctions to follow? Where, in theory, is the line?

One part of the answer to these questions gets clarified through training in language skills – a reason to embed language training early in the education of a new practitioner. Good, early on, to aim clients toward sensation and quiet moments of observation, versus discussion of feelings, for example.

Embodying the capacity to name what one is sensing and to navigate how one feels about that experience is in some ways an overlapping domain with body-oriented psychotherapy. What keeps a session in the domain of SI is that the practitioner limits her assessments to posture, skills of perception, coordination, and application of these skills to life events. It's about skill-building. The practitioner doesn't offer assessments or advice about the psychological condition of the client. The client isn't steered toward affect, or encouraged in psychological intention or behavior. The practitioner continues to invite the client to make his own assessment

about what he discovers in the session, and to reflect on what he likes the feel of, and whether it feels helpful, useful, or not. The client is invited to reflect on whether a discovery is helpful and to track how the new discovery can be drawn from when needed. This is self-referential learning. This is consistent with Rolf's assertion that gravity is the therapist and that her work is educational, not a category of therapy.

What does it mean that gravity is the therapist? SI comes back, over and over, to the primacy, the authority, of orientation to gravity. Orientation to *where*, to weight and to space, offers a basis for security and stability that is deeper and more reliable than psychological security (Frank 2010). Orientation is distinct to the SI domain. It is singularly what allows a practitioner to step out of the role/authority of therapist, because she points the client toward gravity orientation as the source for health.

The Scope of This Discussion

A discussion of language and SI could touch on other important issues such as how we talk to clients about what we see in their posture; how we describe our work; how we listen to clients; how we steer clients to closure; as well as grounding notions of 'flat feet', 'lordosis', 'alignment', or 'core' – to name a few. There are many opportunities for practitioners to learn and practice how to speak and listen skillfully. This article is limited primarily to a discussion about coaxing forth awareness/integration of primary experience. Society generally, and structural integrators specifically, have yet to broadly appreciate the power of language to shape body and behavior. It can feel foreign. But, anyone who has tried to have a 'difficult conversation' has some inkling of how quickly relational dynamics can open up or close down based mostly on word choice and tonality. Anyone who has spoken words out of bodily experience, and felt the body shift as it hears itself aptly voiced, knows the potency of expression.

The future of SI training has a mandate from its founder, Ida Rolf, to look seriously into the matter of how language affects structure. It's not an easy task to add another feature (and consequent expense) to a school's education package. Nonetheless, structural integrators who gain confidence in evoking sensory expression and helping clients use it to integrate find particular rewards in practice and reflect positively on their brand of training.

Endnotes

1. A caution: it's important to mention that some (psychological) types of people tend to 'disintegrate' if asked to notice sensation. For purposes of this article, when in doubt – e.g., if a client is confused by sensation questions or becomes hostile to them – it's best to cease asking the person to notice or work with sensation.

2. Psychobiology is part of the field of what is known as behavioral neuroscience. SI affects the brain in ways that show up as changes in posture and motor patterns. Structural integrators evoke awareness of and self-reflexivity to the relationship between perception and changes in behavior and the body experience. Work with verbal expression of sensory awareness emphasizes the psychobiological part of the SI package.

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Metaphors of the Body

A Resource to Advance the Rolfing® Process

By Lucia Merlino, PhD, Certified Advanced Rolfer™, Rolf Movement® Practitioner

Illustrations by Eva Furnari.

Editor's Note: Metaphor was the subject of Dr. Merlino's PhD thesis, "Metáforas do corpo em transformação: Experiência, Percepção, Postura e as relações com a Integração Estrutural Rolfing," which translates as Metaphors of the Body in Transformation: Experience, Perception, and Posture and Their Relationship to Rolfing® Structural Integration."

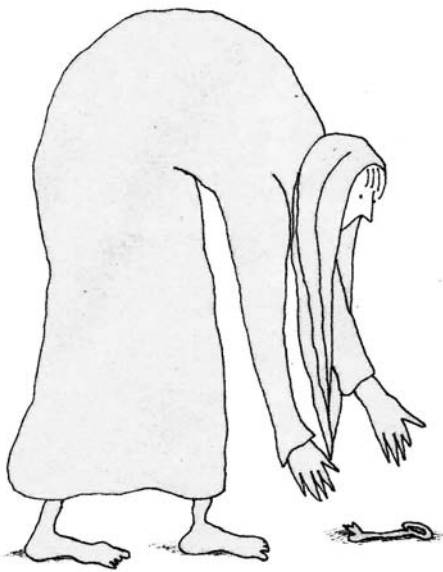
Somatic practices, which constitute a relatively new and still-evolving field of study, emphasize the subjective experience. Though some of these practices are grounded in anatomy and neurophysiology, they acknowledge the phenomenon of the human body from a proprioceptive, or first-person, perspective (Hanna 1995). Some practices have developed around the social and cultural implications of questions about the body: our bodily experience is influenced by our interaction with our surrounding environment, as we come to understand ourselves and our world through our bodies. In some sense, these practices take as their point of departure various philosophical, scientific, and cultural approaches to the body, which, in the past few decades, have garnered increasing interest.

When transformative insights arise in the context of somatic practices, metaphors emerge to express the transformations and assist the client to own the changes. In my Rolfing Structural Integration (SI) practice, I have observed certain patterns in my clients' use of metaphors. While metaphors sometimes describe physical sensations, they also generate sensation, as well as cognition and emerging self-understanding. Therefore, improving our understanding of metaphor can inform and advance the Rolfing process.

How Metaphor Organizes Our Existence

Images and metaphors have long been used in many cultures as aids to therapeutic, curative, and mnemonic processes. They appear in spiritual and shamanic practices, religions, and more recently in psychotherapy, as well as in neurological and motor rehabilitation. Metaphors inspire relaxation or movement in sports and dance – and in our Rolfing sessions.

In linguistic studies, metaphor was long considered a mere ornament, unnecessary to daily human communication. Beginning around 1970, some linguists broke from this objectivist view and began to reformulate the theories of metaphor. In his classic, "The Conduit Metaphor," Reddy (1979) described how – contrary to the then-prevailing view that metaphor is poetic or figurative – metaphor is part of ordinary English. The new paradigm posits metaphor as a key cognitive function, indispensable to how we conceptualize the world we experience. Expressions generalized through metaphor are not in the realm of language, but of thought itself, ways of mapping conceptual intersections where one mental and conceptual domain is cast in terms of another. That metaphor helps us understand abstract concepts such as time, change, causation, and action – not to mention emotions such as love and



hate – signals its importance for how we comprehend the world and ourselves.

In their pioneering work *Metaphors We Live By*, Lakoff and Johnson (1980) attributed to metaphor a key cognitive role in science, arguing that metaphor unites reason and imagination, and that *imaginative reasoning* is as essential to science as it is to the arts. What's more, they proposed that the metaphors through which we comprehend our world – those that illuminate and render coherent our personal history, dreams, hopes, and ambitions – are grounded in physical experience.

Recent linguistic and psychological studies show that metaphor is ubiquitous in ordinary thought, as manifest in common language. Researchers have sought to identify systematic patterns in the use of metaphor by studying common thinking and expression such as poetry, storytelling, and nonverbal gestures, as well as through psycholinguistic experiments. As Gibbs (2004) reports, studies in cognitive linguistics reveal that human cognition is not so much represented by specifically defined terms as it is structured through various patterns of our perceptual interactions, physical activity, and manipulation of objects. These patterns, which form experiential gestalts that Gibbs calls *imageic schemas*, arise during sensorimotor activity as we manipulate objects, orient ourselves in space and time, and direct the focus of our perception to particular ends. For Gibbs, imageic schemas are by nature imaginative rather than propositional, and operate with structures organized through the experience of body perception and movement.

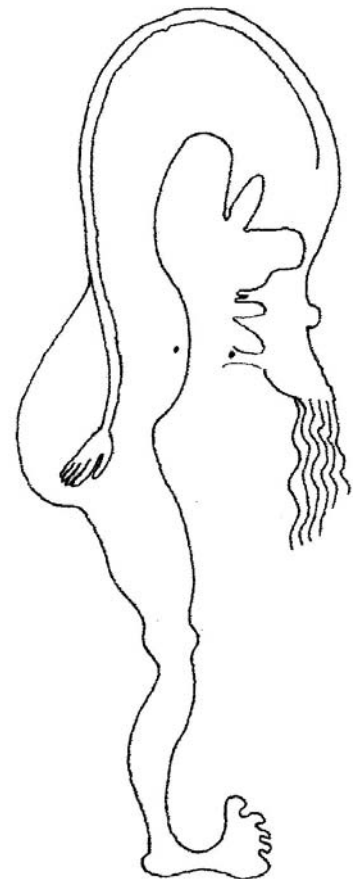
These theories suggest that a new metaphor is a sign of emerging self-comprehension. A key moment in a Rolfing session is when, after release of connective-tissue restrictions, the client perceives his body differently. The sensorimotor system functions differently, and movement can flow with unaccustomed facility. Even the ordinary act of walking feels disconcertingly foreign, as new sensations, perceptions, and images arise. Clients often say it feels like learning to walk all over again. This process is deepened when the novel sensations are accompanied by *new metaphors*.

In twenty years of clinical practice, I have collected myriad images. Many recurring images accompany sensations such as heat or friction typically induced by the Rolfing touch. Clients often perceive the touch as like a small knife. After the work, or when we invite clients to notice differences between the side that received the work and the one that did not, we Rolfers are accustomed to hearing clients describe their sensation as *lighter*, *softer*, or *bigger*. Often, however, the images are surprising or novel. Some clients experience reveries and reminiscences from long ago, or childhood memories. Occasionally, clients manage to connect these images to a particular spatial and bodily organization, though more commonly they do not know where the images come from. In either case, these are new imageic schemas, which, according to Gibbs, arise as clients seek to organize novel experiences.

My own research sought to categorize into three types the bodily metaphors that arise in connection with Rolfing SI and other practices of raising body awareness through somatic education: *didactic metaphors*, *sensory metaphors*, and *metaphors of connection*. Didactic and sensory metaphors describe bodily sensation before, during, or after the session. The Rolfer uses didactic metaphors to instruct the client, whereas the client uses sensory metaphors to describe images that arise from his own internal listening. Metaphors of connection, which bring greater complexity and go beyond internal body sensations, arise when the client seeks to organize his experience in relation to the world. Because a metaphor of connection describes a state of bodily organization that brings with it an overall gestalt, the metaphor enlarges the perceptual field, helping to remap the body in space and reorient the person's relationships in the environment.

Didactic Metaphors

Didactic metaphors are presented to students and clients by therapists and teachers of somatic education, dance, martial arts, and movement in general in order to stimulate a particular kind of cognition and coordination of movement. Today we have scientific evidence that using mental images to simulate movements enhances both learning and performance (Jeannerod 1995; Landers 1983; Suinn 1980). The term *motor imaging*, used in neurological rehabilitation and physical therapy, refers to imagining a body movement without actually executing it. With the activation of sensorimotor representations during motor imaging, patients whose current neurological conditions preclude execution of movements can nevertheless maintain a neurological program of motor activity, which preserves the capacity for actual movement later. An athlete, musician, dancer, or a patient with neurological damage, can use motor imaging to activate the brain regions that correspond to particular exercises.

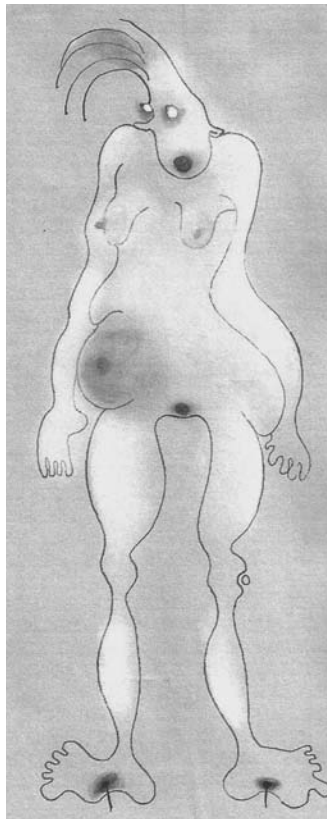


Didactic images are effective when, by imparting a strong stimulus to the nervous system, they create interest. As an enticing lure, they must be somewhat unusual, perhaps disconcerting, ridiculous, beautiful, or exaggerated. Many examples from dance and martial arts show parallels to animal movements, the forms of objects, and sensations and forms of nature. Because metaphors are personal, what works for one client will not necessarily work for the next, and Rolfers must seek the most effective metaphor for each. As Rolfing and Rolf Movement instructor Monica Caspari observes, when an image comes to her mind during a session, it is not formulaic, but rather an inspiration in that particular moment for that particular client.

Most didactic metaphors are either *anatomical* or *perceptual*. In somatic practices, the use of anatomical didactic metaphors is often called *experiential anatomy*. This is an excellent resource to raise the client's body awareness, but because many clients have virtually no comprehension of their own anatomy, it can require some preliminary education. For example, when I showed one of my clients a three-dimensional model of the bones of the foot, the client got a sense of how absurd it was to conceive of the foot as an unarticulated block.

Because the way we imagine and describe the workings of our bodies influences how our bodies actually work and the sensations we experience, anatomical didactic metaphors should approximate the biomechanical function of the structure at hand. For example, my client gained more possibilities of movement just by virtue of an anatomically correct image of the foot. On the contrary, when the client's image of how a joint works is unclear, the use of that joint is most likely disorganized. While pictures can be helpful, a three-dimensional skeletal model that can be touched, visualized, and experienced is best.

In Rolfing sessions, proprioceptive metaphors can facilitate a variety of explorations with objects. In Hubert Godard's movement work with bamboo sticks, for example, the client is stimulated to hold the bamboo with a *haptic* touch – i.e., to allow oneself to *be touched* by the bamboo at the same time one is touching it. For example, following the movement of raising the bamboo stick to the ceiling, the instruction is to allow oneself to hang from the bamboo, while at the same time to push the bamboo away. These seemingly



paradoxical instructions engage complex neurophysiological structures in support of the movement. In our sessions, we can use perceptual metaphors around touch, hearing, sight, and smell/taste to stimulate other dynamics of both movement and proprioception. These perceptual images can be used to create novel relationships with everyday objects.

Finally, didactic metaphors introduce our clients to a *language* for describing bodily sensation. For persons not used to giving words to their sensations, didactic metaphors create a verbal domain in which they can develop their own words for description or discussion of the body.

Sensory Metaphors

These metaphors are chosen by the clients themselves, and arise from the sensory experience of their own bodies before, during, or after sessions. Clients can be extremely creative as they seek to describe sensations through their personal repertoires of images. During sessions, it is essential for Rolfers to accept and legitimize the descriptions clients bring, and to exercise our listening skills and attention at the same time we are refining our work strategies. Usually, the client's first images are accompanied by timidity and insecurity, and the client needs encouragement from

the Rolfer for the images to persist and be developed. Because clients are not used to talking about their sensations, we Rolfers are introducing them to a new tool of expression. At the same time, to honor the novelty of the experience, we must be patient and not pepper our clients with incessant questions about how or what they are feeling.

During sessions, it is imperative to *use the client's exact words*. This is key to effective communication through images. First, an apparent synonym might fail to convey the client's perception. Second, using the client's exact words legitimizes and dignifies the client's experience and makes space for the experience to be concretized in image and language. A receptive and accepting environment – unlike the anesthetizing and stultifying hyper-stimulation of the modern world – stimulates the client to observe and express new sensations.

Surprisingly, sensory metaphors are often based on gastronomic images. Before one session, a septuagenarian psychoanalyst described the discomfort in her leg: "My leg feels as if theater ushers with flashlights are running up and down it. My leg is on high alert!" And after the session: "The leg feels warm, like a stretched mozzarella cheese. It's not on high alert any more!" She then shared childhood memories about vacation time spent in the country with her family. She told of one idyllic day when everyone was making mozzarella together, and explained how they used hot water to stretch the cheese. Or – as a young student of cinematic set design described the sensations on the side that had received work: "It feels like a crepe when you put it in a hot skillet – all spread out and melted."

Other metaphors are based on the natural world or on common objects:

- "This side is black, like a dry, dead tree. But the side you worked on feels like a living branch, running with sap; it's wide awake, blue."
- "You know how computer cords can get all tangled up? In the leg you just worked on, it feels like the cords are lined up and well-arranged. In the other leg, the cords are still all tangled up."
- "My shoulder feels like an all-wrinkled-up bed sheet – like a sheet that was in a bucket of water, and all the water dried up, leaving the sheet all dry and wrinkly."

During one session, an elderly lady reported pain when I touched her foot and asked me if I were applying a pincushion to the sole of her foot. When I denied it, she had to look for herself before she believed me. The pricks of pain she felt diminished and eventually departed as the work progressed. Ida Rolf talked about *thorns stuck in the flesh*, and this metaphor arises for clients over and over. When the lady felt her hip freeing up, she observed, "It's as if I've had a cord wrapped around my waist that has now been loosened – and now I can breathe."

Metaphors of Connection

Clients present metaphors of connection when the recognition of new postural organizations alters perception of the world and others in it. Here, new inferences, meanings, and sensations arise from the bodily and perceptual reorganization. Based on the cognitive view of metaphor, when the metaphor of connection springs up, it both illuminates and expresses abstract ideas underlying human thinking – ideas that guide how the person views the overall environment and the objects within it. These metaphors express the precious moments in which the client comes to own the transformations that the Rolfer's work has facilitated, as the client describes new relationships and new ways of being and acting in the body during ordinary activities such as walking, sitting, or breathing.

Among the three types of body metaphor, this is the type that can link to the social, political, and artistic realms. The metaphor of connection *brings insight*, which arises when the client is in a creative state, no longer isolated within the internal territory of subjective perception but creating a bridge between subjective perception of self and objective perception of the outside world.

Godard (2013) suggests that metaphors of connection arise in the context of a person's liberation or disengagement from the grip of the metaphor that has been the person's pattern so far. The client steps outside the habitual metaphor and enters into an experience for which, because it is novel, there are no words. It is at first empty, silent. The disengagement, followed by the emptiness and silence, creates the opportunity for new metaphors. One client remarked at the conclusion of our process, "It seems that I'm no longer alone, that I have joined the flow of the

world. Previously, I was drawn into myself and alone. This brings up strong feelings for me."

The body's memory – this aggregate of sensorimotor patterns organized around habit, life history, and beliefs about what is good alignment – creates a *body posture*. This posture is registered in the tonic musculature and determines the degree of tension in the body, defining for each human gesture a specific quality and color. Our work with posture can be considered a work of composition, of putting together: it lets the client organize and relate to the flux of perception and sensation. Posture is not something we can relegate to the outside, but rather something that comes from the inside, something that happens in the meeting of the inside with the outside. One young client realized that her new posture was possible when she stayed present in her surroundings. This took courage: "If you don't get this idea, it's a place where you do not exist yet. You want to say you exist, but don't have the words. I can't maintain the old posture I'm used to – with that lover's heart, like a good bride, absent, passive."

Another young woman, a performing artist, describes her sensations after our work: "It's like I'm free from a condition of being



My empty hands are filled with nostalgia.

crushed in a vise, from a silent suffocation. It feels like two eyes in the mouth of the stomach are opened, and that there is a vast space in the front. It feels like flying." One client, a man of forty, discovered "a sense of shame in being vertical, upright. I think I carry things from my past in my body, making everything compressed and fearful." The Rolfer's task includes working through these complications, which make it harder to improve anyone's posture. Of course, as we help clients get used to their new metaphors, we can balance their connective-tissue tonus, too.

Final Considerations

Our engagement with Rolfing clients has a creative aspect. As Rolfers make the transition from subjective perception of the client's unique physicality to the objective analysis of the client's structure, they are like film choreographers helping the client to find a different musical score – one that's more fluid, more integrated in the world. As Rolfing SI induces changes in bodily perception and sensation, the client can recreate internal images and patterns of relationship and use metaphor to develop a new narrative of his own experience, refining it as he shares it with the Rolfer.

One explanation for the emergence of images and emotions, which are the points of departure for the narratives, is that by touching fascia, the Rolfer conveys the possibility of a *joint*, which, unlike a block, actually articulates. This allows the client to gain plasticity and differentiation, and to make relational space, inside and outside, within himself and with the world. The sensation that one is articulated, differentiated, and most of all autonomous, can be very powerful: it is no longer necessary to *brace* oneself.

The memory, a product of the body's encounter with the world, is re-formed each time one encounters one's own body. When the Rolfer recognizes that emerging metaphors express the client's taking ownership of the changes that Rolfing SI can bring, the Rolfer can open the therapeutic context to receive whatever words come to the client. During Rolfing sessions, as the client returns to a state of emptiness free of rigidified tensions, the words of the body help the client to understand and process the experience. Tissue and memory meld into a new configuration that is more fluid and articulated; and through metaphor,



e CORPO NÃO GOSTA DE DIREÇÕES OPÓSTAS

The body dislikes going in opposite directions.

narrative becomes a tool of formation and transformation. If there is a receptive and accepting witness, so much the better.

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Cultivating Insight

Learning the Language of Intuition

By Matthew Berean, Certified Rolfer™

Author's Note: In my personal exploration of this process I feel particularly fortunate to have been aided by many teachers and guides. I am frequently reminded of a quote by Isaac Newton, "If I have seen further, it is by standing on the shoulders of giants." The teachers to whom I am humbly grateful are Jeffrey Burch; Bob Schrei, Donna Thomson, and the entire team at SourcePoint Therapy®; Tias Little; and Drupon Rinchen Dorjee Rinpoche.

Learning to condition our nervous system and our mind to become focused in the present unveils new layers of information about how we interact with ourselves, our perceptual environment, and our clients. The more we allow our minds to become still, the more we will be able to notice increasingly subtler nuances of how our habitual mental choices shape our perception. By making small shifts in how we direct our attention, we can use the neurological skills we have cultivated in our structural integration (SI) practice to deepen our personal work of mindfulness and our intuitive perception in the session space with our clients.

Using subtle points of contrast in our expanding perceptual awareness will develop our ability to intuitively discern mental, emotional, and physical choices that are of greater benefit to the overall well-being of ourselves and those around us. This discernment will also enhance our ability to dialog with a body system to glean greater detail about the most beneficial approach to take with a client at any given time in the course of a session.

In exploring this dialogue process we will be conceptualizing the body more as a field of information than simply as a physical structure. By interacting with this field, we will notice how our own felt relationship to this field, along with our client's, changes when varying forms of information arise and when questioning primers are placed within it. By noticing these subtle variations, we can initiate simple binary (yes/no) questioning that can

help us refine greater layers of detail about the most beneficial treatment approach.

The range of this detail can include, but is not limited to:

- A region in the body that is primarily responsible for limiting the expression of the 'Line' in the form at the present moment.
- The anatomical structure or type of tissue in that region that will yield the greatest change for the system as a whole.
- The most beneficial vector of treatment input and body orientation to effect this intended change.
- The nature of the physical adhesion, type of emotional trauma, or energetic block that is distorting the expression of form.
- The completion point for a session.

We will be learning to validate the variations that do present with the other assessment methods in our skill set. The intent is not to abandon the skills we have integrated into our practice, but to access different combinations than we might use habitually. Opening up to a wider field of possibility will increase the opportunity for our own personal transformation, both in and beyond the session space, while honoring the inherent capacity of the body system to move into a more balanced, functional, vibrant expression of being that is inherent in both the client and ourselves.

Getting Still

The practice of SI involves the development of many skills to facilitate change in the

systems of the clients we work with. As we learn and deepen in our practice, the richness and subtle nuances of the work continue to unfold. Finding the most efficient means of deepening perception has the potential to transform the work from simple anatomical mechanics into inspiring art. On occasion, the opportunity arises when we are invited to step beyond the comfort of the known into the mystery of transformation.

Many of us have observed various levels of this transformative phenomenon in our own personal experience and perhaps even in the session space. Frequently these insights and physical changes can be quite significant in their impact. How can we learn to effectively facilitate this additional layer of information to better inform how we engage with clients and ourselves? To answer this question we have to look more closely at moments when the act becomes art.

When learning a new skill, focus is required to monitor the activity while we are neurologically integrating this new form of input. Over time these neurological patterns become more familiar and easier to access. Eventually we are able to activate these patterns with significantly less mental effort. This familiarity allows the practitioner to be more present and to observe what is occurring in greater detail, without having to cognitively *think* about it. My observation is that SI encourages new practitioners to listen to and feel the layers of the system far more effectively than many other forms of manual therapy. From looking at the client's body as an entire interrelated system of connective tissue to monitoring the tissue response in their own bodies, SI practitioners set up the neurological parameters to increase the amount of information they gather and process. The more they practice, the more adept they become.

Having trained competitive athletes for over twenty years, my observation has been that automaticity of action is due to a significant number of hours of proprioceptive awareness training. Often high-level performers such as athletes and musicians have an ability to transcend their activity and become aware of more that is happening than just where they are and what they are doing. Often this experience is also coupled with a significant reduction of any perceived conscious effort in performing the specific task in question.

For athletes this is frequently referred to as *the zone*. Jazz musicians might call it *swing*. In yoga it might be called *flow*. The word used is less important than the sense of the experience itself. For the participant, it typically involves a state of awareness of being very present and still in the moment while also being tremendously expansive in perception. For anyone witnessing one of these expressions of life, it feels captivating, even for an observer or spectator.

How does this relate to SI and serving clients? If we can learn how to automatically tap into this greater proprioceptive potential, these perceptual skills can be applied in more detailed information gathering and perception refinement. This will allow a deeper, more profound transformation than any we could have cognitively engineered even with decades of purely intellectual study and rigor. To do this we have to conduct an honest assessment of how effectively we have been cultivating the capacity to listen to the body system, and then begin to refine our skills.

We first have to establish a very calm neurological baseline with which to observe the relationship between the speed and direction of the stream of mental thoughts and the physiological state of the body as a whole. In the course of our own healing journey, many of us have experienced forms of this still state, which can be very profound. How do we learn to put ourselves into a neurological space where these forms of profundity are able to arise with greater frequency?

Part of the answer lies in the physicality of form. As our bodies move into a more structurally balanced and physiologically functional state, the movement of breath occurs with greater ease and involves the movement of more physical tissue structures in the body cavity. As the diaphragm is able to move inferiorly on inhalation in a more three-dimensionally uniform manner, the nervous system, and consequently the activation of the mind, is able to slow down. As the speed of mental chatter and distractions decelerates, we can notice other layers of perceptual information that were present, but inaccessible due to the distractions of our mind-stream.

I often describe this experience for my Chicago clients as the point of contrast between a familiar area of the city at rush hour versus 4:00 a.m. on a Sunday. What one is able to perceive about one's surroundings

during the clamor of an urban rush hour is distinctly different from what one is able to perceive at a less active time. Most likely those quiet murmurings in the background were there during the active hours, but were drowned out by all the clamor of the city's hustle and bustle. Ultimately it will be that very subtle perception of contrast that will allow us to explore the depths of our own mind-stream more effectively and, from there, the nature of our mental experience.

Many of my colleagues reading this will already have various forms of personal practices for calming and centering the body system as a whole. For the sake of this article, I will take a beginner's approach towards this process of allowing the nervous system and, through that, the mind, to achieve a very calm state of being.

Initially in the exploration of the nature of mind, the physical orientation of the body will present increasing potential distractions the longer one attempts to maintain any relatively stationary position. The longer one attempts to stay relatively still, the more the structural alignment of the body and any inefficiency it has in relationship to gravity will come into play. One of the greatest obstacles I find with individuals who begin to explore some form of seated contemplative mindfulness exercise is that their structural orientation is compromised, restricting the efficient flow of breath enough to hinder any decrease in mental activation. That, coupled with the increased likelihood that this inefficient structural positioning will also accelerate muscular fatigue, ensures that physical distractions will increase with time; and therefore, there is even less chance of a calm mental state arising. To compound all this, these well-intentioned individuals are venturing into relatively uncharted neurological territory and have few perceptual reference points to use in marking progress.

Due to these challenges, I have found it much more efficient initially to set up an environment in which the physical structure is in a greater state of ease than it would be while orientated vertically. A relatively easy point of entry is to start with the body in a comfortable supine position that offers limited stabilization requirements for the structure while also providing ample tactile contact points on the support surface to track any contrast during the course of the breath practice. In a yogic system this would be referred to as *savasana*, corpse posture (see Figure 1).

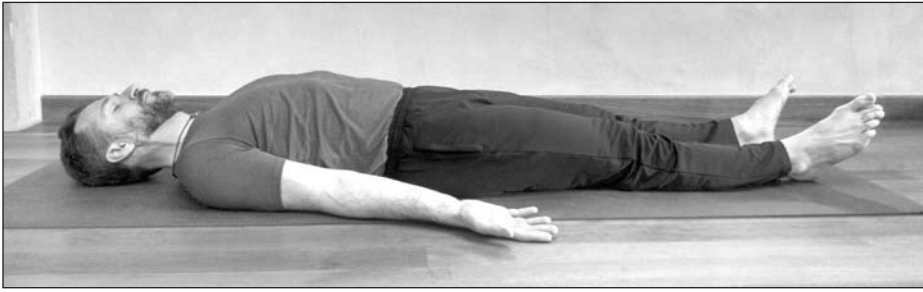


Figure 1: Savasana (Corpse Posture).

Initially with this practice, the simple intent is to check in with the contact of the body on the surface, head to toe, left to right, front to back. Notice any points of contrast in terms of the amount of contact or weight/pressure in different areas of the body. From there we can add an awareness of the orientation of the body, one limb to the other, and even within the torso. Once this relatively quick layer of information has been gathered, mental awareness can sense the movement of breath in the body. If we are astute in our observation, we may be able to gather where the movement is occurring initially and what the cycle of inhalation and exhalation is like in terms of duration, effort, etc. Typically this will begin to change very soon after we begin to bring our awareness to it.

Once we have gathered this initial information, we begin to allow the initial movement of inhalation to gently descend into the abdomen. As this begins to deepen, we allow ourselves to notice if the movement is expanding evenly into the three-dimensional space of the abdomen or if there is more movement along certain vectors of direction than others. The key is to begin to build a more detailed three-dimensional proprioceptive awareness of movement in the body. We are interested in simply observing the experience and allowing the information to come to us rather than actively going out and seeking it. The softer and deeper the breath becomes, the calmer our neurological activation, and with that, our mind.

As the volume and speed of mental chatter begins to decrease, we may begin to notice new pieces of information that were not initially apparent when we began the process. This point of contrast allows us to cognitively track our progression in this exploration. Initially, we may be intellectually inclined to think about the contrast we have become aware of, and typically in doing so, this will turn

up the speed and volume of mental activation along with distracting chatter. With practice, however, we will be able to notice the contrast of even this choice and simply let it go to return to the experience of simply feeling our body and allowing the breath to flow through it.

The flip side of this experience might be that we get so neurologically slow that we lose our point of mental focus in experiencing movement in the body, and simply lose consciousness altogether, falling asleep. If we find this occurring frequently, then it would be beneficial to examine our mental fatigue in general. Are we budgeting sufficient sleep time for ourselves? If not, then perhaps allocating time to explore this mindfulness exercise when we are more physically and mentally alert in our day would be beneficial. We are seeking to learn how to evolve from a mental activation switch of *on* or *off* to more of a dial. The greater the flexibility of mental activation, the more settings on the dial. To borrow from the movie *This is Spinal Tap*, we would like ours to go to eleven.

Deepening Our Listening

With small regular (i.e., daily) bits of practice, we begin, through the process of neuroplasticity, to rewire the way in which our brains function. In doing so we train the mind to stay clear and present at a much slower level of neural activation in the body field. Initially even five minutes is sufficient to slow the respiratory neural activation rate, and typically fifteen to twenty minutes is adequate to allow for physiological shifts large enough to track consciously. As with any skill, the regularity of the input is integral to neurological integration of effortless functioning. I use various forms of this neurological and mental conditioning with clients on a regular basis to help them to learn how to better regulate and track their daily physical and mental experience.

Once we have achieved stability in developing a mental dial of activation, there are further refinements that are required to cultivate greater stability of information flow, insight, and the ability to interact with this information. With repeated neurological conditioning, our ability to drop into a slow calm state increases in speed and decreases in effort. At this point of mental flexibility, exploration of this practice from a traditional seated crossed-leg position is generally much more productive, assuming level stability of the pelvis above the knees, adequate range of motion of the knees and ankles, plus maintenance of gentle three-dimensional movement of breath through the body. For more specifics on structural details of this efficient alignment, see a description of the seven-points meditation posture available at www.gaiamtv.com/article/seven-points-meditation-posture.

From either of these orientations we would like to plumb the depths of the nature of mind and body further. To do this it is helpful to place a primer or intention into the system. This primer can be conceptualized as a mental construct with which to compare or contrast the experiences of mind that do arise, using the established awareness of the body field as the physical barometer affected by that contrast.

This construct centers on an intention of an ideal state of being. What would be an ideal state of health – physical, emotional, mental, spiritual? What are we moving towards in this exploration of the interaction of mental awareness and the nature of the physicality of form in space? This could be conceptualized as the Lline, a blueprint of health, divine love, Buddha nature, universal flow, etc. The key intention is that there is some dynamic, constant reference point of potential to move towards in the process of becoming that interacts with the physicality of awareness, but is not exclusively limited to it.

From a calm state, we place a question into the body field: “What would an ideal state of health feel like in the present moment?” As we do this we remain open to the first flash of insight that arises. We allow this insight to come into greater focus by experiencing it in our body. What presents to us has the potential to change each time we get still. Each time we do this, new information may appear.

We now have the option of getting still and checking in with this reference point as we do our own inner healing and evolutionary work. As we engage in this exploration, mental or physical obstacles will become apparent that inhibit our ability to effectively feel this state of calm in our mind-stream and body field. This will typically show up most clearly as a disruption in the subtle physical movement of breath in the body. This contrast point of neurological experience can be a frequent stumbling point for many people because it is interpreted as a regression or loss of the previous calm, relatively positive experience. This development is actually a good sign, however, as we now have new layers of our experience to be softly present with as we gently train the mind to simply return to a place of allowing, being aware of the body field and the subtle movement of breath therein. As we work through these perceived obstacles, we learn greater compassion for ourselves in our own personal life experience and, through that, how those experiences parallel many of the experiences that challenge the clients in our practice.

The more we are able to feel a sense of this ideal potential in our own inner practice, the more we are able to see this in others as we interact with them. In the context of a session space, we are able feel and empathize with the pains and fears of our clients while still holding the space for change in the direction of that ideal health. As our own relationship to this still point of health increases, we will be able to feel it in our body more regularly, even in the session space if we choose.

Benefiting Ourselves and Others

Once we make the choice to allow this layer of information into the session space, our intuitive exploration can really begin to take off. If we conceptualize this potential of health as a relationship that both we and the client have individually, then as we connect and interact with the client, we have set up a structural-mental construct that has three points: ourselves, the client, and the potential for health (see Figures 2 and 3). While we maintain an awareness of this relationship dynamic, we can then track how this greater sphere of information vacillates as we proceed with our normal approach to the treatment session.

If we encounter a question or unexpected puzzle about the course of the treatment or action to take, we have an opportunity to check in with this structural-mental relationship to see what it feels like as we consider the most beneficial direction to proceed. What we will begin to discover is that if we have cognitively distilled our options down to two or three choices, one or two of those choices will feel more beneficial than the other: a point of contrast. This contrast brings a new layer of information into our standard evaluation. Through this new layer the capacity arises to consider options that we would not have been open to us consciously. By opening to this information, we allow it to present to us rather than consciously seeking options with our minds.

This subtle shift in allowing information to flow to us rather than going out and getting it has the potential to completely shift our approach to SI and to our life as a whole.

This does not imply that we simply shift to a passive state, but that we allow ourselves to become more aware of the balance between the active and the receptive. We allow information that is not strictly physical to begin to inform how we relate to our environment by learning to feel in a much more sensitive, refined manner. In doing this we discover new paths of reduced resistance to ferry us from where we perceive we are to where we would like to be. An increased sense of ease in accessing information allows us to feel a greater sense of compassion and understanding as we recognize the similarities between ourselves and our clients in physical form and in emotional reactions.

The deeper we delve, the less *the work* feels like work. Instead it feels like an enriching experience of living, in which we are fortunate to have the opportunity to truly be of service to others. These others are precious teachers who shine a bright, sometimes painful, light on the areas of ourselves that create the foundation of dis-ease within our own experience. We grow through our mental responses to their stimuli. By conditioning the mind to habitually respond to these stimuli differently, we develop the skills to allow us to fundamentally change how we relate to others, to ourselves, and to our world.

Matthew Berean is a Certified Rolfer, SourcePoint Therapy® Energy Medicine Practitioner, and yoga teacher in Chicago, Illinois. Matthew has also completed training in visceral, vascular, neural, and cranial manipulation. He has coached novice to elite rowers for twenty years and has been a student of yoga and meditative practice for more than twenty years.

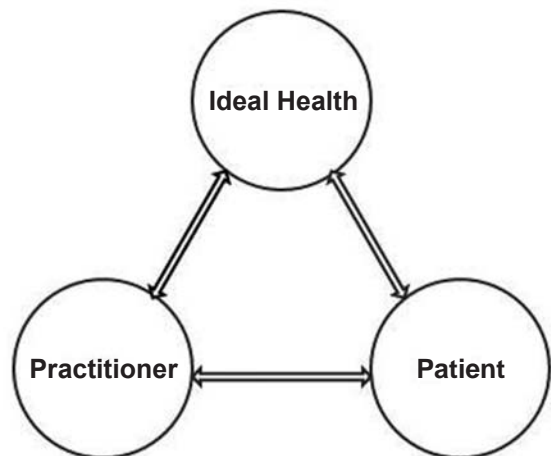
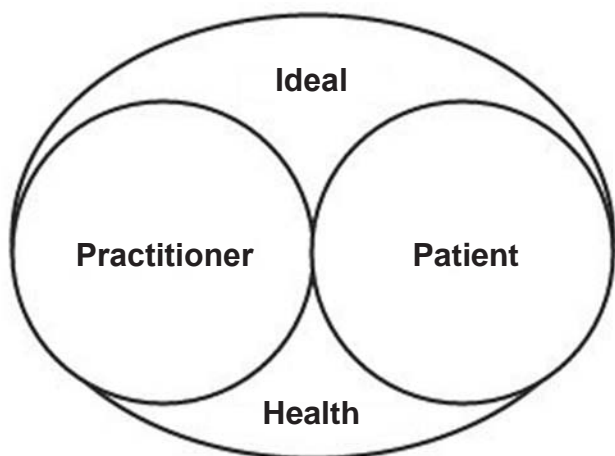


Figure 2: Field of ideal health. (Image credit: Matthew Berean.)

Figure 3: The healing dynamic. (Image credit: Matthew Berean.)

Will Johnson's Grand Experiment

What Happens When SI Meets and Informs the Field of Meditation?

By Anne F. Hoff, Certified Advanced Rolfer™

Introduction

In May 2015, Rolfer Will Johnson brought a unique training to Boulder, Colorado: a four-day class for students who were both meditators and bodyworkers entitled "The Line: A Professional Bodywork Training for Sitting Meditators." Many in our community talk about the effect of Rolfer® Structural Integration (SI) on consciousness, and recognize this impact on our clients. Johnson, however, after circling this question for years through his own study and practice and a large oeuvre of writing (see bibliography), has in recent years created a powerful methodology and experiential incubator for direct exploration – what he has termed his "grand experiment" (Johnson 2012a). Thus far he had presented it in his eight-day Buddhist retreats and in private work with clients. In announcing this four-day class, he stated, "My vision is to integrate soma and dharma into a practice of balancing and surrender that has the potential for a profound healing of both tensions in the body and contractions in the mind. . . . I've decided to offer this training so that graduates can then return home and assist groups and individuals seeking to unlock the potential of sitting-meditation practices" (Johnson 2015) – taking it to the streets, so to speak.

The Viewpoint

In his book *Balance of Body, Balance of Mind* (1993), Johnson postulates that body tensions, such as we work with in Rolfer SI, anchor us to the familiar sense of self, the 'ego mind' that many meditation practitioners in nondual traditions are seeking to transcend. If body tension tethers the ego, doesn't it make sense that meditators would benefit from bodywork, particularly a form that radically alters the familiar sense of the body, as SI does? Johnson told us that the inception of this particular mash-up of SI and sitting practice he was to teach in class went

back to a self-retreat he did years ago, when he invited a fellow Rolfer to work on him every few days over the course of the three-week retreat. The experience was an awakening: Rolfer SI supported ease in having an aligned sitting posture, and that ease and alignment liberated the meditative experience. As Johnson (2012a) has stated, "Just before the two-week mark of that retreat, my body settled into the practice in a way that I had long been struggling to experience, and the vision of alignment / relaxation / resilience as the foundation of meditative experience came rushing forward, so strongly that by the end of the retreat *The Posture of Meditation* [his 1996 book] had virtually written itself." Thus, Johnson's (2012a) description of "the Line as physical foundation for meditative inquiry."

Johnson's own meditation background is both Buddhist and Sufi. He has done sitting practice in both the Vajrayana and Hinayana Buddhist traditions, and explored the ecstatic Sufi realm through the poetry of Rumi (publishing translations with Nevit O. Ergin) and a gazing practice that he believes goes back to Rumi and Shams i Tabriz (Johnson 2003). What he finds as a common ground is literally ground, but not in the solid sense; rather, the shimmering, luminous, open ground of true nature that the Vajrayana tradition calls the *Mahamudra ground* but that is equally recognized in many other spiritual traditions by other names. Johnson (2012a) teaches "a practice based on alignment, relaxation, and resilience in which the entire body stays in subtle, constant motion in resilient response to the force of breath" – this is what opens awareness of the shimmering ground.

Moreover, he asserts that this is embedded in the Buddhist tradition, not something he has invented. As source texts, he referred the class to the meditation instructions from the *Satipathana Sutta*, attributed to the historical Buddha, which begin with the

directive to sit with the spine straight and upright and culminate in the instruction "as you breathe in, breathe in through the whole body; as you breathe out, breathe out through the whole body." Likewise from Tilopa's *Song of Mahamudra* we have the instructions to "do nothing with the body but relax" and to "become like a hollow bamboo."

As many meditative traditions have moved either towards a crumpled, slumped posture or a rigidly upright posture that emulates stone Buddha statues, Johnson believes that his contribution is to point meditators back to these instructions, and to bring in the bodywork piece to support relaxation of the body. As he noted in an early discussion (Johnson 2012a) of plans for a retreat that would incorporate SI sessions, "The practices that I teach, while completely within the Buddhist tradition, have been heavily influenced by my understanding and application of Dr. Rolf's vision of The Line. The sitting practices that I share and promote – based on the three simple principles of alignment (the upright vertical), relaxation (surrendering the weight of the body to gravity), and resilience (the understanding that everything moves) – are as much an application of Dr. Rolf's vision as they are of traditional dharma teachings, and increasingly students of meditation are recognizing that these principles are indispensable to the goals of dharma practice."

Looking at this further, Johnson (2012a) states, "If you can create a condition in which breath generates responsive motion at every joint throughout that body, the dimension of experience that the Line references begins to appear naturally and spontaneously. What I refer to as the Line, then, is not just a function of an integration of physical structure alone, but of the explored integration of body, breath, and consciousness which results in a radical shift not only in how I experience the body, but in what I experience my 'self' to be.

Johnson has been particularly supported in his work by a few Buddhist teachers, including Reggie Ray who leads the Dharma Ocean *sangha* (community) in Boulder (their center hosted the four-day training in May). Johnson describes Ray's teaching as "deeply body oriented," and says that Ray was intrigued by the formulation of a retreat that would include SI, leading to Johnson teaching at Ray's Blazing Mountain retreat center

in Crestone, Colorado (Johnson 2012a). In his first few retreats, Johnson had the SI team arrive early, to have a few days to orient them to his methodology and the four-session series they would be using for the meditators. The format of four sessions was born of the eight-day retreat schedule, Johnson says: providing a session every other day seemed about right and allowed the SI practitioners the opportunity to sit part of the retreat themselves.

Training Practitioners and Sangha in an Urban Retreat

The Boulder class in May was Johnson's first foray into training practitioners outside of a residential retreat format. He encouraged us, however, to consider it an "urban retreat," and to hold a contained, distraction-free environment, in both class and our outside time. He emphasized that the impact of the four series comes not merely from the combination of a meditator and a bodyworker, but from the presence and awareness both hold as the work is being done. Students had to apply to attend, and were expected to have a meditation practice besides being bodywork practitioners. (Johnson has thus far only used SI practitioners at retreats, but here experimented with opening the training to other bodyworkers. Of the fourteen of us, eight were SI folk – mostly Rolfers – and the others came from a scattering of other bodywork practices. The teaching addressed us as both meditators and bodyworkers, with the intention that we would be able to take the material home to both verbally coach our clients and meditation communities in meditation posture and practice, and also to offer supportive bodywork.

Each morning began with the material for the coaching part. Johnson emphasized that the Line is functional rather than structural, and that it arises from alignment and openness to breath and subtle movement:

The Line is first transmitted to meditators through a series of exercises and guided meditations designed to awaken and relax the body while remaining alert and aware in the sitting posture. Attention is first paid to the alignment of the upright torso resting above the supporting base of the lower body. Once [that] is established, the meditator can then begin to relax completely, to

surrender the weight of the body to the pull of gravity. And, finally, for relaxation to continue over time, subtle transmitted motions, in the manner of an amoeba, need to be allowed to move through the entire body in resilient response to the force of breath, not unlike how a wave moves through a body of water. Through this tripartite focus on alignment, relaxation, and resilient motion, we can create a sitting posture that supports us in letting go into our meditation rather than bracing against it . . . The Line can't be imposed from without. It needs to be evoked from within, and so the guided meditations are presented not in the form of step-by-step instructions, but rather as *somatic koans*, evocative statements that the meditator explores not with his or her mind but through the feeling presence of the body (Johnson 2015).

There was meditation practice both sitting and lying down (easier to begin to experience relaxation). We were encouraged to reconsider our meditation cushions, as a thin or flat cushion ultimately results in unnecessary pressure on feet and knees in long sittings. To this end, he invited all of us to try his three-layer, six-inch-high foam meditation cushion (like a cloud!) and to contrast that to the traditional *zabutons* that he termed "pancakes." He brought in the relevant quotes from the *suttas* (sutras), and fielded questions both simple and complex related to the material at hand as well as those generated by the experiences of a bunch of body-sophisticated meditators. To the Gautama Buddha and Tilopa quotes above that reference breath and relaxation, he added one from Ida Rolf: "In a truly balanced and integrated body, breath will occur in all the joints in the body, and that includes the sutures in the skull as well as the joints between the small bones of the feet."

There was also discussion of ways we could bring this into our own communities, whether Buddhist or another tradition (Johnson emphasizes that these practices are not restricted to any particular traditions). For those concerned that they don't have specific credentials to be meditation teachers, he stressed that one can be a guide and support others in their meditation practices based on what one has

found helpful for oneself – credentials from a lineage holder are not needed for that, just being a warm, open human.

Each morning concluded with a demonstration of one session of the four series, preparing us for the work of designing SI sessions to support sitting practice and, ultimately, consciousness. These sessions were then practiced on each other in the afternoons, so that we each could experience the work.

As noted above, the four-session series Johnson developed arose out of the eight-day retreat format it was first used in. He explained that he tried to condense key aspects of the Rolfing Ten Series, and demonstrated a 'recipe' of sorts, but also invited each of us as experienced practitioners to work as we were guided. Sessions 1-3 of his four series were done as tablework and encapsulated elements of Ten-Series sessions 1-3, 4-6, and 7-9 respectively. Session 4, the integrative capstone, was conducted with the client in his or her typical meditation posture (most students used seated postures on cushions, one used a chair), actively engaged in practice while receiving the work. An example of this is shown in Figure 1. As is typical of most SI sessions, the client is in underwear, so in a retreat setting the sessions would be done in private, with the meditator bringing his meditation cushions



Figure 1: Will Johnson working on a client in seated meditation posture.

from the meditation hall. Working in one's private practice, the practitioner would have the client bring his or her meditation cushions to the Rolfing studio.

While the last session clearly facilitates the meditator practicing while receiving work, Johnson encouraged that all sessions be conducted with *both* the SI practitioner and meditator-client engaged in mindfulness to body sensations. One student asked, "What are we contacting as we work?" The best answer seemed to be that we aspire to be in touch with the mahamudra ground from which all form arises, both through our hands and through the awareness of the SI practitioner and the client-meditator.

The first three evenings of class, Johnson gave talks open to the public. He presented similar conceptual material and then led body-based meditation practices. The class objective was not only to experience the principles of **The Line** more deeply, but also to see how they can be shared with an audience of sitting meditators" (Johnson 2015a), so here we got to see the group teaching context. Although open to the general public, it seemed that mostly Buddhist practitioners showed up, quite a good number, indicating that people do crave more ease in their sitting practices. Johnson invited participants to let go of rigidity in their seated posture and to soften into allowing sensation to permeate the body. There was no evening session scheduled the last day of class, but Johnson may want to include that in future as he said that having us students circulate the room to provide individual guidance would have been useful.

Comments from Students

As this class was pretty revolutionary in its experiential content, I've asked some of the other SI practitioners who participated to share their impressions.

Matthew Berean, Certified Rolfer

The relationship of the structural movement of form in space and how it relates to mental states has intrigued me for decades. In my exploration of this experience, I eventually found my way to Rolfing SI. Dr. Rolf's work taught me a simple relationship dynamic for experiencing the myriad permutations of life's expression. After learning of the work Will Johnson was exploring around structure and breath in the context of meditation and awareness, I was interested

to meet him and learn more about what he had uncovered.

I found the whole class experience to be personally very productive in refining the description of many of my own physical and meditative experiences while also very transformative for fellow class participants. One of the most unique approaches that Will takes in offering this information, particularly with respect to meditation instruction, is the acknowledgement of listening to the body. Well-intentioned, experienced, and aspiring meditators are given permission to seek ease in the body and the movement of breath by lying down rather than persisting in a seated position if they are in discomfort.

During the course of the evening teachings, the sensory experience of movement in the body was explored through gross physical movements as well as subtle movements of multiple joints in the body while seated and while lying down. As someone who has been exploring these concepts with varying degrees of success for many years, it was wonderful to see how Will's guidance through these exercises allowed so many of the participants to be able to shift in the approach to their meditative practice and find a greater sense of ease in the process. Some of these simple somatic exercises highlighted the subtle spinal movements in the body related to each wave of breath, explored a progressively building awareness of breath in each direction of space through the body, and described the inherent empty nature of awareness that presents when those movements are allowed to fully express themselves in the physical form.

I have already found practical applications of Will's work in refining how I explain fluid facet movement of the spine to my clients. I now have more material to incorporate into workshops for yoga and meditative groups to help students feel the relationship between structure, breath, and mental ease.

Nathan Hanson, Rolfing Student

Experiencing one of Will Johnson's eight-day intensives where the participants receive a bodywork session every other day is what inspired me to become a Rolfer. For me, meditation is about relaxing and realigning the structures of body and mind, and to have a skilled practitioner assist me in this process has been an indispensable tool for helping me find a natural sense of space and ease in my sitting practice.

As a current student at the Rolf Institute®, having had the opportunity to receive instruction from Will on how I can help others experience what I experienced was a tremendous blessing. Not only do I highly recommend this work to anyone who is a practicing meditator, I also strongly suggest it to anyone who sits.

Carl Rabke, Feldenkrais™ and SI Practitioner

Will Johnson stands in ripe ground in terms of the cross-pollination of traditional dharma practices and the work Dr. Ida Rolf. I have long resonated with Will's books on embodiment, and since attending his retreat on the 'Line', I have noticed a profound shift in my practice on the cushion, as well as my practice on the table working with clients.

At one point in the workshop Will said, "My aspiration is to free the dharma from the corner of frozen stillness it has painted itself into." I don't find any arrogance in that statement. Rather, it is a recognition of the truth that we, as somatic practitioners, have something of great value to offer the world of meditation. Likewise, the principles of meditation and the cultivation of awareness offer something to us that can deepen our work as practitioners, and the benefit that we offer our clients. Will has an elegant simplicity in the way he holds, and invites us to explore, the essence of the teachings of the Buddha and the open inquiry into the living qualities of and felt sense of the Line. I highly recommend his work.

Anne Hoff is a Certified Advanced Rolfer with a practice in Seattle, Washington. She is also a teacher of the Diamond Approach® to Inner Realization and the Editor-in-Chief of this journal.

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SI on All Cylinders

An Interview with Liz Gaggini

By Anne F. Hoff and Liz Gaggini, MA, Certified Advanced Rolfers™

Anne Hoff: So Liz, I want to talk to you about this big idea of how Rolfing® Structural Integration (SI) interfaces with the mind or the being of the person, the consciousness, because I know you have a background in Buddhist studies and practice and also in psychology.

Liz Gaggini: In my twenties I developed an interest in Buddhism and I was fortunate enough to be around when Naropa Institute started. At the time they had a masters degree in Buddhist and Western psychology. It was a two-and-a-half year program, and it included a four-month retreat as part of the program, so it was a fairly intense experience. Every semester we would have two classes in Western psychology, two classes in Buddhist psychology, and some seminar to try to integrate the two.

AH: This was quite new at the time, I'm assuming.

LG: Putting the two together in a clinical program was new. The program was designed to create psychotherapists. It was a really good training, and afterward we left there and had a fairly successful time finding jobs and working as clinicians. The graduates of that program were sort of renowned: you could put us in a room with anybody and we could find a way to work with them, because we had a sort of fundamental way of relating to people rather than any narrow way of working. I went on to work for ten years as a psychotherapist doing a lot of work with individuals, families, and groups.

AH: How did you eventually become a Rolfer?

I got Rolfing [SI] for the first time while I was in graduate school at Naropa. I had stumbled and injured my left ankle and foot, so badly that I was on crutches for six weeks. The doctors were thinking they were going to have to go in and tie some tendons together or whatever to get my foot functional again. Somebody suggested I try Rolfing [SI]. I went to someone who was just finishing his training, Chuck Whetsell, who is still practicing, he works in Birmingham, Alabama. No lie – I walked out from that one session of foot work



Liz Gaggini



Anne Hoff

without my crutches. He went on to give me ten sessions, and I went on to continue to get work from various Rolfers the entire time I was a psychotherapist.

When I was getting tired of psychotherapy, one of the things I thought to do was to become a Rolfer. At that point I was tired of sitting in chairs and just talking to people and writing reports. I had a persistent craving to be a more physical person – so much so that the other thing I thought about doing was landscape architecture. In fact, maybe I did end up doing that!

AH: And did you immediately find intersections between your Rolfing work and what you had learned at Naropa – in particular, the way of being with people?

LG: Oh, certainly: in the immediacy of the experience of giving and receiving the work there is a chance to glimpse what Buddhism describes as ‘suchness’. In the opportunity to pay attention to the experience of both the whole and minute at once, there is an important aspect of mindfulness, *vipashyanya* (which, I should say here, is different from what is known as vipassana meditation). In the quality of meditation found in synchronizing body and mind. And certainly in the foundation of Buddhist practice, the four noble truths, [and how I apply them to SI]:

1. The truth of suffering – the body will have pain and difficulty functioning.
2. The cause of suffering – being out of alignment results in pain and dysfunction.
3. Suffering can end – the body can be realigned and experience ease and grace.
4. The path to ending suffering is the eight-fold path comprised of wise view, wise thought, moral speech, moral action, right livelihood, good effort, good mindfulness, and good contemplation. Translated to SI these become developing a wise view and good thinking about SI, behaving as a moral professional in our practice, and working with good effort, maintaining mindfulness and contemplating overall what we are doing.

For the most part, Buddhism is so fundamental in its descriptions that it can be applied to any situation. We could develop the four noble truths and eight-fold path of any endeavor and it would be informative.

But back to your original question for this interview, how Rolfing SI interfaces with consciousness – I mostly think of another aspect of Buddhist teachings that always seems to apply for me. That is the *trikaya* – the three bodies or three realms, if you like, of enlightenment. These are a way of looking at three aspects of existence or being and they are a way of understanding consciousness without getting into a hierarchical or better-lesser way of understanding body and mind. And it allows creativity and synchronicity to be a player as well. I like it because, for me, it refers to what is happening in the session – in the immediate assumptions, relationship, and activity of a session.

The *trikaya* are the *nirmanakaya*, the *sambhogakaya*, and the *dharmakaya*. These can also be termed respectively body,

speech, and mind; or form, meaning, and space; etc. I think in Rolfing lore what comes closest to this is Jeff Maitland’s (1992) thinking about the three paradigms of Rolfing SI, the physical, the psychological, and the integrative.

AH: Let’s go through them individually.

LG: The first one, which in Buddhist theory would be called *nirmanakaya*, that’s the aspect of form, and the way things work in the world of form is by cause and effect, it’s very straightforward, very predictable, the way the mechanistic world works. All of our scientific research is about that.

AH: Does “form” specifically mean physical form?

LG: Yes, it means physical manifestation. So the trees are form world, this house is form world, your and my anatomy is the world of form If you know the rules of physical structure and cause and effect, things can be predictable, at time mind-numbingly so. And things are solid and reliable, at times frustratingly so. This is the realm of anatomy, biomechanics, chemistry, and physics, even quantum. (Though quantum mechanics begins to expose the other two realms as any good fundamental aspect of reality should.)

In the realm of form, aspects of body alignment are going to be predictable and prescriptively workable. If somebody has his tibia sheared posterior to his femur, there’s going to be irritation on the patella plateau and the anterior meniscus, the popliteus is going to be short and continually active – protecting the posterior cruciate ligament, the lower hamstrings are going to be tight, certain things are going to happen in his gait – [he’s] not going to be able to get much extension from the hip or the ankle. It’s a very predictable world and we can devise predictable ways to fix it. This is the realm of the Ten-Series ‘Recipe’ as it is physically applied, and that is when it gets interesting for broad dialogue about what is Rolfing SI when we see the *nirmanakaya* in context of the other two *kayas*.

The physical is not all that’s going on when you do structural integration; there’s more than that happening. As we work with what physical presence means to a person, to ourselves and to our clients, we work with the somato-emotional experience of being. This is *sambhogakaya*. What experience means to someone. We are working with how it ‘feels’ to be [the person]. Does she

feel confident? Does she feel open? Does she feel comfortable? Can she rest in herself? Is she uncomfortable in herself? Can she psychologically adapt to her experience and her environment? Does she have the psychological resources to regulate her own somato-emotional-social world? Can she, when appropriate, shut up, speak up, energize, calm down, share, hold private, laugh, cry, care? All these kinds of things, the sense of her being, is also quite important to us, and this is the aspect of meaning that we work with in SI right along with the aspect of form.

AH: So would this fit in with the Rolfing taxonomy of the psychobiological?

LG: I’m not real up on the taxonomies so I don’t know for sure, but there’s psychobiological in the form world in just neurochemistry in the sense that if you take a certain posture with your body you are going to manifest the emotions of that posture, the neurotransmitters are going to fire and that emotion is going to occur. That’s still form aspect, that’s still cause-and-effect, predictable world. So if someone has a vagus nerve impingement, there can be a clinical depression that goes along with that. That’s still form aspect. This is the world you can treat with drugs, the world we can treat by getting an impingement off that vagus nerve. If someone has really constricted mesenteric fascia and he’s not able to produce enough dopamine, he’s going to experience some depression or bipolar stuff, and if you free up that mesenteric tissue, maybe detox the liver a little bit, that’s still form world. So from that point of view, the psychobiological is still the aspect of form.

The world of ‘speech’ or ‘meaning’ which is the *sambhogakaya* in the philosophy of *trikaya*, is much more about a holistic sense of meaning in that we hold memories of a past, a way of expressing in the present, and images about the future. This is very much where all qualities of intention operate. Also, this is where transference and countertransference occur.

AH: Are the realms operating independently, or can, for example, meaning affect form?

LG: Sure. Meaning and form can both affect one another, as can the element of mind or space that I have yet to discuss. For example, somebody may, because of various experiences or things he’s been taught, put a lot of value on being very upright in his spine and shoulders. Let’s

say there's a sense that if he relaxes that uprightness that he is going to look meek or weak or slovenly or not in control. So here there are ideas affecting the body, meaning is affecting form. In order to get him to be more functional as a somatic being, we need to get him to have the potential to relax this uprightness. If we work with just the form aspect, we are not likely to get the change we are wanting. We will have to work with the meaning. We'll do that sometimes by taking pictures and saying "Here's how you look with your shoulders up, and here's how you look when you are relaxed – does that really look slovenly or not in control?" Or we'll have him in front of a mirror and show him. Or we can just talk to him about his fear of loss of control or looking sloppy and how that is contributing to his alignment and pain issues. We are giving him a new memory, new concepts, new meanings. When working with someone around meaning, we are always working with how we 'language' and how the client 'languages' This is why the sambhogakaya is known as the aspect of speech. In this aspect we are also working our own and the client's personal history, self image, social context, beliefs, and concepts.

So these are some examples of that world of meaning that we constantly have to be in tune with while we work. The relationship that we have with that person has to have quite a bit of this aspect in order for there to be a successful Rolfing session and series. [With clients] there has to be a large part of the experience that is us getting to know them, and them becoming able to trust us. Which means that we have to be aware of the meaning aspect in ourselves while we work and of the type of work we are doing. We have to work on ourselves so that we don't limit or distort what clients can experience of their true selves. The realm of meaning is not predictable like the realm of form. It does not operate by cause and effect. It operates by symbolic understanding. So to work with this aspect of Rolfing SI we have to be sensitive and listen, remember, and converse. If we have too solid of a sense of who we are and who the client is, and too big of an idea about the best way to be and interact and all of that, we are going to miss being able to allow the true meaning of that person and of a session or series to come forward. I think that's a significant part of being able to be successful with this work: you could call it people skills, but it is this ability to allow the true nature of the client to come forward.

AH: It sounds like what is addressed in the therapeutic relationship part of the Rolfing training, but it's not a very large part of the training.

LG: No, it's not. I think we rely a little too heavily on somebody coming into the training who already, for some reason, has emotional maturity and has people skills. We don't really know how to teach that, we don't go about teaching [students] that. We may talk about Rolfing SI and transformation and the somatic dialogue that goes on, but in terms of teaching about that, we don't do a lot. I think the Institute was advised against that at one point because we were not a school of psychotherapy.

AH: I was interviewing Ray McCall recently, and he told a story, which I've heard before, that Ida Rolf initially wanted a few different schools to split these things explicitly, with a school that was more medical, one more psychological, and one more energetic. So there may be a way that our founder did not have them fully integrated in herself?

LG: Or maybe she was just tired of the arguing and thought the only way the full significance of structural integration could develop was if they were separate for a while and then later they came back together. One of the things I think our group has never been good at is academic or intellectual dialogue. Too much so, it seems to me, that when people state their ideas, others overreact, get mad, and the fight becomes personal. In academia you are supposed to have different points of view, you are supposed to have conflict; it's not a bad thing to have different points of view.

AH: In academia people might fight vehemently but they don't question somebody else's status in the profession.

LG: Right. So we've never handled that very well. I've regretted it many times myself because I like to state my opinion strongly and I more than welcome other people stating their opinion, and if I can be convinced and learn something new I'm all for that. But in order for that to happen, somebody has to dialogue. We can't all just sit on our own opinions and not share them. This is just one reason why [academic] faculties are always required to keep publishing. It keeps dialogue open and that is proven to increase understanding and development. Our work is made more powerful because it includes this aspect of

meaning. Therefore it is going to be good for structural integration if people write, talk, think, and discuss about their ideas. This should be encouraged, not discouraged. And I think, in respect to the faculty, it should be required.

AH: And what about the third aspect?

LG: Yes, the *dharmakaya*. In many ways, it is the hardest to talk about. This is the creative element we allow in our work. And this is where the more transformational aspects of our work are expressed. The element of space always begins when we just open up and don't know anything. When we don't know why we are working in some area or some way but we allow it. This aspect is more likely to be a part of a session if we or the client are not overburdened with solid concepts.

Because there is this aspect of space and openness, form and meaning can be more easily transformed. So this is where the transformation aspects of Rolfing SI come in. This is where what seems like the impossible can happen, when somehow some sort of magic can occur. If there is an aspect of openness and not knowing to the process, it becomes possible for someone to just drop a whole bunch of automatic reaction patterns, or to just not care about issues he used to care about, be bothered by stuff he used to be bothered about, and just become a different person. This is certainly part of what we hope will happen and sometimes promise people will happen with structural integration.

Everybody who does structural integration has probably experienced this. You end up doing something or something happens with the session that you never planned to do, thought you would do, or thought would happen, and it turns out to be the important thing that creates significant change. You may never even have expected to get that much change, or to go in that direction of change, but it turns out to be the most important essential thing. It's that willingness to allow yourself to do something that you hadn't planned to do – to not have such a formula going in that you can't adapt to what's coming up, whether it's an idea like "I just want to put my hands over here," or you're listen to something the client said and think "Wow, that sounds like she wants more ground, I might go work on her feet." Or she's walking and you just get an image of her being able to move in an area she's not moving in, and

you decide, “Whatever I do in this session I’m going to try to get it to end up that she’s moving through that part . . .” It’s some willingness to not know so that something new can occur. And it is something that often gets created out of the interaction between the two of you. Probably because in those moments of dialogue the situation is more open, more allowing, and therefore more creative.

AH: The intersubjective field.

LG: The intersubjective field where the sum starts to equal more than the parts. Because you have these two beings trying to meet, the space becomes more relevant; that can allow a new way of being to manifest and allow old habits, old somatic expressions, to just fall away. The thing with this aspect is that, if it is truly creative, then the moment will transform us too. Let’s say you’ve had this habitual way of working on hamstrings and all of a sudden that gets cracked because you end up working a new way, and that transforms the way you work forever, something that you learned there: it transforms you as much as it transforms [the client] in that situation. To me, the total experience of integration comes out of those kinds of moments, comes out of that kind of experience. Other than that, it’s just lip service. You’re telling somebody something, he’s trying, you’re trying, but the actual experience of the coming into being of that integration isn’t happening. When somebody can truly say, “Wow, I feel like a totally new person,” that level of integration comes from being able to let go of your idea of what should happen.

AH: Talk for a moment about why the Buddhists call this space, or mind, because where my mind is going with this is to the phenomenology of space. In these transformative experiences, the client’s experience is generally one of spaciousness. For it to happen, it often requires that the practitioner be open, as you said, and being open requires spaciousness. It requires of the client the openness to let things be different, whether it’s in his self-image or some fixed pattern, and it requires of the practitioner openness in how she works and thinks about things.

LG: There has to be an allegiance to space in order for something new to occur. We could talk for months about the Buddhist notion of emptiness or the Buddhist notion of space or that sort of thing. I’m just going to try to talk about it in a few simple ways

and hopefully not get anything too much in error here. In terms of the experience of mind, mostly we experience our minds by the thoughts we are having – and emotions and sensations from that point of view are thoughts. So the mental contents, that’s what we think of as mind. From this point of view, mind is actually the space around those thoughts, and you have more of an allegiance to that space than the actual thought, or to the experience. So you’re laying on the table and [the practitioner’s] got her elbow deep into the line between your vastus lateralis and your vastus medialis, and you and that practitioner can be just right there with that action and its sensations, or you and she can be with your whole bodies and the whole room and the whole of space. Any element of more space mixed in is going to allow for more creativity. This is really more erudite than may be advisable for this discussion, but since you asked, the heart of these creative moments does not break down into experience and experienter. There can be a transcendental observer. But once any more attention is being placed on ‘this’ or ‘that’ than is being placed on the space, the moment of creativity has already occurred.

AH: It’s been lost?

LG: Not lost, in this case, just passed into history. If there is an ongoing dualism, no creativity would even occur, just expressions of our preconceptions and habitual projections. In this case, dualism is dropped, creativity occurs, but we slip into dualism because we are over-watching.

AH: To clarify, being with the whole room, the whole of space, is not a form of disassociation?

LG: You’re still associated, more than you’ve ever been associated in some ways. When, as a practitioner, you’re not so into your concept or your intention or this small thing, but you are aware of [the client’s] whole body while you are working, and your whole body and how it is in space, and have that spaciousness, there’s the potential here for an integrative interaction to occur within his body but also within the relationship between you and the client in terms of what it’s possible for you to understand about him, what is possible for him to allow you to work with in him. Then it will be a transformation in how his body is going to stand up and relate to all of space. So that is the experience that happens when you’ve set up the relationship to be

not about you and your ideas, not about the client and his concepts of himself, but about a *let’s see what happens here* – when the work is as much a question as it is an idea – even in our hands, in our quality of touch.

AH: So what does this look like in your practice? You teach a lot of classes on biomechanical and visceral work where there are very specific things that are being palpated, you need to know if the organ is fixated more in expansion or contraction, you need to know the shift and tilt patterns . . . So obviously you are gathering a lot of information, which is informing your mind towards a particular course of action, but yet there’s also this spaciousness you want where you can be informed by the field.

LG: The way that that manifests is number one in the way that you set up the relationship with the client. If from the very beginning you go in with a questioning mind and not with a telling mind, you are already setting up the relationship to always be a dialogue. So it starts out as a process that can include form, meaning, and the unknown potential. Just begin to start making the process an open question instead of an applied formula.

This is one of the reasons I’m such a stickler about not calling our work massage, because people in the culture have an idea of what a massage is and it’s something that gets done to them – and it’s supposed to be relaxing by the way, it’s not supposed to hurt. So if we call our work massage, 1) it’s supposed to be relaxing and not hurt, and 2) it’s supposed to be done to them. There is already a fixed story about massage. One of the great things about structural integration is that new clients really don’t have any idea what we are going to do with them – which frees you up to do anything. You can talk to them, you can have them walk around, you can do cranial-type work, you can do visceral-type work, you can do strain and counter-strain; you can pretty much do anything you want within that that helps to achieve structural integration.

Now the more we start to just prescribe and define it as massage or one thing or another, the less freedom we are going to have to do what the situation calls for to be done. It’s like, I didn’t realize I was going to wind up doing thirty minutes of movement work or whatever in this session, but once I got your shoulders balanced it was really obvious that your ideas about your posture or your cranium or whatever

was going to pull them right back off again. And how did we know that? Because we know about form, we listen to meaning, and we stay open to the potential around the particular. I don't know if we can even see the shape of the body or lift or support without an awareness of the space that we are in. The more you look at the thing, the thing, the thing, the less you can really see it. When you stand back and you have the space around that person, then you can start to see.

AH: What's interesting about that, if you remember back in 2003 when I broke my knee, I said to the surgeon during the recovery, "There's a counter-rotation in my knee," and he said, "No there isn't." And I said to the physical therapist, "There's a counter-rotation in my knee, I can feel it, I can see it," and she said, "No there isn't." And then you came out to Hawaii teaching or visiting or something and I had a session with you, and the first thing you say is "There's a counter-rotation in your knee."

LG: If you are just sort of looking at the alignment of the patella and you are not really seeing the shape of the body in space, you're not seeing it. So I think that might be the best example of this spaciousness that we've come up with in this conversation, is that when you have an allegiance to the space around, you can see/experience how a body affects the space when the person is moving or even just standing there. When the client walks into your office, how is that affecting the space? When you're just sitting in your office, how is that affecting the space? It tells you so much about the client, about you, and it also allows you to start to create something that's very unique and customized for the present situation. If we are not aware of the space, then we can get locked in some storyline about [one's self] and the client. It makes it less likely that what we do will be transformative or even integrative.

AH: What I'm thinking of here is the Little Boy Logo. Massage therapists borrow pieces of technique from structural integration and call it myofascial work. Some even borrow a certain body analysis, like they'll talk about somebody having a forward-head posture, or one hip rotated forward, but they always seem to miss something. But nobody picks up the gravity piece. I'm wondering if this is what is missing, the space and the shape of the body in space, and how that with gravity speaks to this dharmakaya.

LG: The gravity piece belongs to the form aspect. [See bibliography for Gaggini's writings on gravity.] And I'm sure there are many massage therapists who are working with this dharmakaya aspect. I do think that the form of massage doesn't give as many opportunities for investigation as SI does. And that can mean that the gravity piece and lots of other relevant pieces can't be included in the massage scenario.

My primary reason for even pointing to the trikaya as a way of elucidating Rolfing SI is to point to what distinguishes it from other practices that attempt to help or change the body. I believe that what we have that is so powerful is that we can at every moment include all three of the kayas in our work; so there's these three pieces, and my sense is that in order to have it really be structural integration, it contains all these three things at once.

AH: Could they be in different proportions?

LG: They could be in different proportions, but, boy, they pretty much need to be there in every session. There has to be an allegiance and a willingness to play in each of those three fields, to fire on each of these cylinders during a session for it to really be an integrative experience. If it's just form, then it's like physical therapy – not being derogatory to physical therapists at all, but it is primarily work with the form aspect. And if it's just meaning, then it's psychotherapy, it's counseling, you're doing clinical psychology at that point, you're not doing structural integration. And if it's just spaciousness, well then you are trying to do spiritual work, nondescript spiritual work. And if I want to have a good day at my office, and don't want it to be a mind-numbing drudge; if I really want to physically help people and really participate in improving people, then I find it's good to be firing on all three of these cylinders.

AH: Is there a way you orient clients, other than the openness of the questions you ask?

LG: First off, I am open to hear what they want, think, fear, hope for, etc., and I let that information transform for me the meaning of the work we will do. I try to behave in an inclusive way. In body analysis, I don't just look at the client, I ask how things are for him, I discuss what I'm seeing, doing, and try to elicit his opinions, feedback, etc. If he tries to get too definite about what is going to happen, I'll say, "Everybody's different, we have to see how your tissue responds.

And that openness can be communicated by the way you touch. If we are sensing as well as doing with our touch, openness is happening more for us than if we are just pushing in and not sensing. I think that gets communicated right to the soma of the client. Also, if we pause to let clients and ourselves experience the physical interaction, this can keep an openness to the space for us and for them. I'm certain there are many other means than just dialogue that we are doing to facilitate spaciousness.

AH: It makes me wonder about another psychological construct – the superego (inner critic). What realm does that live in? I see that come in and shut clients down. Someone will have a great session and start to open up and feel something, have a sense of more space, then the next time she comes back she'll be talking about what she's *trying to do* to her body, trying to point her feet straight, lift her head up . . . So I see how destructive that critical voice is.

LG: Well, very much it is in the realm of meaning. I think at best it is a healthy ability to have critical reflection and at worst a habitual reaction of criticism / guilt / resentment / rebellion over and over again. From a Buddhist point of view, the difference between the best and worst here is that the first lacks a solid storyline about the self and the second is drowning in that storyline.

There's a couple of things I'll say about that superego voice relevant to SI. One is that people have lots of 'shoulds' about posture. I try to let people know right from the beginning that one of the things that Rolfing SI is about is creating the kind of ease so you don't have to try to have a posture, because any time you try to have a posture you're going to mess something up, something is going to get worse in you. [I'll say], "You don't have to hold your head up, we want to create the kind of support and lift so that can happen without effort.

The bigger issue of this self-critical thing is that when it is bound up in storyline, it stops curiosity, exploration, and experimentation because it over-judges the results, even the entire process. So that can bog the entire SI process down. When I notice this is a factor, I try to find a way to point out that if the client has an overly judgmental response to realization or to discovery, then he is going to quit realizing and discovering. This is an aspect of spaciousness. If we cling too closely to experience, we miss the space

around it. When we get into negative self-criticism, we are losing our awareness of the whole. We can look at something and say “it didn’t work” or whatever, that’s one thing, but to say then that “I’m wrong” or “I blew it,” pretty soon we’re not going to be realizing anything new. So we have to stop doing that. The only way to grow is to try things, and the only way that things begin is clumsily – everything begins clumsily. So there’s always mistakes, it’s always awkward; if you don’t allow that then nothing is ever going to begin.

AH: There’s a whole thing in the culture that’s like the superego around body image, and in the whole Nike message of “Just do it,” that people really are too hard on their bodies, they separate out from their bodies, and then they judge and push them around, abuse them in some way in service of some super ego ideal.

LG: Well first, that is an over-involvement in the aspect of form. And it turns out it is a pretty successful way to work with form: just do it. But if there is also a meaning element of negativity and failure involved, then that is going to have negative consequences for the form, like injuries, over-stress, etc. So if we truly ‘just do it’, then there should be an allegiance to form that drops the critical voice and pays attention to cause and effect, to what works and what doesn’t work, etc. Then we are not as likely to harm ourselves.

AH: So if someone comes in and he’s purely focused on the physical and not open on these other levels, will he want to come back to see you?

LG: I have clients [like that], and they believe me if something positive happens on a psychological level or some sort of creative level of spaciousness and it helps that physical thing – they notice it and say, “Can we do more of that?” Because [the] pain is so strong or the physical focus is so strong, if you can get change there, that is how they will know it: “My pain is much less” or “My walk is much more even.” It’s just like if someone comes in and his focus is primarily with the meaning element, you have to make certain that what you do affects transformation in that element: “I am feeling so much better about life” or “People are being a lot nicer to me for some reason.” Or if the person’s focus is on his creativity and openness, then you want to make certain the work affects transformation in that element: “I feel so much more freedom

in everything I do” or “All my thinking and my work has been on fire.”

With this idea of the three aspects of our work, I want to be clear, I don’t believe one is any better than any of the others. They are all necessary. Also, I believe that the presence of these three aspects is greatly determined by my manifestation of them, not the client’s manifestation. Certainly it is my manifestation that I’m most in control of. So I don’t blame the client or try to force him into one or the other. I don’t think I have ever even talked about these three aspects to a client. The work is physical and I try to understand the physical body the best that I can. That is the aspect of form. The work affects the entire somatic experience, so I endeavor to be sensitive to what matters to myself and to my clients and to grow honest and welcoming relationships with them. That is the aspect of meaning. The work is fundamentally transformative, so I endeavor to let go of my preconceptions and be open in the moment as I am working. That is the aspect of space. I believe this is what most successful SI practitioners are doing, and I believe this is what makes our work so helpful.

AH: Thank you, Liz, for your time and thoughts.

Liz Gaggini, MA is a Certified Advanced Rolfer with a practice in New York. She writes about and teaches classes for SI practitioners on the biomechanics of adaptive alignment and biodynamic visceral work. She can be found on the web at connectivetissue.com. Her written work can be found at connectivetissue.com/library and at the Ida P. Rolf Library of Structural Integration (pedroprado.com.br).

Anne F. Hoff is a Certified Advanced Rolfer with a practice in Seattle, Washington. She is also a teacher of the Diamond Approach® to Inner Realization and the Editor-in-Chief of this journal.

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The New Articular Approach of Jean-Pierre Barral

An Interview with Peter Schwind

By Anise Smith, Certified Advanced Rolfer™ and Peter Schwind PhD, Advanced Rolting® Instructor

Anise Smith: Peter, together with our colleague Christoph Sommer you have produced a whole series of DVDs about Jean-Pierre Barral's 'New Articular Approach.' You started a few years ago with a DVD showing detailed work for shoulder dysfunctions. After that you continued with DVDs on the forearm and hand, and on the different parts of the vertebral spine. And last year you completed the series with a follow-up about dysfunctions within the hip, knee, and ankle. What brought you to this project?

Peter Schwind: When I studied at the Rolf Institute® in Boulder, Colorado many years ago, there was almost no possibility of video documentation. At that time I had serious doubts about the possibility to document manual treatments using a camera. I have a fairly large collection of photos that I took during my years as an assistant during the early 1980s, and sometimes I look at these pictures and remember 'the old days'. But I miss having high-quality video documentation in HD quality of the work of the old days. As I realized what we could do with video nowadays, I talked to Christoph Sommer and Jean-Pierre Barral about starting a series of DVDs.

AS: What is "new" about Barral's New Articular Approach?

PS: Anybody who participates in Barral's courses will notice that he is well rooted in the traditional osteopathic view of the human joints. Actually, he used to teach biomechanics at a European college of osteopathy a long time ago. But what he does with the New Articular Approach is a different story: he includes all the different components of a joint in testing and treating; his focus is not only on the muscles with their fascia and the bones and ligaments. He includes the nerves, the arteries and veins, as well as the capsule of a joint. Sometimes he even treats the fat nearby a joint, for example near the elbow. And he does something that I had never



Peter Schwind



Anise Smith

seen him do before: he includes active participation by the client, by asking him for movement. When we see him work on the fascial connection between the latissimus dorsi and the teres major, asking the client for 'intelligent' micromovements, we may get inspired to go deeper and deeper into this modality of combining manual treatment and 'intelligent movement' from our clients.

AS: What is at the basis of that combination of manual treatment and client movement?

PS: Barral has always talked about the connection of tissues and the brain, so this connection is the basis for his way of

working with the joints. And – by the way – it was also the basis for his visceral work from the very beginning. In his work with the joints, he emphasizes the importance of receptors, which are present in the tissues, connecting with the cerebellum. When we look at that, it is not surprising that he arrives at the use of active movement by the client.

AS: Since you mention visceral manipulation, is the New Articular Approach connected with the visceral approach?

PS: When Barral developed his work with the organs, he started with observations of inner 'bridges' between dysfunction of an organ and dysfunction of a related joint. That was long ago. His first discoveries had to do with the impact of tuberculosis on joint function of the neck. That was the starting point. Later he demonstrated that we are able to map a whole variety of connections between organs and joints. What I like is that he developed tests that enable us to distinguish between a 'true' joint dysfunction and a joint dysfunction that is just the expression of an organ that is not doing well. And what I like the most is that the tests are quite simple to perform and the results seem to be quite reliable.

AS: Does the New Articular Approach also include dimensions of work with the brain?

PS: What can I say? . . . When you say 'dimensions' of working with the brain, several aspects come to mind. Many of us know that cranial work – I mean cranial work in the sense of traditional osteopathy – is fascinating and challenging at the same time. But there is another aspect that Barral has been exploring. This aspect deals with the fact that dysfunctions seem to be represented – or 'mapped' – in very distinct ways in certain areas of the brain. And I believe that this aspect may turn, sooner or later, into an essentially new modality of bodywork. I have just finished the manuscript of a book with the title *The Croissant Inside the Brain: The Unusual Osteopathy of Jean-Pierre Barral*. The German version of the book will be published this fall. The story – and the 'stories' – of that book are about the most challenging cases I observed when Barral occasionally worked at my office in Munich. On these occasions, whenever I wanted to see what my teacher and friend could do for 'hopeless cases', I saw no miracles at all. But in many other cases, those that were not truly hopeless, I became witness to moments that extended

the limits of our manual efficacy far in the direction of results, and saw results that were far beyond what we expected. Coming back to your question – of course the New Articular Approach includes dimensions of work with the brain.

AS: Do you have practical experience with this in your own practice?

PS: I feel that I am – once again – at the beginning. Like my colleagues and the teachers of the Munich Group, I am more and more confronted with clients suffering from serious dysfunctions at the level of the brain. When European Rolfers started this journey with our first Rolwing Structural Integration (SI) classes thirty-five years ago in Munich, we had no idea where it would take us. Nowadays, when we have to see what we can do for children diagnosed as being handicapped, when we work with people who have brain-function issues after accidents, the New Articular Approach is an essential part of our craft. Not because it is about joints, but because it illustrates in a convincing way how moving or not moving a joint is interrelated with all the voices of the ‘orchestra’ of the human organism.

AS: Coming back to the DVDs, do you really think our colleagues are able to study the New Articular Approach by watching them?

PS: To understand this work, to master this work, we need to experience it within our own bodies and with the full presence of our minds. And of course we all need the presence of a competent teacher. The DVDs help us by adding a sort of ‘objective’ frame to our subjective experience of the work. And they give information in such a precise way that we can refine what we learned in class. They are not videos made during class, they are high-quality studio productions with the importance and helpfulness of every aspect considered: camera angle, lighting, editing, and opening music . . .

AS: And does this New Articular Approach fit into a Rolwing session?

PS: That’s an interesting question, and one that is simple to answer. When I started practicing thirty-six years ago, I was quite happy with what we could accomplish with classical Rolwing SI. But over time I was not always happy. Quite frequently I saw the limitations of our work concerning joint dysfunctions, and sometimes that was quite frustrating, not just for me. So some

of us went in the direction of direct joint manipulation, and there was a sort of a battle about that – are we as Rolfers allowed to do that?; does our work need additional joint manipulation?

With the New Articular Approach we have a modality for the joints that fits well with fascial work. It gives us insight into the most significant details that determine joint function. It may add – by working on micro-restrictions – in a constructive way to what we as Rolfers are already doing with larger fascial connections.

AS: Do you have plans for a new project?

PS: I have been working with my dentist friend – Dr. Sebastian Schmidinger – on a DVD about temporomandibular joint (TMJ)

dysfunctions. And in the fall Christoph Sommer and myself plan to make another DVD with Jean-Pierre Barral, this time on a very classical theme – Advanced Visceral Manipulation.

AS: Thank you for this interview.

The New Manual Articular Approach DVDs are available in the U.S. from <http://barralinstitute.com> (in the section Products & Specials). In Europe, they are available from www.munich-group-media.com.

Peter Schwind, PhD is an Advanced Rolwing Instructor and the founder of the Munich-Group for Interdisciplinary Manual Treatment.

Anise Smith is a Certified Advanced Rolfer. A former dancer, born in San Francisco, Anise has been living in Germany since her childhood.

Biotensegrity: Paradigm Shift

A Consideration of Biotensegrity: The Structural Basis of Life by Graham Scarr

By Szaja C. Gottlieb, Certified Advanced Rolfer™

Author’s Note: In 1975 Rolfer Ron Kirkby dedicated his article on tensegrity to his Rolwing® Structural Integration (SI) instructor Michael Salvesson, who inspired the article. I would like to complete the circle and dedicate this article to Michael, who was also my instructor in both Unit III and the advanced training, and who continues to be a sounding board and an inspiration as well.

In structural integration, tensegrity has long been a cornerstone of our conceptual system. Originated in the field of architecture by Buckminster Fuller, creator of the geodesic dome, the concept was appropriated into SI early in its development. In 1976, Dr. Rolf, in her annual message, mentioned a study group in the Rolwing community, who, in her words, “have spent their nights, their Sundays, their holidays, considering the application of the tensegrity model to consideration of the flesh and blood structure we have for thousands of years been calling a ‘man’” (Rolf 1976). A major exploration of tensegrity written by Rolfer Ron Kirkby was published in 1975 in the *Bulletin of Structural Integration* and entitled “The Probable Reality Behind Structural Integration – How Gravity Supports the Body” (Kirkby 1975). The concept of tensegrity, of special structures that combine discontinuous compression in the form of struts (bones) with continuous tension in the form of cables (soft tissue) has been a staple within SI trainings for the past

forty years as it explains how the human body can maintain buoyancy in gravity.

Enter Biotensegrity.

During this same period, Stephen Levin, an orthopedic surgeon, observed that bones did not compress across joint surfaces but instead seemed to float within the soft tissue matrix. In an address to the North American Academy of Manipulative Medicine in 1980, he called for the application of tensegrity principles to explain the biomechanical support for the human body. He referred to this idea as *biotensegrity*.

Contemporaneously, unbeknownst to Levin, a cell biologist, Donald Ingber, was applying the very same principles of tensegrity to the human body, but on a cellular level. The different parts of the cell, the cytoskeleton, were mechanically linked to each other as part of a tensegrity structure. In 1998, Ingber, an MD and PhD, published his landmark article in *Scientific American*, “The Architecture of Life” (Ingber 1998). Ingber, in fact, was the first speaker

at the First International Fascia Research Congress in 2007.

In *Biotensegrity: The Structural Basis of Life* (2014) British osteopath Graham Scarr unifies and integrates Levin's macro approach and Ingber's micro approach and expands upon the implications of their discoveries, particularly in terms of motion and biomechanics. His objective is nothing less than establishing a new discipline in the field of science.

When current scientific models cannot explain certain phenomena, new paradigms, new conceptual models, emerge, according to Thomas Kuhn (1962) in his groundbreaking book *The Structure of Scientific Revolutions*. In the nineteenth century, for example, when Newtonian physics was found to be insufficient for explaining certain phenomena, Einstein proposed his general theory of relativity. The important point here is not that Newtonian physics was replaced, but that Einstein's theories explained phenomena Newtonian mechanics could not. Similarly, says Scarr, biotensegrity principles do not necessarily replace classical mechanics; biotensegrity simply explains certain phenomena better.

In the first three chapters of his book, Scarr explores the roots of tensegrity, first its history, particularly its origins in art and architecture, detailing the fascinating and complex relationship between architect Fuller and sculptor Kenneth Snelson. He then continues with a discussion of geometric structures associated with geodesic geometry, particularly the basic tetrahedron and the important icosahedron. The attraction of these structures is energy efficiency. The icosahedron, a twenty-sided polyhedron, for example, encloses the largest volume with the minimum surface area of any structure apart from a sphere. From an evolutionary point of view, life forms choose these structures simply as a matter of economy and efficiency.

In the fourth chapter, aptly named "The Problem with Mechanics," Scarr presents the difficulties encountered when applying traditional mechanics to living structures. Simply put, bodies are able to exert greater force and withstand greater stress than can be explained by classical mechanics as founded by Galileo and Newton in the sixteenth and seventeenth centuries. As opposed to inanimate structures that form the basis of classical mechanics, animate

structures unexpectedly grow stronger and more resilient under stress. The bones of a dinosaur, for example, would not be able to withstand the compressive weight of the animal's body mass. A human body would not be able to leverage as much force as it does. Similarly, biomechanical explanations of movement are inadequate since they usually take up the joints in isolation and not in relation to one another.

In chapter 5, Scarr expands the concept of tensegrity to the microcosmic level with the research of cellular biologists, most importantly Ingber. The long-held view in cellular biology of the singularity of the cell, particularly membrane and nucleus, is challenged by Ingber's discovery that cells are part of the larger tensegrity structure that exists within and outside of the cell as part of one continuum, and that the components of this tensegrity structure and respond to mechanical force, i.e. changes of tension. When considering fascia, for example, the cells, usually fibroblasts, are only one component. What is critical is the tensioning *relationships*, which include not only the fibroblasts but also the surrounding fluid (largely water) and fiber (collagen), usually referred to as the extracellular matrix (ECM). When mechanical force is applied to an area, the change of structural tension signals electrical and chemical changes within the cell, which is called *mechanotransduction*.

It is this principle of mechanotransduction that forms the scientific underpinning for manual therapy, giving legitimacy to the claim of bodyworkers that they are able to change and transform bodies even at a cellular level. The implications for practitioners of structural integration are profound. While it is usual for SI practitioners to think of reorganizing the body in broad strokes – usually fascia, joints, and whole-body movement – the SI practitioner rediscovers him- or herself as a *structural integrator at a molecular, even at a genetic, level*, intervening within damaged structure and with his or her hands remodeling, reformatting, and reintegrating a damaged area so that it is confluent with the body's tensegrity architecture. No wonder the audience erupted in applause halfway through biologist Paul Standley's talk on the first day of the First International Fascia Research Congress in 2007: he had just described how manipulative techniques similar to Rolwing SI were used in his laboratory to resuscitate dying cells! (Grimm 2007).

In succeeding chapters Scarr tackles a variety of problems demonstrating the inadequacy of classical mechanics compared to explanations based on biotensegrity. The British osteopath first takes on the problem of joint motion (specifically the elbow); second, the embryological development of the cranial vault; and third, the avian lung. What emerges is biotensegrity as an integrated structural and functional hierarchy spanning geometry, anatomy, and biomechanics at multiple scales from molecules to the organism as a whole.

In essence *Biotensegrity* is about patterns, patterns that repeat themselves in nature, particularly in organic life. The book seems like a direct descendant of D'Arcy Thompson's (1961) *On Growth and Form* first published in 1917. Like this classic, *Biotensegrity* explores shape in the natural world and illustrates patterns and designs of an unexpected beauty and hypnotic effect. With approximately 130 diagrams in its 130 pages, *Biotensegrity* sometimes seems as much a visual and aesthetic exploration as a scientific treatise. Nevertheless, a science treatise it is. Scarr bounds back and forth – seemingly effortlessly – across the boundaries of biology, chemistry, physics, mathematics, and art, forging biotensegrity into a discipline that is coherent and integrated, visionary.

Scarr's breadth of knowledge is encyclopedic. For the scientifically challenged such as myself, the book is hard work, bitten off in small morsels with considerable rumination. The density of the book is such that subheadings, sometimes multiple subheadings, exist on just about every page in every chapter. Chapter 10, "Complex Patterns in Biology" encompasses rhombic dodecahedrons, the Fibonacci sequence and the Golden Mean, quasi-equivalence and spherical viruses, Penrose tiling, fractals, quasicrystals, and hyperbolic geometry – all in ten pages!

By virtue of being the first book on its topic, *Biotensegrity* is an automatic classic – a tough read, but a must-read. I must confess to referencing many other sources on the Internet to aid my comprehension. The best of these is an article by another osteopath, Randel Swanson (2013), "Biotensegrity: A Unifying Theory of Biological Architecture with Applications to Osteopathic Practice, Education, and Research – A Review and Analysis." The virtue of this article is that it covers much of the same ground but not quite the same depth. Swanson also

discusses manual osteopathic practices involved with fascia, practices that are similar to SI.

Another resource is a very good recent interview/podcast that Rolfer Brooke Thomas (2015) conducted with Stephen Levin about biotensegrity. Reprinted articles by Stephen Levin, in fact, have appeared in this Journal, the earliest in 1982 (Levin 1982). For visual learners, Tom Flemons has an excellent website illustrating human anatomy according to tensegrity principles (<http://www.intensiondesigns.com/>). I would also like to mention the fine contributions of Rolfer Sherri Cassuto, who has authored several articles on tensegrity systems (e.g., Cassuto 2009).

Paradigm shifts by definition create upheaval. While biotensegrity will certainly cause a major questioning in biomechanical practices like physical therapy and chiropractic, it will also cause a major reexamination of even modalities like SI that are in alignment with this new worldview. While fascia is the ground of the edifice that is SI, biotensegrity is its firmament. As the nexus between art and science, the perceptual and the conceptual, movement and structure, biotensegrity mirrors SI perfectly in its paradox and creativity. This new scientifically based discipline is our new field of inquiry, and we may have to reexamine our concepts and practices accordingly, sometimes with consternation. Our Little Boy Logo, for example, may be very effective in communicating our work to potential clients metaphorically. It is, however, not really accurate literally, according to biotensegrity principles: the human body is simply not a stack of blocks organized by a 'Line'. What about words like 'energy' and 'structure'? – biotensegrity requires a scientific definition, not simply an intuitive one. The future may be fraught with challenge.

For the moment, however, SI can bask in the knowledge that its conceptualizations and practices, which often invited skepticism to its claims of improved human function, are now firmly rooted in contemporary science. When Kirkby wrote "The Probable Reality Behind Structural Integration" in 1975, he captured the historical moment: SI was a modality that was without a secure epistemological foundation. "One lack we all face," wrote Kirkby (1975), "is the absence of comprehensive investigations of the fascial networks of the body. But

even assuming we had these details, would they show that the structure of the human body is an analog to Fuller's Tensegrity structures? The final answer to this question must wait, I am afraid, upon a mathematical analysis of the fascial networks of the body." Now, forty years later, with the work of Levin and Ingber and their cohorts, the fascial research of the intervening years, and the mathematical modeling by cellular biologists, all marked and unified by Graham Scarr's visionary offering, the final answer to Kirkby's question has arrived and its name is biotensegrity.

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In Memoriam

Structural Integration: The Journal of the Rolf Institute® notes the passing of the following members of our community:

**Miraa Joanne Neill,
Certified Advanced Rolfer™**

**Mark Twiss,
Certified Rolfer**

Memories of Training with Ida Rolf

An Interview with Gael Rosewood and Sharon Wheeler

By Gael Rosewood and Sharon Wheeler, Certified Advanced Rolfers™, Rolf Movement® Practitioners, with Anne F. Hoff, Certified Advanced Rolfer

Note from Anne Hoff: This interview was conducted in October 2014. Gael Rosewood taught a class "Uncoiling the Spirals: Back to the Basics of Working with Connective Tissue with Tactile and Visual Assessments" in Seattle, and Sharon Wheeler and I participated. The idea inevitably arose of getting these two luminaries together to talk about Rolfing® Structural Integration (SI) and their histories with Ida Rolf, and fortunately they both agreed to sit down for a conversation one evening after class. Allan Kaplan was also present.

Anne Hoff: Let's start with how you two know each other.

Sharon Wheeler: From Esalen, we were both at Esalen.

Gael Rosewood: Yes.

AH: And what time frame are we talking about?

SW: New Year's of 1968 was kind of when I started being there.

GR: And I was there the summer of 1968. I thought I was just staying for the summer, and then I thought I was going to go back to college. But as the summer progressed I decided I was at my college and that I wasn't leaving to go back to college. Sharon and I saw each other, but in fact my perception was that Sharon hung out with the adults [laughter] because she had a boyfriend or a mate who was older.

SW: That's right.

GR: So she hung out in that intellectual adult crowd, at least that was my perception of you, and I was hanging out with the hippy fringes there. We were more or less the same age but we were in different strata.

AH: So you were in your twenties?

GR: I turned twenty-one that summer.

SW: I would have been twenty-two or twenty-three, something like that.

AH: Were either of you connected with Dr. Rolf at that point?

SW: Not really. She'd do sessions down in the baths. And I remember the first time I saw her she was in one of the little massage rooms, which is a private room. Usually people would go soak in the tubs and then you would collect them for a massage. She



Gael Rosewood, now and then



Sharon Wheeler, now and then. (Early photo by Buzz Montague.)

was in the massage room with her clothes on and I was thinking I would go tell her that she should take a bath first. Then I thought nah, she's not my person, I'll let whoever is going to do the massage sort her out. But then somebody came in and Ida took charge of the situation and started directing the session. I thought, oh she's giving a session, cool.

places outside of Esalen. I think in '68 she did a class at the Riverhouse, Ed Maupin's class. The Riverhouse was in Big Sur proper, which was a half hour up the road.

GR: Whereas in my case, my mother came to visit toward the end of the summer of '68. She took a Gestalt workshop, and one of the leaders, Bob Hall, had just been trained by Ida at that training. So as part

GR: That was your first meeting?

SW: I didn't know who she was. But that was the first time I saw her. She was in and out of the baths a lot, and the baths were my territory. I taught all of the massage workshops.

AH: Was she on your radar as a person? If somebody had said "Ida Rolf" would you have even known who that was?

SW: No, not in '68 I wouldn't have.

AH: So she wasn't teaching there yet?

SW: Nope. She wasn't teaching there. She was teaching in Los Angeles and other

of the workshop, everybody in the Gestalt workshop got two Rolfing sessions. Ida was there, so Bob and Ida were doing Rolfing sessions for everybody in the workshop. When my mother got her sessions Ida fixed her fallen arches. My mother said to me, "this is good stuff," and she gave me the money for a series.

Then I saw on the message board that they were looking for a model for sessions. Ida Rolf wanted to mentor a man who was halfway through his training. They needed a body to work on. And so I signed up for that and was the model. He was so painful. I spent the whole session biting the pillow. I didn't know anything about anatomy but before and after the session they'd stand me up and she'd do the body read. And I would wonder, "How does she see that? She's talking about my spine but she's looking at the front of my body. Does she have x-ray vision? I don't get this." He would work on me and then in the last fifteen minutes she would push him off of me and she would put me together. So I got the contrast. I got the feeling of what his work felt like. Her work could be pretty painful too, because she was working fast and she was going straight for it. Those sessions weren't like a walk in the park, but they rocked my world, and all of this psychological material would come out. I'd be sorting it out for days afterwards – dream life and everything. We hadn't even finished the Ten Series.

She was getting ready to [teach] a training. Peter Melchior was going into practitioner phase along with Judith Aston. Mary Bond and Emmitt Hutchins were auditing. I really feel like there were little angels on my shoulder because I said "I don't want to be a Rolfer" and I meant it. I thought, "I don't want to hurt people all day like this." But I did feel as if I was going to go down the road of some kind of somatic practice. So I said, "I don't want to be a Rolfer but I'd like to learn how to see, so do you think I could audit your training and learn how to see?" And little did I know. I'm sure if I had said, as a twenty-one year old, "Would you train me as a Rolfer?" she would have said, "Come back in five years." So that's what initiated me into the auditing. I want to hear what initiated you [Sharon] into the auditing.

SW: Well, I was hanging around with Hector Prestera, and Hector was a physician. We were playing with John Lily, Dick Price, and all these other people. We were on that kind of level, which really was above the

run-of-the-mill stuff happening as people came in and out of Esalen. [We] were sort of like upper-tier staff. Ida wanted to train Hector. She sort of picked him out because he was a physician, and because he was at Esalen. Her comment was that "he might have an open mind." She wasn't fond of training doctors. She would say, "There's all this anatomy, so you never get them to see anything, work with anything. You can't train them. They're impossible." So she wasn't looking forward to a physician, but she was looking forward to a possible Esalen physician.

We went down to Los Angeles, the class was six weeks, eight weeks, whatever it was. And I went down with him to keep him company. The first time I went in, he introduced me to her. She pretty much grabbed me by the arm and we went off to the kitchen to have a cup of tea. Now I didn't have anything to say to her. What am I going to say to her? I'm a complete idiot. I didn't even know how to make tea. She had to do it. I'd never had a cup of tea in my life. [laughter] And so she made small talk for a little bit of time; asked me a few questions. It was really sweet. I think she was using me to get away from the class, truthfully. And then I went about my business and left the class. But then I was thinking: "Well this work would be more interesting than the massage work, not just doing a pattern all over the body." I didn't think much more about it though, because with the class that Hector was in she announced that she was taking nobody under twenty-six years old, no more women, nobody under 140 pounds, and no more nonprofessionals. And I do believe she meant Esalen people by saying "nonprofessionals."

So, that was me, I was all those things that she didn't want. And I was not thinking that she would put me in class. I was thinking that if she would accept me, then she would send me off to do whatever it was to prepare. She had just sent Jim Asher off to get a college degree, and I thought, "Well that will probably be me." Like Gael I had dropped out of college. When I got to Esalen I realized it was the best college in the world. I wasn't going to get anything that was better than that, so I quit going to college and went to Esalen. It doesn't count on your resume, but that's what I did. So I thought that maybe she would take me to train up later, when I hit twenty-six and managed to get 140 pounds packed on me. So I asked her if she would train me, and

I stood there for a very long time with her looking me up and down. I really came close to bailing on the whole thing, maybe saying, "That's ok, I've changed my mind." She took such a long time. I remember[ed] people would say that no matter what she said you'd remember it, because she had a way of phrasing things. So I thought, "Well I'm just staying right here, because whatever she'll say, I'll remember it the rest of my life, whether she turns me down or accepts me." She turned to Rosemary [Feitis], who had just started working for her, and she said "I'll train her, put her in the next class" – which was in two weeks! That's all! That was it, right there!

I didn't realize I wasn't supposed to know anatomy. She didn't tell me that. I thought I was supposed to read five anatomy books and write her a paper in two weeks. But then I realized, reading the first four pages of the anatomy book, [that] to really understand the first four pages you have to read two-thirds of the book. So I wasn't going to get through it very fast. I went up to her, and I swear if I were Ida Rolf I would have really had second thoughts about taking me because I told her, "Gee Dr Rolf, I'm not going to get that paper written for you on time." And she looked at me and she said, "Well, I didn't think you were. You can write me the paper afterwards." That was a relief. Still, I was trying to get into the anatomy because I thought I'd need it. I didn't know any because Esalen massage used zero anatomy. A head is a head, a foot is a foot. Just plain simple English. So the next thing you know, two weeks later I was in class, which was a big surprise, and I was with a whole bunch of people who were way more educated and a lot older than me. We had Al Drucker, he was an aerospace engineer. We had Hector who was a physician. Fritz Smith was hanging around. He was her model and sat in for all the mornings. And we had a PhD psychologist . . .

GR: Was Peter Levine there?

SW: No. Peter Levine came around during that class though. He showed up and wrote something for her. She presented him to us, saying: "This man can think." So she thought the world of him right from the beginning and he was sort of a golden boy to some extent.

AH: At that point, was she teaching everything herself or did she have people helping her?

SW: There were no assistants.

GR: She was doing it herself and she was seventy-two years old then. So, I'll catch myself up to that point and then pass the story back. Judith Aston and Peter Melchior were practicing in my training. Emmett [Hutchins] was auditing. Stacey Mills was around as an unofficial assistant, as well as Dorothy Nolte who was there to mentor Judith Aston as a smaller person. I would go off into a different room in order to learn how to work with children. Meanwhile I was getting the rest of my Ten Series in class. So I was a model sometimes. I was also crying a lot, for who knows what reasons, due to the influence of the work. Yet I started to be able to see. I started to see the models go through changes. I loved the theory. I got really excited about this evolutionary vision. I felt more intelligent sitting in the room with Ida and listening to her talk. And this was particularly gratifying during a, you know, sort of marijuana fog of that moment at Esalen. [general laughter] So just to be in the room and have a real conversation that went somewhere was food for me intellectually. As the training was coming to an end, I decided I did want to be a Rolfer. I also was seeing people like Peter Melchior or Judith or Dorothy Nolte being much more elegant about this [work]. Not everybody was screaming on the table. So I screwed up my courage and approached her. Unlike Sharon – very different – I said [little voice] "I'd like to train." She went [slaps her forehead, rolls her eyes] (laughter). That's all she needed to say for me to run out of the room. So I'm sitting on the stoop, out there, and Peter comes out and asks what's wrong. I said, "She won't train me." Peter said, "Oh, don't worry. Just hang out . . . She'll train you". So that was the end of that interaction.

At the end of the training I went back to Esalen and picked up my life there [the training had been in LA]. I was back, engaged in what I was doing, and I was sort of forgetting about the whole thing. A couple of months went by, when I got a call from Rosemary [Feitis], who was Ida's secretary. Rosemary said, "Ida would like to know if you would come over and clean her refrigerator" [general peals of laughter in the room]. I said, "Okay." So I went over and I cleaned her refrigerator. Then Rosemary said, "Its lunch time, why don't you sit down and have lunch." And so I had lunch and Ida was asking me a lot of questions. I don't remember very much, but it was in the vein of "What are you doing here, what are you thinking? What are you

interested in?" The other thing I have to say is that she was very impressed with my father [Huston Smith]. She said "That man speaks the King's English with the golden tongue." She really did want these people who were going to add credibility to the profession: doctors, psychiatrists. What was she suppose to do with these other people like Jan Sultan, Sharon, me, who had no career, no education? So, anyway, I think I slid in a little on my father's coattails.

AH: Had she met your father?

GR: She had. She had heard him lecture. This is a divergence – there was one night when we were at Esalen and my father was interviewing the Dalai Lama on a video. I was sitting right next to Ida. As we are watching, she does this [pokes me] with her elbow and whispers, "Psst – How can he be enlightened with a back like that?" [more laughter] In those days – I don't know – I had nothing to say to her. So anyway, at the end of lunch, she said "So, do you still want to be a Rolfer?" "Yes, yes, I do." She said, "Class starts in two weeks." So that was how I got in.

AH: Trial by refrigerator.

GR: The trial by refrigerator cleaning. And everybody was older, and I was petrified. I was just afraid to open my mouth. I was afraid to say the wrong thing. I was in that deficiency model of "I'm not going to get it right. I don't know." She called me "the mouse." She was seeing my terror but somehow tolerating my presence there. So I just sort of got through the way I got through. Maybe she was thinking that at least there were an even number of students in the class, and life would tell which way I went, I guess. Or maybe she saw something deeper because in fact I've been very loyal to Rolfing [SI] and to her. I'm going to hand the story back to you, Sharon. So there you are – you're in your practitioner training. . . .

AH: Was your training then at Esalen?

SW: I did a Riverhouse class.

GR: Me too, but a different class.

SW: The Riverhouse was in Big Sur, but not at Esalen. I did my auditing and practicing at the Riverhouse. I didn't get to learn the anatomy between classes either.

GR: And I heard she didn't even like to see you flipping through the anatomy books . . .

SW: Oh, I wasn't allowed at all. Now the first time I picked up an anatomy book,

it was about a week into class, because I just was overwhelmed with trying to see. I wasn't seeing anything particularly . . . I figured she must have seen something in me – and I've been given a sort of a pass in my life for various reasons because I'm supposedly a little bit brighter than your average – I sort of assumed that maybe she saw something in me or she wouldn't have put me in class, right? My thinking was that if I just stayed true to who I am, that's what she was after. Everyone else would say, "Oh I saw that," and I would say "umph . . . I didn't see a thing . . . nothing." I'd be totally honest about it because I figured if I were to say I saw something when I didn't, then I would never ever learn. Unless I was absolutely honest I wasn't going to get anywhere because I didn't know anything else. All I had was myself. I had to be straightforward with what I was, so that's how I played it. I didn't hide: I was out front and I was absolutely dead honest about what I saw and what I could do.

So I remember the first time I saw something change. Ida must have rolled a hip over something like three inches. And I actually grabbed the leg of Bill Williams who was sitting next to me and shook his leg saying, "Did you see that! Did you see that!" That was the moment when everything changed for me, because then I started seeing. I couldn't get enough of it. I couldn't stop watching. So whenever she'd work I'd watch extra hard because she was the one getting changes. People would get a little change here and there, but she was the one getting change after change. She was unbelievable and I just sat there with my jaw dropped watching her do this stuff.

AH: So something opened up with your seeing?

SW: I just saw something shift . . . and she said, "There, did you all see that?" and I went "Yes! I saw that!" I was so excited and she saw that I saw that. I saw her look at me when I got so excited. So that was the start of my seeing. After that it got so that I knew where she was going next almost every time.

She had a method of working. She would triangulate. She would look first at the places that were in trouble, and then she would give the body a little characteristic shove. [To GR:] Remember her giving a kind of shove? And she'd see what would happen to the reverberation of that shove through the system. So she would set it

up in order to triangulate on what was the problem. Then she would head straight for it through the tissue. She'd go after it in various ways. She'd iron out the tissue and work with the tissue and then she'd get that shift. Then she'd give another little shove, and if it was good enough for her she'd move on. Then she would pick the next tightest place. So when she cleared one there'd be something else and she'd move on to that. So that's how she worked. She had a method to it.

AH: So she was doing a physical assessment to try to triangulate. It sounds very much like what you are teaching, Gael.

SW: Yes, she'd move the body. She would have [the person] move. She would watch and she would hang on in order to track as she was working. She would do all kinds of things to get the body to change, most of which has not been passed down very well.

AH: So she didn't talk about this as she did it. People just watched.

SW: Well she named some of her techniques, but people didn't pick them up very well.

GR: And I just want to interject: I don't know what she saw in me; I didn't see clearly like that. She told Judith [Aston] to go develop the movement work, and she told me to go train with Judith. So she saw something in me that was about movement I guess. And in spite of my fear. Well, I didn't have a good time in school because I am so not visual. I'm very kinesthetic. In Rolwing training it was so satisfying to me to have a subject talked about intellectually, shown visually, then you get to touch it, then you get to see what it does when it moves. So this walking around the subject and using all my sensibilities was just huge for my learning, such an *ah ha* for me, because I wouldn't forget. When I got it, I got it, and it was so different than trying to remember all the capitals of all the states. So during the training, I would watch her do this jiggle, this shove, and at first I didn't know what she was doing either. I was too intent on wondering what I would do with my model. But as I relaxed that sense of listening through jiggling, through moving, through testing just started to come back through and started to expand for me. It's really true that it got dropped out of most of the demos in the first decade. It sort of became, I don't know, probably this isn't totally fair, but the sense of knowing what you're doing before you even start and the certainty of where you put your hands on and then producing

magic was an unspoken template of the mastery of the profession. And so this sense of checking and jiggling seemed like you didn't really know what you were doing. My perception was that laying it out with strategic certainty took some of this play out of the tissue. For me, without the play in the tissue I had only half a deck in terms of information. So it had to come back for me.

SW: Most of the time people would pick up a style of working from maybe one or two of her techniques that she used. When they got that, they understood that and it fit their body type and their personality. Then that's what they would do. For years (although his style is very different now), Jan Sultan, all he did was ironing. He'd go zip up the body like that, and Peter [Melchior] would do all this little stuff like this [shows shorter smaller movements] and you'd look at them work together and you'd go "what the"?? They aren't doing the same thing . . . They are talking the same language but they are not working the same at all. There were a couple of those technique things that nobody picked up – the one where you flip back and forth over something, back and forth. People don't know about that and she used that all the time.

GR: She did use that.

SW: I remember I was trying to do it once and I was flailing around and somebody said, "What are you doing?" Ida looked up at me and said something like "You look like you don't know what you are doing," and what I said to her was, "Dr. Rolf, I'm just trying to do what you do." And she said, "Well I wish you would." [Peals of laughter from everyone] That was my first fumbling attempt at trying to flip back and forth through the tissue

AH: It didn't occur to her to try to articulate what she was doing?

SW: She expected you to pick it up and, by God, I did.

GR: There was this sort of blank stare. People would ask, "How do you see it?" Ida would say, "Well you just see it." Or, "Will you show me what you're doing? . . . "Well do it already." I am trying to feel back into that time in class. I don't know if it was a conserving of her energy. When I think of what it felt like to teach Rolwing trainings day after day, teaching, lecturing on or during every session. I mean at age forty it was exhausting for me. So I think that a [seventy-two-year-old], doing a six-week

training – *wow!* I don't even know how she managed to do that. It must have half killed her every time. So maybe it was just plain conservation of energy. Maybe she had the feeling of "I'm going to demonstrate it. I'm going to give you the theory. You're gonna have to touch a lot of bodies before you get this. So why waste my breath running around trying to articulate it for people who learn very differently anyway."

SW: I think she experimented with the people she chose train. She chose people with different backgrounds, people with different abilities, people with different orientations.

AH: Because she'd already had her experiment with chiropractors and osteopaths and that didn't go the way she wanted, right?

SW: Well they said it was lovely but it took too long.

AH: Yes, so they didn't do Rolwing SI. They took bits and pieces but they didn't honor what she had created.

GR: So it is interesting that this group of 'ne're-do-wells' who didn't have college degrees were the ones that became so passionate about it. It gave them/us a platform. It gave us a place to be in the world and a livelihood. They were the ones that took it and ran with it. She courted those psychiatrists like crazy.

SW: Oh, she was always trying to get somebody with credentials, but Esalen put her on the map and she knew it. There was one time I was in Boulder and she was talking to us, holding court. This interviewer from – oh I don't know, some big health journal – had finally come around. He wanted to interview her, but she didn't want to talk to him. She said something like "Oh you don't want to talk to me, I'm an old lady, I'm going to die soon. See that nice young man over there. He's going to be one of my teachers. Why don't you go talk to him." So she dumps this guy off. Then she tells us this story of the last interview she'd done with one of these people. It was somebody who had heard the phrase "she was a Victorian and proud of it." Then she gave us the little aside: what she meant by that is that she could stick to it and she worked hard, but the guy interviewing her thought Victorian meant she was prudish. So there she is, the Victorian prude, at Esalen with these naked baths, because that's how you think

of Esalen, right? The interviewer kept trying to get this angle that she halfway disapproved of all of us crazy people and she kept dodging it, trying to say something she wanted to say. Finally he got frustrated to the point that he just blurted out, "Well Dr. Rolf, how do you feel about Esalen?" And her reply was, "Well young man, how do you feel about your mother?"

AH: Oh!

SW: Wasn't that great? Because she knew that Esalen put her on the map, and what we did, my crew, people that I was associated with at Esalen, Hector Prester, Al Drucker, Seymore Carter, and all those other people that were in that tier. She was invited to walk into group after group and do a lecture /demo. They didn't have a choice. [laughter] Every single group that went through Esalen for about three years got a lecture/demo of Rolfing [SI]. We didn't do it for business. We weren't interested in [getting Rolfing sessions]. We had more than enough to do. It was that we wanted people to know it was possible to change structure like that if they had interest in it.

GR: Also Esalen was about the human potential movement, meaning: can a person who is functional enough (not a person who is having breakdowns but someone who is functioning), can [he] evolve into a person with greater order and more potential than who [he is] at this moment? In other words, can you take what you've been given and take the problems out of the way enough in order to become more truly who you are?

SW: So it was so perfect for us.

GR: Yes, and her theory also was also more psychological in a certain way. These days, we've been shunted into the world of physical manipulation by the culture. That sort of compartmentalizing and specialization in our culture has kept that part of her vision out. And then our own institute, in a way, has cooperated with that because of the mechanics of standardizing in order to become a recognized school of bodywork. We didn't have the leeway. We didn't have the time. It was one of the frustrations for me in teaching. It was one of the reasons why I started to step back. For me it was painful to see this burgeoning – something which often shows as tears or emotion – right close to the surface, but the class structure would demand stuffing it, containing it. We would be too busy trying to move the class through, like "Oh my god, we have to end in fifteen minutes. We've

got to get all these people off the table." So the value of that aspect of the process was de-emphasized.

AH: Ida Rolf was interested in human evolution, but I've heard that she wasn't that interested in people's emotional reactions. With her clients and in her classes, what did she do when something like that happened?

GR: Well I want you [Sharon] to answer this too, but I would say the sparks flew with her work and this was a very particular quality of her work. We can conjecture what was she seeing in there. I believe that she was seeing something more than just the physical. She was seeing the dark places in the psyche and part of her work burst the bubble with that. It would come up over and over again. When she worked with me it would be in my dream life, my emotional life. It would come up on the table or it would get me two days later, I knew it was the Rolfing SI though.

AH: So she wasn't addressing it explicitly with you but she was reaching for something in you. Talk about that

GR: Yes, and she would say things that were very evocative.

SW: She was transforming people – and she knew it.

GR: I often think about Peter Levine and wonder how much of his theories got stimulated from what happened in those classes. Because people would often get activated and some of them would get stuck in there too.

SW: Dr. Rolf was interested in turning out practitioners who not only could take you over to those 'outer space places' but could bring the development of the person along. But she was also interested in having people work on the other leg. You could not get way off on something when it started to open up. She wanted you to go for it. But at the same time, you wouldn't dwell in there forever because you had the responsibility of balancing the body. A lot of Esalen people, that's what we lived for – those places where things would open up – because not only was it obvious that you could move through your personal history and your emotional history, but you came out physically different, emotionally different, you *were* different. That's the thing. There was no question about Rolfing [SI] changing you down through every aspect of you. I remember in the second

practitioner class I did, we were doing Fourth Hours. Somebody had had a shoestring football tackle where his lower leg was all wrecked, and they did a bunch of work on him. He was a very muscular man and he stands up at the end and Dr. Rolf said "There! There's no such thing as psychology, there's only physiology." It was kind of a dope slap for the Esalen people in the room. Well, the next session that we did on this person, oh my God, it hit the fan. The brother had caused the problem, and his mother had always let him get away with everything, and all the family dynamics came out. There were tears, there was anger, there was rage and all kinds of emotion flying all over the place in that session. Then, at the end of the session, he stands up and Dr. Rolf said to the group in this little voice that there was no such thing as physiology, there was only psychology. [lots of laughter]

Then she went on to say it was important for the person to get the understanding of the history, because with the understanding of the history coming to consciousness, it changed the physical structure. So it wasn't that she was against having the psychological reaction, it's that she was trying to train people to finish the job and not get stuck in there. Because at that time, all we were interested in was the process. It's such fun to go back and be two years old, and it is, it is great fun to re-live things. But you also have the other aspect of the responsibility of building a decent body and I think that's what she was trying to get across more than anything else

AH: Gael, you mentioned in class today that Ida Rolf had this amazing gift to hone in and see something and to go right there. But then at the same time she also developed this 'Recipe'. I'm curious for the both of you to talk about this.

GR: In class, she said the work came first, forty years' worth, and the theory came after that. She would tell these little anecdotes, they just popped up as she would work and she would be talking about little chapters in her life. It was very interesting. They weren't pulled together coherently. Even in books about her there is some part of her life that was – I don't want to say secretive, but very private, and very deliberately held back. She would also say that [Wilhelm] Reich had gotten put away for thinking and experimenting in the directions that she was thinking and experimenting. This was a very different era. I often have wondered

why we never asked or why she never told more of the story of how it started for her. I would have liked to hear that – “This is where it took me next, and this is what developed next,” – I never heard that history from her.

AH: When I lived on Maui I had a client tell me that she had been Ida Rolf’s astrologer. I interviewed her at one point for the Journal, it was some years back. But she said that Ida said to her that Roling SI came in from ancient Egypt. With the whole thing with Reich, and her being a scientist, maybe she just didn’t want to talk about things that were in that arena.

SW: She said in one of her classes that the reason she didn’t tell anybody about her personal history – and people would ask – was that she didn’t want to become a cult figure. She didn’t want people knowing about her early history and her early days and how she figured it all out. But she did tell a couple stories. She’d tell stories and she taught by telling stories. She didn’t really speak anatomy and physiology, that’s the truth. She taught by stories and by example.

GR: “Little Johnny,” that would often start her stories. “So little Johnny really liked his father and he’s going to walk like his father . . .” – that’s how the story would go.

SW: Very homey, very kitchen-table kind of stuff, nothing that was out of reach. She didn’t try to snow you with words.

AH: So that’s how she was presenting, but from your observations of her, what do you think she was actually seeing and doing? When she would hone in, or those stories about her seeing things from across the room?

GR: Sharon, you should talk more about this because you mentioned in class today her sense of ‘seeing’ an event carved into the tissue.

SW: She could see the age that it happened. She could pretty much tell what the accident was, and it was amazing. She’d just go over to someone that she didn’t really know, didn’t know the history, and she’d say, “Tell me about the bicycle accident you had when you were five years old.” And [the person] would. I’ve come to understand more and more how she did that because there are only a certain number of things it could be. Particularly in her generation, there were bicycles, horses, and cars. Those were fairly

typical activities that people would get into trouble with, so I can understand that.

GR: But I’m going to interject with another story. There was this guy who got into the [cathartic] process. He was carrying on in the style of that era of Esalen. He was crying and carrying on about his father or somebody who had either strangled him or shook him as a crying baby. She said “Well, any baby that cries for that many hours straight deserves what he gets.” [Gasps and noises from all] Where did that come from? It was not exactly a sympathetic response.

SW: [chuckle] Well, she wasn’t all warm and fuzzy all the time

GR: No, but there was also that sense of – if you’re going to carry on and carry on and exhaust us all . . .

SW: She shut you down.

GR: But where did that comment come from, a comment about that many years ago and his history or story? And then there was a playful side of her, like that first time she worked on my feet she sort of slapped them. She said, “These feet look like they were bound.” But, you know, I was a kid who wore the big Buster Brown shoes. I hated to have my feet squeezed in anyway. But as I lay on the table I had this, I don’t know what, but it felt like a past life recall or a lucid dream: the quality of the light, who I was, where I was in society. I don’t know where that stuff came from but it came up when she was working on me and not really much since. Here is another little anecdote. I think this was Rosalyn Bruyere who was on her table. But Ida was [working on] her and Rosalyn said “I remember you. You were the torturer that worked for the palace in China.” And Ida said, “Right, and you were the empress I worked for.” [Pebals of laughter from everyone] And you know, while it was light and playful, there was a sense of other incarnations, of other karma coming in. Did you have any indications of that from her?

SW: Not personally, but I remember one episode in the last class she did back in Philadelphia. Mary Staggs was standing up and we were using her as an example for looking at something. Ida was asking this psychic fellow if he saw anything around her and she [Rolf] went over and grabbed Mary from the ribcage and shook her and said “here.” Poor Mary’s going all over the place because Dr. Rolf had her at the center of something important. Turns out

that that particular spot was, from Mary’s perspective, a past life where she had been stabbed. So you just never know what would come out and these kinds of things would come up and Dr. Rolf would just roll right with it.

AH: She had no way to guide you, as students, into that?

SW: No, but she did it all the time. She did those kinds of things all the time. She would just get down to the bottom of whatever episode was in your life and there you’d be.

AH: Tell me what you think was going on. She would see something and then she would do this triangulation? I’m trying to get as much understanding as I can about how she worked.

SW: She’d see it first, then she would go over and put her hand on it, and then she’d give the body a little shove to see which way it went, and then she’d line herself up and work.

AH: And then when it gave, she’d give it another little shove and look at it and she’d pick another place and then she’d work over there?

SW: The triangulation [was about] exactly where to work, it’s absolutely the direct vector in. It was how to line it up, how to get to what she was seeing. She would make it so that she could get to what she saw, as opposed to just taking the first thing under your hand. Like Gael was showing [in class]: a touch that shows the whole pattern and then working with the whole pattern, as opposed to working locally. Whatever she grabbed a hold of, it went everywhere.

GR: There was another other aspect that was different about how she worked that we don’t tend to do anymore. When she got on, let’s say, the apex of something, she hung in there. She was like a dog on a bone. And she didn’t care if you were squirming and protesting. You know during my first session I think she went up to her third knuckle around my solar plexus, right into my diaphragm. I was like the pinned bug. Just like *eeeahhhh* – I felt like I couldn’t breathe and she didn’t care.

SW: Didn’t phase her in the least..

GR: It didn’t phase her in the least. She was on it. She knew she was on it. She knew what she was going for. There was no uncertainty, and she didn’t care if you were going to be uncomfortable in the process. Then she’d be done and she’d take

her fingers out and there'd be these floods of relief, floods of information would come through. So we in this work, in our field, have gotten a little more, how would you say it – we don't push people that way.

SW: No we don't at all.

AH: Do you think it's because we don't have the same certainty?

GR: In part not the same certainty. But I also think we want the sense of keeping people feeling safe and I think we have more trepidation about pushing people over edges. I'm not sure. I really don't know, I haven't thought about it.

SW: I have people who go there. I have clients who go into those spaces on a regular basis. I do. Then I've got people who [say], "Well, it just doesn't feel good over here, can you do something about that?" I'll take them both on, but I really love working with the people who will go sort of into crisis.

AH: Do you have the same certainty?

SW: Yep. I know when I've got it, and people don't care what the sensation is when you have it.

AH: How do you know when you have it?

SW: You just have the whole body in your hand. You've got control of everything from that spot. You give it a little shake and the entire system responds. That's how you really know you are on something very, very key, something fundamental and foundational in that body that will transform that person all the way through. Because that's what she [Rolf] was after.

GR: So you're saying that when you feel that you hang in there, even if they're starting to sweat?

SW: It's ok with me, if it's ok with them. Now it's ok with these people, to go there. They want to go there. They're looking for me to go there and not to back off. They say "Don't give up" and I don't give up. I stay with them and take them through until it goes somehow. You know what Ida said, "If you allow them to outwait you, holding on, waiting for you to go away, if you quit before you get it, then they'll just wait for you to go away because they know they can outlast you. So you've got to let them know that you're not going to quit."

GR: So this is really interesting for me to listen to. I realize that, as I said, I haven't really thought about it. I took Peter Levine's training and I love that map. I think it's

really elegant. But what I've learned here (and it was also shaped by being in Rolfing classes) was not to 'go there' when you are on the clock. I'm just thinking about the session I did in class. I saw the model's face getting redder and it was all coming up to a head. I backed off and I gave her space in order to let her calm back down again. That's very much the influence of the trauma map.

AH: And there were ten minutes before she had to leave.

GR: And it was ten minutes before she had to leave, so I was on the clock again. Still, it's evocative for me to hear you say that, Sharon, because I realize that is not always my situation. Yet that has become my habit, like "oooh it's heating up here – we're getting into high ranges of activation." And just by habit now I start to slow down and back off. Maybe I need to rethink that sometimes in terms of who am I working with, what [is he] after, what [does he] want?

SW: Because for some people that's what they're there for.

AH: How do you know that Sharon? Is it from the conversation you've had with the client about why he's in your office, or is it from something else? Or is it in the moment you ask them, or you can feel it?

SW: When you go in and you hit those levels, people let you know that that's really a good place for you to be. It really hurts but they really want you in there – right? They try to communicate with you that they are uncomfortable but don't stop. "Don't give up on that. You need to get that for me." And I need to be free to do whatever I need to do to be able to go there. So they want me in there and it's the bargain we make. I put them through it, but they want to go through it because that's what gives them the freedom and release on the other side, and that's what they're really after. They say "I don't care how much you hurt me," and I say, "Yeah, well I care." I care so I'm not going to just, you know, be crazy. I'll be reasonable about it, but at the same time I don't back off because that's why they're there.

AH: This is again something where societally there's been a shift. Where probably if you were working a Esalen back in the day you could count on that expectation from pretty much anyone who walked in your door, by the fact that they were there.

GR: Yes.

SW: But that was the nature of what people were exploring. It's like when I get work, I go back to being whatever the heck age it was. I re-live things. I see things in living color. I can feel the sunlight on my skin. I can hear what was said again, even if I was two months old. I get this replay. It's incredible, I love going there, but there's very, very, very few people who do that; very few. Usually they get a little flash, a little something, but they don't re-live like I do in color. It's like being in the movie and watching at the same time. That's how vivid it is for me and it transports me to another state of consciousness.

GR: Well it is interesting, because that happened for me a whole lot in the first Ten Series. It happened for me I'd say for fifteen years or maybe two decades that my sessions had a potential for a journey in there. And, something did shift. It felt like something shifted in the culture at the same time. So there was a period of time in the late '70s, for example, that every fourth woman on my table was recalling some kind of sexual abuse. It was all over the place, and then it stopped happening. And it's not as if I don't get women who've had sexual abuse. It's just that they are more likely to say, "That happened, I've handled it, I'm not interested in it, let's do the session." It does feel like a cultural shift rather than the style or intent of my work. It feels as if there was a context that shifted away from going through those journeys to see what was in it.

AH: Well you see that in so many other fields now too. There's something in the culture: not as many people want to dive as deeply. That's what it looks like to me. I wasn't an adult in the '60s but I felt the end of that wave and recognize that something big happened there.

GR: And also, there was a learning curve in that. When all these cathartic therapies came and went, the primal scream and the pounding on everything . . . Now we're in a different model of unwinding, titrating, and not reliving an event. In the culture it gets passed on, even if you weren't there or even if you didn't study it. Back in those days at Esalen it was considered kind of cool to have a psychotic break...

SW: It's true.

GR: I remember my husband at the time was fasting on mushroom tea, you know, psychedelic mushroom tea. There were

people having these psychotic breaks and I remember telling him "You are not going there! I'm not going to babysit you while you go down that road." But you remember, Sharon? People were being babysat while they were having their psychotic breaks.

SW: And we were the ones babysitting; Hector was a doctor.

GR: The experiment was: let's push the edge and let's fall apart and let's pick up the pieces on the other side. And there was leeway to do it. People had the leisure. Somebody in class was saying that people are too much at a survival level today, making their lives fit together and working to make enough money.

SW: There are no longer families where one guy can make enough to keep everyone going. Both parents have to work. The kid has to go to work. I mean seriously, there's no disposable income and leisure and Esalen [today] is ridiculously expensive.

GR: So I think this tempers where people are willing to go inside of our work.

SW: You use to be able to go to Esalen, room and board and your workshop, and you'd pay about the same price as you would pay for just a hotel, a medium-priced hotel. It was fantastic. It was quite an experience. That's why everyone called it 'experiencing Esalen' because it was for everyone. You could go there with nothing, a lot of people just showed up at Esalen and stayed and there was room for them. There was housing and there was a way to fit into the whole thing. Now, good Lord, there's hardly any staff housing at Esalen. God almighty, the place where I used to live now rents for \$1000 a night! Who can go to Esalen?

AH: I want to hear a little more about how Ida worked, and how you work from what you imbibed from her. In the opening circle of this class, we saw that people are hungry for this integrated fascia piece, the local issues being seen within the context of the whole pattern. Gael, you're doing that with your spirals. It sounds like you are saying that's what Ida Rolf could see, the local that includes the whole in the grasp of it?

GR: Yes.

SW: Ida only messed with things that went global. She didn't mess with the local too much.

GR: One of the things that's been rich in this class for me has been watching Sharon

work. I can see Ida's work in Sharon's work very, very much. And yet, I express it differently somehow.

SW: I can see Ida Rolf's hands in you too. And in Ed Maupin's hands – I can see Ida Rolf in his hands. It's so cool. There she is.

GR: I hope they're not all gnarly

SW: No, no, not that. It's good.

GR: The expression of Sharon in her work is fairly different than me, but we're both really cut from the same cloth. As you said, Sharon, how Peter worked and how that looks different than Jan, how that's different than Jim, and different than Emmett, etc. It's just interesting that we all carry a piece of her, and it comes through our personality when it comes through. And it's touching for me because I'm living now with Emilie Conrad's death in our [Continuum] community. I am feeling acutely that there isn't any one of us that can replicate Emilie. It's in the collaboration that we carry the breadth of the work. And for whatever reason, I'm feeling a resurgence of that desire, not just to go back to the basics, but to collaborate. How can we take this wisdom and take the whole conversation up a level through the experience that we share, but that comes through us very differently?

AH: And what has to get out of the way?

GR: Ida's shadow, which this organization has dealt with for a very long time. That sense of never quite being good enough, never quite arriving. Rolfing [SI] as a competitive art. That was in her classes. There was a hierarchy. It was not easy to feel empowered – to be empowered by her. She didn't hand out a lot of praise.

SW: She did to me

GR: She did to you? So then you should say something about that, because that was unusual.

SW: It was very unusual not to make you go sit down and have somebody else come take over, she did that to almost everybody. She never did it to me. Not ever, not once. She always let me have extra time. You know in my sense of what Ida Rolf was, she was probably the kindest person I ever knew. Because who else is going to jump down in there with you in the garbage and pull you out. She would do that for you, and nobody else could or would. You know she was amazing.

GR: And she saw something in you and she brought it forward, and that's such a gift

SW: She could have crushed me with one word. I was that fragile, I really think so. She could have just completely derailed me and I'd have been in the corner crying. I would have just fallen apart if she'd done that, I think. But she never did.

GR: And she called me the mouse and she didn't give me a lot of praise, but she also didn't squash me.

SW: But she was very, very kind to me, and you don't hear people saying that [about her]. But I loved her dearly, and what I did to try to repay her was to try to make the environment nice. I cleaned the classrooms, I cleaned the refrigerator, I straightened up all the sheets. She hated the sheets being crooked so I would straighten the sheets for her. I made it go as smoothly as possible. I guarded her nap times and *nobody* could get in there, no one could wake her up. So I took care of her that way, and she talked to me occasionally about how she was feeling and what was going on for her. I felt very privileged. I really loved her.

GR: I regret that I didn't go find her five years into the work, ten years into the work, when I had a chance. What would I have seen then? I was hiding out, afraid of her criticism. I owe it to Peter Melchior and Tom Wing, who invited me in.

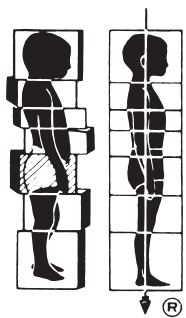
SW: To me it was a grand adventure. You sort of jumped off the cliff, and you didn't know where you would come down, but you knew you'd come down someplace. But it was, in a sense, the act of jumping. The leap of faith into this world.

AH: That's a good ending.

GR: [softly/wistfully] Yes.

SW: Yes, that's fine

AH: Thank you both.



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Why the Medical Explanation for FAI Doesn't Make Sense . . .

And What You Can Do About It

By Matt Hsu, Certified Rolfer™

When I was twenty-six, my hip problems became obvious. Lifting my leg up and over the edge of the bathtub to take my nightly shower caused sharp snapping in both my hips. I'd wake up every morning with aching in my hips and burning in my feet and calves. Sitting for long periods would create a sense of gnawing friction in my joints, and my ischial tuberosities felt somehow under-padded all the time. Then an old unwanted visitor returned: left knee pinching and weakness.

It got to the point that bending over to tie my shoes made my back ache and I felt as if I might rupture my hip joints. A cacophony of popping and snapping accompanied hip flexion and extension as well as rotation. A bleak future lay before me – one with a lot of pain pills or surgery or both. Since I have many friends who had opted for joint surgeries with results that I would hardly call “successful,” I started looking for alternative answers.

Years of trial and error – of stretching, smashing, and strengthening – allowed me to return to hockey, lift weights, and generally enjoy my life again. My recovery is why I strongly believe that hip impingement is a problem that needs to be addressed muscularly and not surgically. In addition, a long history of well-intentioned but unproven (and/or ultimately discredited) surgical procedures makes me skeptical in general of surgical fixes for joint issues like hip impingement.

If you have not heard of femoral acetabular impingement (FAI), here's a brief summary of the current medical view. It is believed to be a defect of bone shape that you can see in an x-ray. The acetabulum, the femoral head, or both are misshapen, and this leads to a decrease in joint range of motion (ROM). Someone with FAI will be restricted in flexing his hip joint or internally rotating. The bony malformations lead to bone-on-bone contact that grinds away at the labrum in the hip joint. This leads to arthritis and eventually the need for total hip replacement.

FAI is diagnosed when someone has pain somewhere in or around the hip, his ROM is decreased, and there is x-ray and/or MRI evidence of FAI. For FAI to be a valid diagnosis, the pain, the ROM, and x-ray and MRI evidence should all add up.

It Doesn't Add Up

In fact, none of the diagnostic criteria add up. There are four main points you need to know about FAI:

1. X-ray diagnosis of hip impingement means nothing. You can have x-ray signs of hip impingement with absolutely zero symptoms. In a study by Hack et al. (2010), researchers examined 200 people with no history of hip problems. Fourteen percent had cam impingement (this is when the femoral head is believed to be not spherical enough to articulate correctly) in their hips.
2. MRI diagnosis of hip problems means nothing. You can have MRI signs of hip problems and no symptoms. In one study (Silvis et al. 2011) of thirty-nine hockey players with zero symptoms of hip pain and discomfort, 77% of them showed signs of hip/groin pathology. They had problems in the MRI but no problems in real life.
3. This one is very, very important: there isn't even a correlation between ROM, pain, and hip impingement in an x-ray. In a study by Weir et al. (2011), a group of researchers took patients with longstanding adductor/groin pain and did some ROM tests and then compared these with their x-rays. There were a total of sixty-eight hip joints to assess (two per person), and 94% had x-rays that had indications of FAI. If the theory is that x-rays are useful in diagnosing FAI, then researchers should have seen the classic movement problems associated with FAI. They didn't. Only nine hips tested positive in the anterior hip impingement test. Here's a quote from the study: “There was no relationship with the number of radiological signs. There was

no correlation between hip ROM and the number of radiological signs.”

4. There is no proof that surgery to correct FAI now does anything to prevent the necessity for further surgery later. In one study (Philippon et al. 2009), 112 people underwent surgery to address FAI. Ten of those patients (9%) underwent total hip replacement within twenty-six months.

There is no correlation between any of the proposed diagnostic criteria and symptoms. If the bony malformations are supposed to be the cause of the problem, there should be at least a moderate correlation between the x-ray evidence of FAI and movement problems, but there are none. In fact, I've personally heard multiple anecdotes of an individual being told that his non-painful hip is the one with more advanced signs of FAI in an x-ray.

How Should We Look at the Problem?

It makes far more sense to consider the activity of muscles. The muscles are, without question, the physical drivers of movement. The way the muscles are recruited and their ability to contribute appropriately to any given movement very clearly affects motion at any joint.

If you were to remove one head of the biceps brachialis of your right arm, would you expect to be able to flex your elbow with the same ease, ROM, and strength as on your left? Clearly not! If you were to inject a chemical solution into one head of the biceps brachialis to paralyze it so that it atrophied over years, could you reasonably assume the kinematics of your elbow and shoulder would be affected? Absolutely.

The hip joints are wrapped with twenty muscles on each side that directly affect the stability and mobility of the joint. Imagine that you injected that paralyzing solution into the hamstrings and gluteals and rarely allowed your hips to move a range beyond 80° of flexion. Would that negatively affect your hips and your general comfort level? Yes. And while many a modern-day worker doesn't use a chemical solution to paralyze muscular activity in his butt and the back of his legs, he certainly uses a chair to the same effect on a very regular basis. There are, of course, plenty of other ways to throw off hip joint kinematics: a muscle pull, overtraining a muscle group to the point of overpowering imbalance, or poorly chosen stretching habits could all impede healthy movement.

What We Can Do

What can a Rolfer generally do to help this situation? We need to restore balance to the joint. For men – especially athletic men – typical areas of concern will be the adductors and the quads. These muscles can be overdeveloped and overused, limiting the person’s ability to rotate the hip joints and also locking the pelvis in an anterior tilt (which, incidentally, is known to reduce the range of hip flexion).

Adductor work should be done with the client supine in a frog position (Figure 1) or in a position that allows you to work the adductors in an abducted position. A typical Fourth Hour of Rolfing® Structural Integration does not provide an opportunity for the muscles of the hip joint to learn to accept a novel position as it is too close to a normal standing position. We want to create new opportunities for joint ROM, so simply keeping things in ‘standing’ is hardly productive. The quad work can be done with the client supine as you would in a typical Fifth Hour. Pay special attention to the proximal attachments of the quads and to the lateral quads.

The gluteals and the TFL and IT band can also be stiff to the point of locking up joint rotation and flexion. Therefore, it’s a good

idea to check to see what hot spots you can find in their connective tissue. One thing to note, however, is that these muscles are often the ones that have been ‘paralyzed’ for years. Trying to get them to relax more and more may be detrimental to your client. Sometimes a little tissue work is all that is necessary to unlock a little motion, and more may have a negative effect. I find this is most common with women, though it certainly is not exclusive to them. Women tend to be more flexible (particularly those who have focused for years on yoga) and can be very weak in their posterior and lateral hip musculature. Doing tissue work on the gluteals can often be completely useless or even make a weak client worse. If you find that happens with a client, whether male or female, your best bet is to refer out to someone who can do solid exercise training to help reestablish strength and coordination in the atrophied muscles of the hip, rather than attempt to push harder or with more ferocious intention.

Because of the complicated relationships between the many muscles of the hips, FAI (if we want to still consider it a discrete disease) can take a long time to resolve and requires the client to be actively engaged in his path toward better movement. There are no quick fixes and no magical solutions to

the problem. The way out requires trial, error, and the willingness to continuously retrain the hip musculature to play nice and move well. Tissue work on the adductors, quads, and sometimes the gluteals can be a very ‘helpful hand’ for a client who’s walking the path back to full hip health.

Matt Hsu has spent almost a decade experimenting and rehabbing his own hips so that he is able to play hockey, hike, and lift weights again. He is the author of the “Healthy Hips” ebook, a guide for restoring a base level of flexibility and strength (available at www.uprighthealth.com/product/healthy-hips), and is co-creator of “The FAI Fix,” a comprehensive ebook and video resource to help people solve their own hip problems nonsurgically (available at www.thefaiix.com).

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Figure 1: Frog position for adductor work

Reviews

Training the Wisdom Body: Buddhist Yogic Exercise by Rose Taylor Goldfield (Shambhala Publications 2013)

Review by Kate Bradfield, Certified Rolfer™, RYT-200 Yoga Teacher

This short, straightforward book tackles some pretty big topics in the world of meditation: to name just a few, Buddhist yogic philosophy, mindfulness, and the interconnectedness of thoughts and sensations. Rose Taylor Goldfield aims to draw the reader in with clear, concise language and, for the most part, she succeeds.

She begins the book by orienting the reader to her particular lineage of study. Her teacher, Tibetan Buddhist Khenpo Tsültrim Gyamtso Rinpoche, imparted to her not just the meditation practices but also the Tibetan body training called *Lujong*. Goldfield went on to incorporate into the movement practice her own background of martial arts, yoga, and yogic dance practices. She has named these practices Wisdom Body Lujong.

Ultimately, what these practices are intended to achieve is a deep connection to

one's meditation practice and physical body. Anyone who has sat for a period of time in meditation can relate to the experience of feeling dullness in the mind or achiness in the body . . . or both at the same time. Wisdom Body Lujong is meant to stimulate our physical body in order to more deeply connect to our stillness practice.

Goldfield's approach to both the movement and meditation is centered on compassion. She speaks to the difficulty of sitting practice and offers thoughtful perspectives on how to work with the challenges that arise. All of the exercises in the book are adaptable for those with physical issues and injuries, and she is clear with explaining her modifications.

The exercises themselves are simple, repetitive, and often incorporate *mudra* (hand positions) or *drishti* (focused gaze). In practicing the exercises myself, I found them stimulating, invigorating, and helpful in connecting to my physical body. What I particularly appreciated about the teaching in this book is that it is not about simply going through a series of exercises and crossing that 'to do' item off one's list. The whole point of the movement is to deepen awareness of the physical sensations as

they occur, thus bringing our mind into the present moment. She emphasizes deep investigation of the present body experience, which is foundational for training up the mind for an eventual stillness practice.

As one who both leads and regularly attends silent meditation retreats, the really juicy part of the book began in Part 2: Seated Meditation Practice. Many gems are scattered throughout this section and I found myself inspired by much of what she writes. One particular quote that stayed with me: "In choosing to work with mind and heart, we make a gesture of supreme friendliness toward ourselves. It is the best act of self-care."

This book seems most appropriate for those who have an existing meditation practice or who have at least some familiarity with mindfulness practice. If one was to go in to reading this book completely cold, I think much of it would be out of reach. Reading any instructional book always leaves me with the feeling of preferring to have an actual teacher guiding me through the material rather than plowing through the limitations of a text. However, much of this book was inspirational.

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THE ROLF INSTITUTE®

5055 Chaparral Ct., Ste. 103
Boulder, CO 80301
(303) 449-5903
(303) 449-5978 fax
www.rolf.org
info@rolf.org

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AUSTRALIAN GROUP

The Rolf Institute
5055 Chaparral Ct., Ste. 103
Boulder, CO 80301
USA
(303) 449-5903
(303) 449-5978 fax
www.rolfing.org.au
info@rolfing.org.au
membership@rolfing.org

BRAZILIAN ROLFING® ASSOCIATION

Dayane Paschoal, Administrator
R. Cel. Arthur de Godoy, 83
Vila Mariana
04018-050-São Paulo-SP
Brazil
+55-11-5574-5827
+55-11-5539-8075 fax
www.rolfing.com.br
rolfing@rolfing.com.br

EUROPEAN ROLFING ASSOCIATION E.V.

Lore Junginger, Administrative Director
Saarstrasse 5
80797 Munchen
Germany
+49-89 54 37 09 40
+49-89 54 37 09 42 fax
www.rolfing.org
lore.junginger@rolfing.org

JAPANESE ROLFING ASSOCIATION

Akiko Shiina, Foreign Liaison
Omotesando Plaza 5th Floor
5-17-2 Minami Aoyama
Minato-ku Tokyo, 107-0062
Japan
www.rolfing.or.jp
jra@rolfing.or.jp

CANADIAN ROLFING ASSOCIATION

Beatrice Hollinshead
PO Box 1261 Station Main
Edmonton, AB T5J 2M8
Canada
(416) 804-5973
(905) 648-3743 fax
www.rolfingcanada.org
info@rolfingcanada.org