# Table of Contents

**Columns**
- Ask the Advanced Faculty ........................................... 2
- Ask the Movement Faculty ........................................... 4

**Commemorative Speeches**
- A Brief Talk About Ida Rolf ......................................... 5
  - Alan Demmerle
- Memories of an Exceptional Pioneer .............................. 7
  - Richard Demmerle

**Thoughts on Movement**
- The Tao of Exercise and Self-care ................................ 9
  - Gael Ohlgren
- The Pelvic Lift: Theme and Variations ........................... 13
  - Mary Bond
- Finding the Pelvic Floor ............................................. 17
  - Pauline Kidd
- The Swingwalkers of Zambia ....................................... 20
  - Adjo Zorn

**Research from Brazil**
- The Making of a Science of Rolfing: From an Individual Path
  to a Collective Activity ............................................ 22
  - Pedro Prado
- Profiles and Evaluations of Rolfing Clients Process
  in NAPER Brazil ..................................................... 26
  - Yeda Bocaletto

**Further Perspectives**
- Healing the Horse ................................................... 33
  - Suzanna Baxter
- The Shumann Syndrome ............................................. 38
  - Ray Bishop

**Book Reviews**
- Yoga for the Core: Finding Stability in an Unstable Environment
  and Anatomy and Asana: Preventing Yoga Injuries ............ 42
  - Reviewed by Mary Kimberlin
- Life on Land ............................................................ 43
  - Reviewed by Gael Ohlgren

**Memorial**
- Jeff Galper ................................................................... 45

**Institute News**
- Graduates ..................................................................... 47
- 2008-2009 Schedule .................................................... 48
- Contacts ....................................................................... 49

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Ask the Advanced Faculty

Rolfing Strategy: Not Where, What, or When, But How

By Pedro Prado, Ph.D., Certified Advanced Rolfetm

Q Many of my Ten-Series clients exhibit a particular quality of emotional tension and holding that is evident in their structure and movement patterns. This pattern involves the shoulders rolled forward and contracted toward the front, the head pulled forward and down into the cervicals, and the posterior ribs hardened—all seemingly in an effort to protect the heart. In the first session of the Ten Series, when rapport is just starting to be established and we are still largely strangers, we begin opening this closely guarded and emotionally charged area. My question is, with clients holding their main event in this area, is it a good idea to start here in the first session? It seems that in some cases it might be better to wait until the client has developed a level of trust, a few sessions down the road. Would you comment on this?

A At first glance, this is a strategic question: where should we touch in a first session; when should we contact a highly charged area; how should we approach this client; and how do we best start the process. To me, the key concern is not where or when—but how.

This inquiry brings in many of the layers and dimensions of our work, and provides an opportunity to explore the complexity of their relationships. It also raises matters of how effective and efficient strategies, and the management of the therapeutic relationship. How a personal pattern is either established or changed depends on the subjective meaning the client attributes to both the experiences that generated the pattern and the experience of addressing the patterns through the Rolfing process. We now have abundant theoretical support for the proposition that subjective experience shapes perception of both internal and external events and conditions, and that it plays a defining role in how we adapt to gravity.

THE RECIPE VS. A NON-FORMULISTIC APPROACH

Ida Rolf’s Recipe has always been a reliable formula for bringing the client to a higher level of integration. However, the Principles of Integration (adaptability, support, palin-tonicity and closure) indicate that strategies can be developed according to a client’s specific needs. In formulating any strategy, the Principles must be observed on each of the physical, functional and psychobiological levels, and balance must be maintained among these levels. The strategy must allow for integration within each level, among the levels, and with gravity. Just how flexible individual Rolfers can be with respect to designing efficient and effective strategies for particular clients depends on their ability, experience and training; but all of us can improve our work by adjusting the Recipe in degrees appropriate to our expertise.

PATTERN IDENTIFICATION

The question describes the pattern structurally, functionally and psychobiologically. The structural analysis was perhaps based on the line (not vertical), the blocks (head held forward and down into cervicals, front compressed) and the five elements taxonomy (the shoulders rolled forward and contracted toward the front, head forward and jamming into the cervical spine). In functional terms, the hardening of the posterior ribs suggests that perhaps G’ is posterior to G, which would compromise the dynamic line. From the psychobiologi-cal perspective, the question presents the hypothesis that the client has assumed an attitude of guarding the heart area, representing a held emotion.

A pattern both manifests and can be approached in various aspects of the being. Currently, the assessment taxonomies we teach may be classified as physical (comprising the structural/biomechanical and functional) and psychobiological (comprising the emotional, energetic, cultural and existential/spiritual). These categories reflect the holistic nature of our being and have implications in how we understand the client’s presenting goals. Therefore, they inform the design of strategies, the choice of techniques, and the management of the therapeutic relationship.

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THE THERAPEUTIC RELATIONSHIP

The therapeutic relationship is the fourth dimension, ever present in any therapeutic event. It arises between two persons—prac-titioner and client. As a result, the impact of the event goes beyond the effects on the spatial arrangement of body parts and their movements in space and time; this fourth dimension brings in the relationship between human beings. It gives meaning to the event relative to the environment; in the case of Rolfing, it brings it back to gravity and affects perception, feelings, and function in gravity. The outcome of each Rolfer/client encounter is unique, and synchronic in time—a moment in the personal processes of each participant that will change the course of all their relationships going forward, including the ripples it will produce in their interpersonal relationships.

Tracking the therapeutic relationship is essential for the success of any strategy, any technique, any session—and, ultimately,
the entire process. Because the characteristics of each participant influence the process, practitioners must monitor their own characteristics, as well as those of the client. This includes the practitioner’s body use and posture, the feelings the practitioner has when touching the client, how the practitioner conceptualizes the situation, etc. Over the years, the Rolf Institute of Structural Integration® has devoted more and more curriculum hours and assigned greater importance to the therapeutic relationship; and it is now addressed in all training units.

Now, enough of history and theory and back to your question. Once again, the key concern is not where or when, but how. There is a big difference between working on someone’s anatomical structure, on the one hand, and working with someone through the anatomical structure, the functional pattern or a set of meaning patterns, on the other hand. For the latter, building the container, and understanding the goals and patterns from both your own perspective and the client’s are the essential first steps for Rolfing®. Then, and only then, can you design effective strategies.

In framing your question, you state your initial impression that the pattern might be primarily emotional, with physical and functional manifestations. Establishing the therapeutic relationship and building trust allows you and the client to address the pattern at whatever level is available at a particular time. However, you must be clear about how ready you are to deal with whatever you believe is happening and to participate in the client’s journey. It is also important to assess the degree to which the client is engaged – or present – in the process, whether consciously or unconsciously.

It is this engagement that allows the client to both explore and release patterns, as well as to own the changes.

There are levels of consciousness, from tissue responsiveness to reflexive mind. All levels continuously feed back upon each other, creating the internal environment for change to manifest in gravity. The tissue may respond to adequate touch even if the client’s mind is not present. In such a case, the practitioner needs to pay particular attention to how the client assimilates the changes, and to follow the adaptation of the whole being in gravity. Sometimes it is easy: the client is happy to let go of an old pattern, and doing so poses no particular challenge. Finally, if the client is sufficiently engaged, we can work consciously: the client knows what is being addressed; understands the meaning of the pattern and the challenges that changing it will bring. Here, the client is engaged in conscious exploration.

The Recipe, with its sequence of structural and functional goals, represents a gradual approach to a client’s pattern. First, we release the more superficial tissue to open the territory, which allows the breath to respond. In functional terms, you may encourage the client to notice the breathing as it is, to let go of holding patterns and allow the breathing to respond, or to explore new breathing possibilities. In connection with any of these, the client may begin to find ground and space, to trust the exhale and expand in the inhale, or to explore flexion and extension and find the sagittal axis of motion. Psychobiologically, these events have meaning and will produce meaning. Conversely, the client’s perception of a pattern’s subjective meaning may initiate the release of the holding patterns.

The Recipe is not about touching here or there to produce a specific result. The whole being is in process from the very first moment. Honoring the holistic principle and recognizing the continuity of the fascial web, we would expect that intervention at a particular place in the body will affect the entire system, with changes manifest in locations very distant from the point of entry.

With this in mind, everything becomes relative. A touch to the legs – part of the traditional first-hour territory – might well be as disruptive or invasive as a touch to the chest too abrupt, too deep or too soon. But, a touch to the chest that allows the client to feel and own the experience – a touch through which the therapist respects and stays firm with the client as the two of them contact whatever is held in the region – will produce a significant result right there in the first hour.

In short, it’s not the location, but the attitude. The Recipe does not describe locations to be touched, but goals to be approached. It suggests particular territory as a means to achieve the goals – not vice versa. To achieve the goals, it might be necessary to start in different territory; this would not be departing from the Recipe, but rather honoring it. In that sense, we can design non-formulistic strategies and use whatever techniques are appropriate to our strategic perspective.

**EXAMPLES OF FIRST-HOUR STRATEGIES**

You might begin by exploring the meaning the pattern has for the client. Just asking “What’s your take on this?” or “How do you account for this pattern?” or “What does this pattern mean to you?” might be sufficient impetus for the pattern to begin to unfold and make room for the integration of the physical changes from the tissue manipulation to follow.

Or, you might begin by developing the client’s functional resources – perhaps by increasing support with more functional leg hinges and feet, as well as a better connection of the feet through pelvis to the front of the spine. Then the client has a physical place or function to relate to when you do approach the delicate area or pattern. Maybe with more functional feet and legs, the client can afford to feel the chest and the emotions within. From the classical Recipe perspective, in a first hour you would emphasize release of the hip joint and the extensor group; this would be preparatory to slowly deepening shoulder girdle and upper chest work in the third and fifth sessions.

Or, you could stay with the traditional Recipe territory by touching lightly on the chest itself, observing the response of the breathing, allowing the client to occupy the inner space and to recognize it proprioceptively. Then, through exploration of the breathing, you could encourage the client to better perceive the environment and observe the effect this has on his/her posture.

The three strategies described above are primarily psychobiological, functional and structural, respectively. Each is in keeping with the Principles of Intervention, and each aims both to change the body’s organization in gravity and to engage the client enough to let the client own the changes.

Designing and executing our strategies with various methods appropriate to the multiple layers of a pattern does give us more flexibility in our work. But, if our strategies or choices of methods are random or merely intuitive, the work loses form and structure. Until one has the skills and experience to feel comfortable with non-formulistic work, one can stay within the Recipe and still prepare to address emotional content by establishing a proper therapeutic relationship, continually attending to the context, and modulating touch so that you’re working with the client, not on the client.
da Rolf was well aware that recipients of Rolfing® Structural Integration needed movement education in order to fully embody the process. I remember lying on the floor of someone’s living room while she talked us through the classic arm rotation patterns that we now call “Rolf yoga.” She knew that her standard injunctions – “Top of the head up!” and “Waistline back!” – were not sufficient to make the work sustainable. But her hands were full, launching the structural aspect of her work.

By the time I met her in 1969, Dr. Rolf had assigned Dorothy Nolte and Judith Aston the task of creating the functional work that would accompany the structural work of Rolfing.

From that time forward there have been many more contributors to the development of Rolf Movement Integration®. Thanks to the dedicated and passionate work of people too numerous to name here, we now have a comprehensive movement theory and curriculum that includes client-active table work, practical ergonomic advice, and in-depth neurological and perceptual re-patterning. The Brazilian basic Rolfing training includes so much functional work that practitioners are dual-certified in structural and movement work. The U.S. basic training now includes three movement sessions, although how those sessions are presented has only recently been standardized. The Australian and Japanese trainings each incorporate movement in different ways. In Europe, a modular training incorporates both structural and functional modalities so that students understand all sessions in terms of functional as well as structural goals.

The scope of Rolfing continues to expand as we discover ever-more-effective means of interacting with structure. The collective endeavor has been enormous. The structural faculty no sooner developed a principles-based theory of the work than they began to see how understanding articular mechanics and inherent motion could further the process even more. In tandem with these developments, the movement faculty’s understanding of human movement has become ever more sophisticated.

Achieving the profound results possible through functional intervention is an art and science in its own right. Mastering the subtleties of touch and communication involved is not feasible within the time frame of our basic training. It is during the movement certification training that Rolfers finally have an opportunity to immerse themselves in functional education.

The movement faculty would like to open a community dialogue about the functional aspect of Rolfing, especially for those who have not yet taken the movement certification training. We’d like to talk about quandaries you may have about incorporating movement education into your interactions with clients. Ask us simple questions, like “How do you incite a client’s interest in self-care?” Or questions that have more complicated answers, like “How do you teach movement to clients who seem to have no body awareness?”

Please submit your questions for the Rolf Movement Integration Faculty to Sue Seecof, Managing Editor, at seecof@aol.com. We promise engaging and moving responses.
A Brief Talk About Ida Rolf

By Alan Demmerle

Ida Rolf often said she would rather be remembered for her work than for her life story. Consequently there is little written biographic material about her. Let me offer you a brief picture of who she was, as painted by myself, her non-Rolfer son. Her view that the only thing that mattered was what she did had a few disadvantages. Nature abhors a vacuum, and thus people sometimes create stories or embellish tidbits of data that are known about her. I want to take this opportunity to sketch parts of her life, as I knew her, to put to rest some of the incorrect stories about her.

She was born in May 1896, an only child, and lived her early life in the Bronx, New York. Her father was a civil engineer who made his living building docks and piers on the East Coast. Her mother was one of six sisters, all of whom lived in New York City. Ida Rolf was educated in New York public schools, received a Bachelor’s degree from Barnard College and earned a Ph.D. in biochemistry from Columbia University. At the age of twenty-five she had graduated from Cooper Union in New York City, a place she always loved.

In 1928, they left her waterfront property in Thames, Long Island, New York on which was a small summerhouse. She and her husband winterized and added to this home, moved there, and started a family. My brother Richard was born in 1932 and became a Chiropractor and Rolfer. I was born in 1933 and became an electrical engineer and researcher.

Dr. Rolf was insatiably inquisitive. She ardently studied aspects of anatomy, physiology, psychology, philosophy, religion, yoga, general semantics, homeopathy, and even astrology. She slept relatively little, and my childhood recollections include her invariably reading some serious subject matter (never a novel) when I went to bed at night. She was invariably up before me every morning. She was first and foremost a curious and imaginative intellectual, with a passion to understand the world around her. She told me that my father once had fallen from a horse while they were on a honeymoon camping trip in the Canadian Rockies, and she then began wondering about the nature of sprained ankles and how to facilitate their healing. Perhaps this event stimulated her interest in the human body. It is my observation that she uncovered the principles and techniques of structural integration as a result of an intellectual passion driven by curiosity and manifested by long hours of study and hard work. Whenever she encountered a problem with herself or her family, it was her nature to seek a solution. She was always open to new ideas and was willing to try new methods on herself or her family.

She quit her job at the Rockefeller Institute and was a stay-at-home mom when my brother and I were born. She may have found living in Stony Brook — a bucolic, very small town at that time, which is fifty miles east of New York City — a bit isolated for someone with her intellectual interests. She befriended a blind osteopathic physician, Dr. Morrison, who lived and worked in Port Jefferson (about ten miles east of Stony Brook), and for several hours per day, once per week for several years, she would read and discuss scientific journals and texts with him. He was one of the very early osteopaths; I would guess he was born around 1870. Indeed, he had lived and worked in San Francisco during the famous earthquake and fire of 1906.

In 1939, Ida Rolf and family moved to Manhasset, Long Island, about twenty miles east of New York City. This move was motivated by the fact that my father, Walter Demmerle, who worked as a consulting engineer from his office on Wall Street, in New York City, had become weary of the two-hour commute from Stony Brook. In addition, it was reported that the Manhasset public schools were superior to the ones serving Stony Brook, and my brother and I were of school age. I would guess, though it was never said, that she felt the value of moving to a town of professionals and intellectuals in closer proximity to New York City, a place she always loved.

It was about that time, she was in her late forties, that her work toward the development of structural integration got a sharper focus. My brother and I were in school, and she had more opportunity to pursue her other interests.

In the spring of 1947, my father died of heart disease; my mother was fifty years old and he was fifty-three. My brother and I were fourteen and thirteen. She had no significant inheritance and little in the way of family support. She developed a clientele and continued to develop her work. In the meantime, she was as attentive and supportive as any parent could be of her
two teenage boys. She helped us identify an appropriate career path and gave each of us a college education. My mother was supportive, caring, loving, encouraging, unemotional, and nonjudgmental. She was there when we needed her and not there when we didn’t need her.

Dr. Rolf had a few expressions that I especially remember her for. 1) “If you have nothing to say, say nothing,” with its corollary “If you have nothing good to say, say nothing.” She lived by this idea. Small talk was not her forte, and most importantly, she was not critical of others and she never maligned anyone. This is not to say that she was retiring. In fact, she was demanding of herself, her colleagues, and her students. 2) She often said that her accomplishments, whatever they were, came from “10% inspiration and 90% perspiration.” Indeed she was a hard and tireless worker driven by curiosity and a dedication to understanding the human body.

Circa 1959, Dr. Rolf sold her two houses, one in Stony Brook and one in Manhasset, and moved to an apartment at Riverside Drive and 74th street New York City. She lived on the 14th floor on the west side of the building with a spectacular view of the Hudson River and the sunsets over New Jersey. She had a special attachment to sunlight, which flooded that apartment, and she enjoyed that living arrangement for about ten years. She then moved to Blackwood, a New Jersey suburb of Philadelphia, to live in the vicinity of my older brother Richard and his family. During these years she traveled a lot and spent considerable time in Europe and California, forever seeking development of her work and teaching others the principles and techniques of structural integration. She died in the spring of 1979, at the age of eighty-two, working to the very end. Her remains rest in the family plot in Woodlawn Cemetery in the Bronx, New York.

I would like to relate two events that demonstrate Ida Rolf’s pluck and grit. The first event took place when she was forty-two years old and the hurricane of 1938 descended upon New England doing major damage to Long Island, Connecticut and Rhode Island. The September storm struck with no warning; long-range weather forecasts, satellite imagery and television were technologies that were still undeveloped. My father was at work in New York City as my mother, my brother, and I marveled at the fierceness of the storm, expecting the next falling tree to crash through the middle of the house and onto our heads. These storms, in addition to the very high winds and rain, usually bring exceptionally high tides. In this case, the full-moon tide (spring tide), the diurnal tide, and the storm surge caused by the exceptionally low barometric pressure all coincided, prompting an uncommonly high tide in Long Island Sound. Boats broke away from their moorings consequent to these enormous tides and wind. My father’s boat was moored in the harbor in front of the house when this tide and wind conspired to transport this small cabin cruiser into the old town of Stony Brook. The boat was smashing in store windows when a resident near these stores telephoned my mother with this news. In the height of this viscous wind and rainstorm, she went to the town, boarded the boat, started the engine (a major job under the circumstances) and piloted the boat back down the main street to the harbor. Courage, conviction and fortitude were elements of Ida Rolf’s constitution.

The second event that I would like to use to demonstrate Ida Rolf’s character took place when she was seventy-six years old, and living in a house on the edge of a cliff bordering the sea in Big Sur, California. Those of you who have been to Big Sur can readily appreciate the steepness and general character of these cliffs. In front of this house was the top of a switchback path leading down to the ocean’s edge, a path that would intimidate a mountain goat, and even myself, a healthy, sure-footed thirty-nine-year-old at the time. However, it did not faze Ida Rolf, despite the fact that she was suffering some mobility limitations due to old age. A senior Rolfer and friend of hers, John Lodge, and she decided it would be interesting to go down the path to the surf — John to fish and she to cheer him on. I was visiting my mother for the weekend and was unwittingly recruited to accompany her down the cliff. My opposition made no dent in her determination. My worries about her slipping off the trail on the loose crumbling rocks didn’t deter her. She declared she had lived a good life and if she slipped and fell it would be a worthy end. I was tuned into the problem that if she fell, there was no way to get her back up to the house. The path was unsuitable to carry someone. The trip down fortunately was without incident. When the time came to go back up all went well, though slow, for a while. About 80% of the way up, she declared she couldn’t go on any further, and had to sit down. Her legs, she declared, had given out. We waited for John to finish his unsuccessful tempting of the fish and get to where we waited. Together we would decide what to do if time alone could not cure the collapse of Ida Rolf’s legs. John kneeled on those sharp stones of that crumbling path, worked on my mother’s legs and back for fifteen or twenty minutes and produced a miracle as Rolfers sometimes do. Ida Rolf gathered herself up and plodded up the rest of the path to the house. She had done what she wanted to do; she had gotten down to the edge of the sea and returned. It was I who had suffered the anxiety and trepidation of that dangerous ascent. Her outlook on the dangers of that trip seemed to me cavalier. In retrospect, however, I see her attitude as just her desire to live in such a way as to get the most out of life. The risks those circumstances presented were worth it. It was a demonstration of her appreciation of the adventure of living to the fullest.

It has been my pleasure giving you this very brief sketch of Ida Rolf. I would recommend two other sources of reflections about Dr. Rolf. Certified Advanced Rolfer™ Sam Johnson in the IASI Yearbook 2007 wrote a stimulating and well-documented article “Ida Rolf and the Two Paradigms”, which documents some of her history and develops some ideas as to her journey and the evolution of structural integration. I have found the Johnson article well worth reading. 2) There is a book, edited by Rosemary Feitis and Louis Schultz and put together by the Rolf Institute of Structural Integration® called Remembering Ida Rolf. It is comprised of stories and anecdotes about Dr. Rolf. If you have an interest in some of the experiences of many of the early Rolfers with Dr. Rolf, I recommend you look at this book. 2

Perhaps someday someone will compile more complete biographical material about Ida Rolf. I imagine it will be a difficult job because the people who knew her are getting old, some are dead, and notes and letters concerning her personal life are scarce. Even so, documenting what she did will be the easy part. To report how she did it, and what motivated her is bound to be the product of the reporter’s imagination. Myths are abundant, but they are a tricky foundation from which to build biography.

**EDITOR’S NOTES**

1. This article was reprinted in the June 2007 issue of Structural Integration.
2. Published in 1996 by the Rolf Institute
Memories of an Exceptional Pioneer

By Richard Demmerle Ph.D., D.C., D.N.

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Before I begin this trip down memory lane, it is important to note that Ida Pauline Rolf was born in Bronx, New York on May 19, 1896. She attended public school in New York. She was an exceptional student, being accepted by Barnard College for Women in her late teens.

After she graduated Cum Laude with a Ph.D. in Biochemistry in 1921, she accepted a position with the Rockefeller Institute for Biological Research, working herself up to the position of assistant. She also undertook studies at the Eidgenossisches Technical Hochschule in Zürich, Switzerland, and studied homeopathy in Geneva. She continued studies at the University of Heidelberg in Germany, and also the Pasteur Institute in Paris. The main thrust of her research was in the field of polysaccharides and proteins. This covers her academic studies.

Many people have asked me just how I became involved with the healing profession. I seriously doubt if they can understand my answer. I was literally hand-picked and groomed for it. I had other yearnings, however, and these were not taken seriously, hence they were not fulfilled.

As a child I was exposed to a highly intuitive osteopathic healer. He was blind; therefore his touch was exceptionally sensitive. During my formative years, I was never exposed to the orthodox medical profession. For Ida Rolf, it was clear that homeopathy was the approach of choice, so this was what I have been raised on.

It seems as I look back, I was somehow chosen to bring a certain “incurable” situation into the world. Now the term “incurable”, is the word I use, to designate the fact that it could not be fully understood by the then “medical world”. They were quick to give it a label called “hyperkinesis”. This describes the fact that all activities that require fine balance tend to be avoided or ruled out.

This was evidenced in gymnastics in elementary school. I avoided such activities simply because I felt extremely ungainly, uncoordinated and very unsafe. I was often singled out, becoming the recipient of very painful jesting and ridicule.

My mother, Ida Rolf, took me here and there searching for a resolution to this most unpleasant burden. She investigated many approaches, the manipulative form of osteopathy, nutrition, exercise systems, etc. However their promises were not fulfilled. It is certain that she spent many a sleepless night over my condition. I am almost certain that this was the motivation to look to creating some form of treatment which was up to then unavailable.

In her quest, her attention was focused on the subtle movements of the body. What could be the disturbing factor? This situation dragged on for years, until I was fourteen or so. We traveled to California for a year, so that she could study with Amy Cochran, who had a system called “Physio-synthesis”. This was a system of exercises. While here, we went on weekend excursions to the mountains, and the canyons, the shore, and of course the desert. It was an exciting time. She spent days under the tutelage of this white-haired woman, and evenings she went to The Los Angeles Chiropractic School, studying anatomy with a very astute teacher Dr. Arthur Nilson. It is amusing that I studied under him also in the late 1950s.

We returned East in 1944. She had at this time begun to work with clients at home. I can almost hear her now, the voice which could not be ignored. I was usually busy with school work. The command was very direct: “Come, I need your help!” I was to offer her my strength in order to complete the necessary work on her client.

And so began my tutelage in the field of Structural Dynamics, later changed to Structural Integration, and which underwent a further metamorphosis to be known now as “Rolfing”®.

Of course back in the 40s and 50s, it was known as Structural Dynamics. My tutelage continued all through high school. I graduated and then I took an extensive massage course, lasting one year. After my military service I entered the Los Angeles College of Chiropractic (LACC).

Dr. Rolf stood behind the idea of my being a healer, and naturally, she was hoping that I would be accepted into medical school. I was absolutely convinced that the manipulative profession was for me. I chose freely to enter chiropractic school. I obtained my degree from LACC, as well as a degree in the field of natural medicine from Sierra States University in Los Angeles. I am sure that she had a hard time coming to terms with the fact that her son was a chiropractor, and not a D.O. or M.D.

I accompanied her on many of her teaching trips. The first class that I attended was while I was stationed in Los Angeles in 1953. I was called on numerous times to show the physicians what she perceived. I felt very awkward, for here I was, with only a massage diploma, showing these highly trained physicians how to “see”, as well as get in manually to get the job done. It was an interesting time.

One of the instances which convinced me of the manipulative profession of Rolfing® was the case of a man who had plummeted ten stories down an elevator shaft, coming away with only compressed joints. He walked away from his treatments able to resume his profession as a steelworker. This was an eye opener to all the physicians in the class. I recall a case of an elderly man, whose hobby was trap shooting. The results of the recoil of the shotgun were hard to
miss. His chest was caved in, resulting in the appearance of a man considerably older. He walked out much more erect, and needless to say his structure was more capable of supporting him.

I had just graduated from LACC, when I received a call from New York, telling me I should return, to manage her practice while she was away. So, her obedient son returned, and remained on the East Coast until 1979.

I attended many classes as co-instructor, the first being in London in 1957. Our teaching methods differed, and she found it difficult to understand my approach. I also conducted classes on the East Coast, New Jersey, Florida, as well as in Big Sur, California and Boulder, Colorado.

As I have said, she made many trips, throughout the U.S. and regularly to England during the hot summer months. She had a very difficult time dealing with the sweltering streets of New York. Her unsung saving grace was minding her practice. At her request, I was called upon to restore balance to her physical system, which had been sacrificed during her classes. She was teaching classes in Kansas City, Nebraska, when an architect visited her with a specific problem with walking. He followed her around the country, to each city where she conducted classes. He wrote a testimonial in which he stated, “It is odd that a man of fifty years should have to learn to walk all over again!”

Ida Rolf spent an incredible number of hours reading journals, books and all sorts of unorthodox material concerning healing. She had memberships with many fringe groups, i.e. psychic organizations, etc.

There are two very special events to which I owe her my sincere gratitude. I attended a seminar at Columbia University given by a Dr. Myers, a neurologist and semanticist. He was able to clear some of the confusion in my mind remaining from my chiropractic training. The second seminar was given by the General Semantics Society, having to do with the basics of communication. All was not easy with this demanding genius, searching for recognition. I pleaded with her many times to let me take over some of her pet research projects in California. I was flatly turned down, with the excuse I had a small family to raise, and this hit me very hard.

However, I was a staunch supporter of the underlying principles of Rolfing then, and even though I am no longer in active practice, my belief is still as strong, if not stronger. I conducted two projects, which served to validate these principles, one was with a group of Brain Injured Children¹, and the second was with an industrial management group. The results were astounding to those participating, however not to me, so strong was my conviction of the premises. I thank my mother, for being who she was, and – in spite of some inner resistance on my part – for grooming me for her work, even though it was incredibly taxing at times. She was one of those people who would not accept “it can’t be done”, she always found a way. This characteristic is one which I still truly appreciate.

Both my brother Alan and I feel honored to be participating in this Fascial Congress. It truly is a milestone for understanding scientifically the basis for the technique known as Rolfing. This symposium is the epitome, in my mind, as far as official recognition of Ida Rolf’s work is concerned.

NOTES

The Tao of Exercise and Self-Care

By Gael Ohlgren, Certified Advanced Rolfer™
Rolf Movement Practitioner™

All beings, grass and trees, when alive, are soft and bending
When dead they are dry and brittle.
Therefore the hard and unyielding are companions of death,
The soft and yielding are companions of life.
Under heaven nothing is more soft and yielding than water.
Yet for attacking the solid and strong, nothing is better;
It has no equal.
The weak can overcome the strong;
The supple can overcome the stiff.
Lao Tzu

There was once an efficiency expert who visited a chocolate factory and watched the women hand-dipping chocolates. Their gestures always included various spirals and twirls in order to prevent drips as they lifted the chocolate from the vat to the paper. This was considered a loss of time and efficiency, and the women were taught to make more direct in, out, over, and down pathways. Within a week they were complaining of carpal tunnel symptoms. Having fallen out of interplay with their core creativity, the small, ingenious variations within each repetitive task were eliminated, and the women became prone to fatigue and damage.

In Taoism, the closest thing in nature to pure effectiveness is water. Water is the communicator, the informer and the transporter all in one. By embracing a view of the body which is consistent with the ancient concept of the Tao, we have the potential to truly revolutionize the process of staying fit and vital.

THE STANDARD IN CONTEMPORARY EXERCISE

The capacity to stay healthy and release stress while feeling and looking youthful is desired at every level of our society. We seek the optimum exercise routine in pursuit of health, understandably grabbing the most convenient workout option that promises definite results while causing the least intrusion into an already hectic schedule.

A linear approach to working and stretching isolated muscle groups linearly is the current status quo for adult exercise. When targeting specific muscle groups, lengthening occurs with the body positioned in such a way as to lever a specific muscle in two directions. If you were to take a rubber tube and pull it in two directions, it would lengthen and it would also narrow. In our human bodies, if the force of these positions were increased enough, our joints would tear apart. Vigorous stretching forces ligaments (whose job it is to hold joints together) to go into override and their fatigue is a threat to the joints. Going back and forth between shortening tissue for more tone and stretching for flexibility creates a subtle contradiction in the body.

Most athletic approaches make a trade-off between strength and flexibility. The best results for creating muscle bulk seem to be produced by repetitive linear action and pushing a muscle’s capacity past its limit. This creates micro tears in the tissue and it is this scarring over time that creates bulk. While this hard tone is much sought after, denser tissue, like any scar tissue, loses flexibility. Science is now finding that the lactic acid produced after this type of exercise is the body’s attempt to dissolve hardening of the tissue. Why? Because the movement of nutrients, fluids and neural information requires sufficient suppleness in human tissue. It’s not just that we feel stiff, our passageways are actually impaired.

If we look at the body’s truth, the body is not designed for rigidity, though the movement patterns we practice tend to encourage just that. Looking at mainstream approaches to modern exercise, we discover that subtle as it may first appear, within their parameters, rigidity is predictable. Strength-building machines accelerate results and most 21st century workouts are at least semi-reliant upon them. Continually and rapidly repeated, this limits an infinite number of possibilities for our well-being physically, emotionally and perceptually, while actual health involves a balance of the three.

SPEED

The idea that speed benefits a workout is based on the assumption that velocity enhances cardiovascular health and/or makes up for the stagnation of a sedentary lifestyle. What we often don’t realize is that during fast repetitive movement a numbness dissociation occurs, and that speed actually diminishes sensation. No longer are our senses enlisted to keep muscles and nerves attuned to subtler nuances of balance and harmony. Frequently we forget that speed and pushing through are designed for survival and single-focused efficiency. Although we need those responses in an emergency, most of us have plenty of stress and speed in our daily lives. The biochemistry produced by speed and stress are not beneficial for our health as a steady norm.

Robert Litman, of Asthma Free Arizona & The Breathable Body, LLC, elaborates on our bodies’ physical response to rapid movement and breath:

We need to realize that our autonomic nervous system is regulated by the way we ingest breath. When our speed outstrips our nervous system’s ability to handle the input, we switch from nose breathing to mouth breathing. In a regulated system the sympathetic and the parasympathetic branches of the autonomic nervous system are balanced. Neither overpowers the other. Using the mouth for breathing triggers an escalation in our sympathetic nervous system’s responses, in lay terms called the “fight or flight” response. Breathing tempos increase. This causes a shift in the body’s physiology which triggers a cascade of internal events. The blood is diverted to the muscles and away from the organs, while the mind becomes highly alert. Digestion slows and the sphincter muscles in the bowel and bladder close. The blood thickens to increase clotting ability and to reduce bleeding in case of injury. Airways widen to let
in more air and sweating increases to cool down the body. The liver releases sugar to provide instant energy and muscles tense in readiness for action. Our immune response decreases to allow massive preparation for immediate threat.

Now, while these responses are part of the normal activity of the body for dealing with a short-term situation, a long-term activation of the sympathetic nervous system will cause it to become overworked, leading to adrenal fatigue and a breakdown of the systems involved in preparing for the threat.

Over time, the immune system declines, making one susceptible to colds, allergies and asthma. Constantly tight muscles will begin to show wear and tear not only within themselves but also on the bones and joints that support them. Incessant tension can lead to chronic fatigue and fibromyalgia. Since the bowel and bladder are compromised in their function, chronic tension and system alert can result in poor digestion and elimination as well as long term mal-absorption of nutrients. With the brain always on alert, it can be hard to get a good night’s rest. Insomnia and restlessness result. The high demand of this type of activation can cause the heart rate to elevate. Should it become erratic or pound while at rest, anxiety tends to mount, perhaps leading to panic attacks. Smooth muscles of the organs remain tight which can increase blood pressure. And constant thickening of the blood sets the body up for possible strokes. The list goes on to include forgetfulness, skin ailments, and chest pains that are not related to heart problems. In short, the body is being suffocated – isolated from life-giving information and nutrients.

If mouth breathing becomes a chronic condition, a tendency will develop for dry air passages, nose congestion, and feelings of restriction and air hunger in the upper chest. The point is that pushing oneself in the name of cardiovascular health may backfire without a pacing that allows the nervous system to stay balanced. In order to know that pace, we need to follow the cues of our breath, our nose breath.

Right above the mouth we have the nose which is the preferred orifice for breathing. Even during extreme levels of effort the body can be trained to continue to use the nose for breathing. The nose, unlike the mouth, is able to filter, moisturize and warm the air and air passages. One of the balancing advantages of nose breathing is that the oxygen is delivered to all five lobes of the lungs. While we might feel as if we are taking in more oxygen with our mouths open, actually we are only using the top two lobes for breathing. A good deal of our capacity to take in more air is dependent upon a flexibility of the diaphragm and rib basket. A relaxed respiratory process that is fostered by breathing through the nose has a better chance of increasing chest mobility.

The biggest problem in developing a habit of mouth breathing is that our respiratory gases become unbalanced and oxygen delivery becomes compromised. The two main gas components of respiration are oxygen and carbon dioxide (CO2). Unfortunately, carbon dioxide has been misnamed as a waste gas, so we think of it as something of which we need to rid ourselves. The truth is that we need a certain amount of CO2 to keep our body healthy. It makes sense that this would be true, the body always has to have balance. At the most basic level the CO2 that our bodies produce is a byproduct of cellular respiration occurring in the mitochondria of our cells and necessary for keeping our blood pH normal. This in turn regulates the release of oxygen from the hemoglobin in the red blood cells in order to feed the rest of the cells of the body. There is not enough CO2 in our atmosphere to accomplish this; we must make our own and retain it for proper respiratory function.

If we have a habit of mouth breathing or of over-breathing (breathing too fast for the body’s needs) then we give off too much CO2. This imbalance of our respiratory gases results in a decrease in the efficiency of oxygen delivery to the cells. Since the production of energy in our body in the form of ATP is a metabolism (at the simplest level) of oxygen and sugar, when there is a decrease in the flow of oxygen then there is a decrease in the amount of energy produced by our cells; hence fatigue and the breakdown of other systems. As a result it can take longer to recover from exercise. Recovery means that breath and heart rate can return to normal and we can ‘rest and settle’ within seconds or minutes.

The feeling that you must open your mouth in order to get enough air is a clear sign that you are moving faster than your body’s ability to maintain internal balance. This is o.k. on a short-term basis but not as a long-term, everyday habit. In other words, you are moving too fast for your body to catch up in a healthy way. While discipline and will are excellent traits, if they override the natural rhythms of our body, we are in trouble.

We can begin to set ourselves free from the potential risk of this struggle and effort by shedding light on the little-explored fact that our tissues have the ability to relax, open and lengthen of their own accord. This expansion is not so much the two-way stretching of a rope as it is the loosening of the strands of a braid in all directions. For this type of tissue opening to occur, the body needs to be deeply relaxed while in movement. By bringing the inner alertness of meditation and mindfulness to bear on free-flowing movement, the tissue opens of its own accord. The body receives intelligence and responds through sensation.

That we can change the quality of our tissue by changing the context of our engagement is an extra-ordinary reality. We maximize the exchange of information between cells as we reduce the speed of our movements, and the quality of our tissue changes simultaneously. If you sit on a log, the ant parade appears. Just as one notices more details in nature when walking a path rather than driving a car, sensation increases as movement slows. Slowing down – slower than the pace of walking, slower than the pace of machines – allows another world of information to make itself known. This framework is the key to allowing the braid of the tissue fibers to unravel and lengthen in their own way, and for nutrients to pass unencumbered.

After an exertion that involves pushing the limit, fatigue or lassitude ensue. As Lao Tzu,
THOUGHTS ON MOVEMENT

the father of Taoism, said, “Force is followed by loss of strength.” In the intensity of our lives, many of us welcome the release of tension that occurs with this fatigue phase. But are our bodies being nourished or worn out? Is the chosen method counterproductive?

With machines, even at a slow pace, the mechanical rhythm of a stair machine, treadmill or other apparatus creates movement without organic variation. Entropy, a slide into wearing down, is the only option for a machine. When we follow the lead of a machine, our parts have a greater possibility of wearing out as well. Set routines lack creative variations. The women of the chocolate factory were naturally creative in their motions – they intuitively trusted their inner wisdom.

It’s easy to mistakenly assume that all bodies have the same needs and even that one’s body has the same needs day to day. When experimentation is traded for constant certainty, the body loses its ability to respond to the immediate. Our bodies need change. Without it we become rigid and bored. Like the rhythm of a metronome, a machine is constant and inorganic. The bio-circuitry of our system is ever so different, slower and varied.

Our bodies seek attunement with the rhythms of the biosphere in order to heal and regenerate. We are so much more than static entities to endlessly be run through the same routine, in the hopes that we will not slide into decrepitude while we aren’t looking.

The inner listening that adds up to kinesthetic intelligence, intuition or personal wisdom is such an important life skill. Courting well-being by surrendering to the pace of the creative intelligence of the body is at the heart of the most advanced ancient and ageless health philosophies. At this time, in our culture, we could use some remembering and reminding.

THE DANCE OF THE NATURE OF WATER

In the accelerated pace of our nanosecond world, we must be mindful not to lose the fluid, water-like language of the body. When we think of the water element in movement terms, we think of a fluid quality of smooth, effortless motion. Infinitely adaptable to all manner of circumstances, water sees no duality between strong and supple. It is the description of grace. Can we slow down enough to ask, what “the dance of the nature of water” is, and its impact in terms of exercise, physical strength and toning? In the Tao of well-being, practicing the nature of water may not only lead to a less strained and fatiguing form of exercise, it also may be the key to the kind of deep cellular health and strength that persists into old age.

We cannot assume that movement without pleasure adds up to the same life-force enhancement. Just as stress creates an internal biochemical pleasure creates a very different body chemistry. Our cultural tendency is to derive pleasure from achieving goals, making progress, and getting things done. But the power of sensual pleasure as a nutrient for vitality and regeneration has not been adequately explored. All manner of poor self-image, neurosis, and personal discomfort can be ameliorated simply by feeling good inside. Conversely, the more we live apart from our own physical experience, the more prone we are to anxiety, cravings, and someone else’s authority.

Creativity in movement explorations assures presence with the moment. Exploration without set expectations requires experiencing the moment. This fluid state of being brings us home to our bodies.

Aspects of this fluid state of body/mind are often exquisitely captured by professional athletes who learn to trust their bodies. Referred to as “being in the zone,” the body intuitively knows where to go of its own accord in seemingly effortless, effective action. Mastery in sports requires presence, spontaneity, fluidity, trust, and a willingness to be present with the unknown right now. Contained dignity is never called for. Unpredictability is the norm. Seeing the power of the water principle in sports, a form of self-care fitness that incorporates these attributes becomes highly attractive.

CONTINUUM

Revolutionary on the fitness scale, Continuum, a movement form developed by Emilie Conrad, takes the healing power of movement to a higher octave. Continuum is a call to life that honors the creative language of the body. The human body and spirit are designed for the act of regeneration. This does not require intervention. The cells of the body already know. In Continuum, people find a safe space of surrender that allows the intelligence that goes beyond thought to be received. Embodying the water principle, Continuum explores the harmonies between human beings, movement and the Tao. This truly can regenerate vitality without depletion.

Imagine an organism relaxed, in spontaneous play. Minute sensations spread and amplify as we attend to them. Wave motions bring the body away from a segmented awareness. At times the body suspends with a sense of lightness that seems to defy gravity. The whole organism begins to move as one coordinated whole. This is the context that allows tissue to open of its own accord, restoring suppleness. For the participant, the sensation is to be on the cusp of becoming without a goal of arriving or staying. The next impulse can arrive from any vector or angle of the body taking it again as a whole into a new configuration.

We often associate this sense of stillness with meditation, the polar opposite of action. For this state to emerge, the directing, goal-driven mind must take the back seat. Because the neocortex is not directing the process of this movement, there is a sense of participating in the unfolding of a mystery. Honoring the wisdom of the body’s cellular intelligence, we reawaken humanity’s link to the ancient dance of life.

Most adult exercise is upright, organized around an up/down midline and primarily focused on forward thrust. This, and our “adult” tendency to segment between the limbs and torso, leads to excessive stabilization over time. For a fresh perspective on the human body, it is good to begin by remembering our ancient, biomorphic lineage. We have more in common with the earthworm than with any exercise machine, yet moving in play as an octopus or a snake simply isn’t protocol in the gym atmosphere. Nor is hanging at upside-down or sideways angles to gravity. Though enormously invigorating and strengthening, in adult public exercise venues these unusual positions and co-ordinations are definitely not visible. Recognizing our “species-inclusive body” would immediately give access to new movement possibilities, allowing an adaptability that rarely gets touched past childhood.
It is after one of these explorations that one often recognizes the wisdom of the choices that are made by the organism when it is freed from linear, problem-solving modes of assessing. Without having any destination, the body seems to know exactly how it needs to go in order to open more space and volume and to release tensions. Given half a chance, it will rebalance at a higher level of order. This becomes evident as one notices an increase of circulation, more relaxation, pleasurable sensations, and an opening of breath. Usually one feels invigorated, refreshed, and freer.

Within the current perspective, if one has the misfortune to have a “bad” hip, back, or any type of physical challenge, she/he is indoctrinated to believe that exercise is suddenly off limits or greatly curtailed. Since the body is movement, we always have the ability to move. Fluid movement can be present throughout life. Continuum brings together the super athlete, the dancer, and the physically impaired. This is particularly meaningful for someone who has lost the ability to pursue a beloved activity. Once again, a duality crumbles. It turns out that level of fitness has nothing to do with one’s ability to participate with movement in a creative and enlivening fashion. Organic explorations which follow natural impulses take the body into a plentitude of varied relationships with gravity, far from our usual center-line equilibrium. Since many injuries, such as sprains and tears, occur with sudden divergences from the mid-line, the ability to holistically coordinate and sustain in unusual positions that are far from equilibrium is a key to building both strength and adaptability.

Even for those who recognize the realm just described, it is a leap to imagine that this form would ever produce strength. Of course, it could never replace the training required to run a marathon, or any other specialized performance. Specific skills need practice. But then, the Tao of self-care is just as crucial. Renewal after specialized or extreme activities is essential for the longevity of our capacities. To refresh the world of possibilities after any repetitive use will restore balance to the whole.

Sound has been used in many meditations over the centuries because it is one of the fastest ways to enrich an inner state of dynamic relaxation. In Continuum, sound is employed as another form of movement. It helps us to feel from the inside out as a sort of biofeedback to the system. We can feel the vibration of sound as it literally communicates through bone and tissue. When we become interested in the sensations and movement of sound, it has a way of organically opening and slowing breathing. As it goes with breath, so it goes with the nervous system.

**WU WEI: WHERE MOVEMENT AND NON-MOVEMENT MEET**

In Taoism, the term *wu wei*, also referred to as “the action of non-action”, sums up these principles. Huston Smith, author of *The World’s Religions*, calls *wu wei*, “pure effectiveness” or “creative quietude”:

Creative quietude combines within a single individual two seemingly incompatible conditions – supreme activity and supreme relaxation. The seeming incompatibles can co-exist because human beings are not self-enclosed entities. They ride an unbounded sea of Tao that sustains them, as we would say, through their subliminal minds...

One way to create is through following the calculated directives of the conscious mind. The results of this mode of action, however, are seldom impressive; they tend to smack more of sorting and arranging than of inspiration.

Genuine creation, as every artist knows, comes when the more abundant resources of the subliminal self are somehow tapped. But for this to happen a certain disassociation from the surface self is needed. The conscious mind must relax, stop standing in its own light, and let go. Only so is it possible to break through the law of reversed effort in which the more we try the more our efforts boomerang.³

This is the inner context that changes everything. It requires a state change from our everyday action mode in which we are getting things done to what Aldous Huxley called “dynamic relaxation.” When this state is courted during moving explorations, the body seems to guide while the mind appreciates the unfolding. Pleasurable movement could be seen as a nutrient that is vital for our organism’s harmony.
The Pelvic Lift
Theme and Variations
By Mary Bond, Certified Advanced Rolfer™
Rolf Movement Practitioner™

Editor’s Note: This article first appeared in the IASI Yearbook 2007.

Ida Rolf’s pelvic lift is familiar to all Structural Integration (SI) practitioners as a primary integrative tool of our work. This article will discuss the history and purpose of this intervention and explore some alternative ways of teaching it for client self-help.

WHAT’S IN A NAME?
If you ask someone outside our community to perform the movement of a pelvic lift, what you will see is a strong upward thrust of the pelvis and active engagement of thigh, buttocks and abdominal muscles. A Google search for “pelvic lift” yields a half million entries. The first webpage listed suggests that a pelvic lift is “the most efficient route to tighter abs” according to a 2001 report of The American Council of Exercise Fitness. On the next page, a yoga version of the pelvic lift called bridge pose is meant to “loosen frozen shoulders, build up your quadriceps and develop that famous ‘yoga butt’”. Sandwiched between these pages and the “The Bootie Lifter” is John Cottingham’s research, first published in 1998. While the Rolf pelvic lift has the distinction of being entry number five among 500,000, the mass market definition of “pelvic lift” may indicate that the SI community might well consider new terminology for this intervention.

AMY COCHRAN
AND PHYSIO-SYNTHESIS
What many Rolfing Practitioners have come to call “Rolf Yoga” (This includes arm rotations, leg hinges and the pelvic lift) was adapted by Ida Rolf from exercises she learned from osteopath Amy Cochran in the 1940s. Cochran had developed a system of exercises using the floor as a reference for training upright posture, an innovative idea at the time. What she initially explored as an adjunct to osteopathy developed into a system for reconstructing physical structure through precisely controlled movements. In the early 1930s Cochran had traveled through Europe sharing her findings with professionals in various fields of medicine whom she impressed with the implications of spinal posture on the endocrine and nervous systems.

Cochran’s exercises were intended to develop what she called the “Central Line of Power”, which was represented as the intersection of the frontal and sagittal planes of the body. The “inner core of support” involved the function of the muscles nearest the bony structure as contrasted to longer muscles near the body surface. (Here, surely, is the genesis of Rolf’s concept of “core” and “sleeve”.) Cochran’s technique involved rehabilitating support of ligamentous and deep muscular systems by releasing tension in some muscles and increasing it in others.

Cochran’s work failed to develop and spread as Rolfing did. Physio-Synthesis is currently taught in a fitness center in Texas, and by a teacher in California, Ida Thomas, a student of one of Cochran’s protégés. Thomas wrote a training manual on the Physio-Synthesis technique that she published in 1998. Her presentation conveys the sense that she has faithfully adhered to Cochran’s original teachings. In it one can find descriptions of the pelvic lift as Rolf必须 have learned it.

Here are Cochran’s words expressing the purpose of the pelvic lift: “Now tilt and make a pelvic lift. That’s the way we begin to take the sway out of the lower back. When you return from the neck down and retard the descent of the pelvis, you are developing the inside of the pelvic girdle and completing the correction of a swayback.”

To those of us who learned “Rolf yoga” directly from Ida Rolf, the instructions in Thomas’s book have a familiar feel. Her first direction is to “move your waistline to the floor while curling your spine upward at its ends, like a canoe”. This is to be accomplished by tilting the pubic bone upward and rolling the waistline back without lifting the pelvis off the floor. The back wall of the abdomen should ease backward and the abdominals should remain soft. The purpose of the next stage of the exercise is to match the strength of the muscles in the front and back of the spine. After repeating the initial tilt, one should press downward with the balls of the big toes and then lift the pelvis off the floor while leading upward with the pubic bone.

Once the “inner muscles” (by this Cochran means the psoas) have “taken hold”, one should be able lift the pelvis high enough that the thoracic spine clears the floor, but without any arcing of the spine. This last detail is what distinguishes Cochran’s exercise from the familiar lift as taught in gyms and yoga studios. To lift the spine without arching it is more difficult than it sounds. In the final stage, after tucking in the chin to fix the cervical region, the spine should be slowly lowered one bone at a time. The
rectus abdominis muscles remain soft. The teacher slides one hand under the student’s sacrum as far up the spine as possible and then moves the hand down the spine, pausing to let each vertebra sink into her fingers. The practitioner’s second hand presses back into the abdomen to encourage the spine to “sag”.

**JUST LIFT**

My exposure to the ideas of Physio-Synthesis inspired me to re-read my notes from classes with Rolf in 1969 and 1970. Rolf presented the pelvic lift both as a manual intervention and as an exercise for clients to practice at home, although she did not teach us the shoulder-high lift described in Thomas’s book. As a manual intervention the maneuver was intended to relax the lumbar fascia so that the lumbers could “fall back”. It was also intended to sedate the nervous system. “A pelvic lift is always in order in an emergency,” Rolf said, and of course, Cottingham’s 1988 research, mentioned earlier, bore her out. Over and over my notes mention the Ganglion Impar® in connection with pelvic lifts. That Rolf thought this bit of anatomy had more impact on function than was then recognized was a mark of her genius in recognizing the importance of pelvic-floor balance to whole-body integration.

Rolf was emphatic about the specific language to use in evoking the pelvic lift. You had to teach it just so. Here, as I remember it, is the litany:

“Just turn your tail under.” Once the client had achieved this, you said, “Good.”

“Now, just lift.” You put your hands on the client’s knees and instructed her to move the knees forward toward the feet to enable the lift. The emphasis on “just” was deliberate. This was how you made the client understand what very little effort was appropriate. At this point you slid your hand under the sacrum and lumbers to work the tissue and help the client succeed in following the remaining instructions.

“Now, just bring your waistline back.”

“And now, just let your tail go.” “Good!”

**MODERN VERSIONS**

These days, versions of the Rolfing® pelvic lift run a gamut from direct release of lumbar tissue and easing of vertebral rotations to indirect craniosacral unwinding. Positioning and intent are more sophisticated than they were in the days when our only goal was to get the waistline to fall back. Through Jan Sullivan’s External/Internal model we’ve learned to imbue our touch with varying intention depending on the angle of pelvic inclination and degree of lumbar lordosis. For clients who exhibit posterior pelvic tilt with a flattened lumbar curve it no longer makes sense to encourage the lumbar area posteriorly. With such clients we may address the lumbers with a tonifying rather than soothing intention, and may find it beneficial to work with the hips extended rather than with knees bent. We’ve also become more informed about vertebral rotations than we were in Rolf’s time.

Yet while our understanding of structure has evolved, the basic pelvic intervention has changed little from Cochran’s time. A fine description of the myofascial technique is to be found in Michael Stanborough’s book, **Direct Release Myofascial Technique**. The intervention differs only in the explicitness of the instructions from the technique as taught by Rolf. Stanborough’s term for this intervention is “pelvic roll with lumbar-sacral traction”. This change in terminology clarifies the intent of our intervention and distinguishes it from the objectives of other pelvic lift entries on the Google list. We might also consider the words “lumbar-sacral decompression” to describe an indirect approach in which the practitioner waits passively for tissue to soften. For teaching the movements as client homework, we might simply call it “low back decompression.”

**CLIENT HOMEWORK**

As a Rolf Movement teacher, I’ve spent many years teaching Rolf’s exercise to clients for self-help. I’d like to share some observations that can clarify the process and also offer an innovation that turns our time-honored maneuver to an additional purpose.

My first step is to make clear to a client how the movements I’m teaching are different in purpose and execution from yoga or Pilates exercises they may have already learned. I like to explain why mobilizing the spine in this particular manner is essential to the goals of structural integration, and how it is applicable to their particular case. This helps clients value the exercise and avoid a tendency to think the movements are too subtle to accomplish anything. I frequently ask a client to notice how her usual version of a pelvic lift compresses the lumbar area.

I prefer to invoke the pelvic action from the feet rather than from the pelvis as Cochran and Rolf did. This approach helps clients connect the motion through the legs right away and lets the pelvic movement emerge as a sensory experience rather than as a “doing”. By going slowly and adding sensory details in pace with a client’s evolving proprioception, I avoid the confusion and even crises that can occur when a client practices this powerful exercise in the wrong way.

Begin with the client lying supine, knees bent and feet flat on the floor or table. Depending on the client’s adaptability, heels and knees should be in line with the hip joints. If the hips are stiff, the feet can be wider apart. If a client has an inflexible thoracic kyphosis, her head and neck should be supported with a prop. The first instruction is to push the feet evenly into the table” or a similar phrase

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that evokes a sensory response. At this point I have my hands placed very lightly against the client’s tibial tuberocities and I comment, “notice how the pressure of your feet causes your legs to move forward into my hands.” For many clients, that is enough to attend to on the first round of instruction. After a moment’s rest we begin again: “this time, as you simultaneously press down into your feet and reach your shins forward into my hands, notice that your sacrum rocks back a little.” Once the client has felt the sacrum roll posteriorly, I ask her to lower the sacrum to the starting position without additional instruction. For many clients, that much is all I offer for a first lesson to take home and practice. All they’re asked to do is to sense and value the connection between feet and sacrum.

To add the lifting and lowering movements too soon tempts people to engage already overused muscles of the thighs and abdomen. In so doing they overpower the subtle sensations involved in mobilizing the deep structures of the pelvis. At this point, if I decide to intervene manually, I instruct the client to exaggerate the forward reach of her shins enough for me to slide my hand under the sacrum for myofascial work or for indirect listening and balancing.

I’ve found that calling attention to the shins as distinct from the knees produces some important effects. If you say “knees,” clients engage the thigh muscles more than necessary. In contrast, “shins” evokes a more balanced use of the thigh and hip musculature and psoas. It also creates a better connection through to the feet. The combination of pushing into the full surface of the feet and reaching through the shins invites decompression at the ankle that allows for talar glide. I’ve found it is also important to monitor how a client pushes her feet into the floor. If the feet are resting mostly on the lateral arches, the movement cannot be coordinated through the inner line of the leg. It is important to see that weight is distributed through the medial arches and that the distal phalanx of the big toe is grounded.

For a second lesson in developing the spinal decomposition exercise, I repeat (and, if necessary, correct) the previous movements and then add: “lift only so far as you can without clenching your buttocks or closing your pelvic floor.” Because of prior fitness training, clients tend to lift the pelvis high off the table. This involves tightening the muscles around the back of the pelvic floor, which immediately blocks connection to the feet.

Now comes the meat of the exercise, the lengthening contraction of the iliopsoas. A lengthening or eccentric contraction is a gradual relaxation of a concentric contraction. In this case the client has contracted the psoas in lifting the pelvis, and now, by asking her to lower the spine sequentially, you are demanding a lengthening contraction of the psoas. Rather than returning it to its normal resting state — too short in most people — the procedure is meant to achieve a new and longer resting state.

I use whatever words produce a slow sequential lowering of the spine, such as: “maintaining the slight reach of your shins, begin to lower your spine one vertebra at a time.” The first time a client attempts the lowering movement it is usually jerky, especially as she approaches the distal end of the psoas. It is helpful to point this out to clients — they won’t think it’s important otherwise — and comment that the jerky phenomenon is due to their brain being unused to coordinating the muscle in this way. By refining this movement they are teaching the psoas, and therefore the lumbar area, to become more resilient, adaptable and supportive. On the next attempt at lowering the spine, invite the client to slow down when she approaches the sacrum, picturing it as if made of rubber, or flexible like a dolphin’s tail.

It is common to forget about the shins and feet as the client focuses on evoking the subtle movement of the spine. I find it helpful to keep my hands on the client’s shins and to suggest that the shins are magnets gently drawing the thighs forward. This action establishes fixed points at the distal attachments of the psoas muscles, which facilitates maximum coordination of the psoas in lengthening.

**SACROILIAC MOBILIZATION FOR WALKING**

The pelvic lift as Cochran and Rolf taught it evokes only anterior/posterior motion of the hips and spine. Physio-Synthesis exercises consist almost entirely of movements in the sagittal plane. Cochran seems to have assumed that if the core of the body were brought into balance, then appropriate movement would naturally occur. Thomas’s book nowhere discusses human movement apart from performance of the exercises. There is no description of how everyday actions should look or feel. Rolf stated often that balanced orientation of verticals and horizontals in the body was what produced the arcing of movement that was a hallmark of an integrated structure. And yet her instruction for “rolled” walking consisted primarily of “Bring the top of your head up. Waistline back!” along with what she called “the magic sit” (bending the knees and straightening) to align the hinges of the legs and feet. She thought of walking in terms of the sagittal plane and did not seem to have been interested in the details of contralateral motion.

What we now understand through the research of biomedical engineer, Serge Gracovetsky 
10, and the work of Certified Advanced Rolfers Gael Ohlgren and David Clark, is that efficient human gait requires motion in the horizontal and frontal as well as sagittal planes. According to Ohlgren and Clark, walking is a complex global motion of counter-rotating helices.11 Essential to this process is the anterior/posterior rotation of the innominate bones at the sacroiliac joints in sync with the reciprocal movements of the sacrum.

What follows is a combination assessment tool, manual intervention and movement re-education process that I stumbled upon in trying to help my clients develop the movements of the pelvis necessary for integrated contralateral walking. For this purpose I found Rolf’s pelvic lift essential but insufficient. To address motion at the sacroiliac joints I’ve modified the first part of the intervention. I’m sure I’m not alone in having experimented with this, but I have not seen it described anywhere.

**ALTERNATING SACROILIAC ROCKING**

Having taught the basic motion of reaching through the upper shins, I then ask the client to repeat the movement with one leg only. Standing beside the client I have my right hand lightly on her left shin, and my left hand resting within the right side of the pelvic basin. As she pushes into the left foot I encourage her to let the movement translate diagonally upward so that her weight settles into the right sacroiliac area. After the initial experiment we repeat the action on the same side with the intent to feel the movement travel upward through the pelvic floor and across the pelvis. We then try the movement in the opposite direction, right foot to left ilium. It can help for the client to picture the movement as a shal-
As Ohlgren and Clark have described walking, each innominate bone rotates anteriorly as the ipsilateral foot and thigh swings back into toe-off. Another way of saying this is that when the hip is extended and the toes are pushing off, the innominate on that side goes into anterior tilt. When the knee comes forward into the next step, the pelvis goes into posterior tilt. The sacrum and lumbar spine should be able to respond to the rotary motions of pelvis and legs. With every step each femur rotates very slightly internally with weight-bearing and push-off and externally when that leg swings forward. If the hip joint is balanced and adaptable, the rotary actions of the femur do not interrupt the forward direction of the knee because of the way the femur is offset in the hip joint. The alternating rotation of the femurs results in a clockwise and counterclockwise rotation of the pelvis as a whole at the same time that the innominates are swiveling forward and back. In the feet there is a subtle pronation to supination action in the tarsals as each foot moves from heel plant to push-off. During hip extension there is a subtle screw-home motion at the knee. Above, the thoracic spine rotates in tandem with the motions of the lumbar spine and sacrum. Needless to say, “alternating sacroiliac rocking” is but a single puzzle piece within the spiraling jigsaw of walking. But for some clients it can be the key to activating integrated contralateral motion.

Despite my years of familiarity with the Rolfing® pelvic lift, writing this article has put me in touch with how much I had taken it for granted. It has been useful to me to review my roots. I hope others will have found the journey useful as well.

NOTES
2. Cochran also met with psychologist Roberto Assagioli, founder of Psychosynthesis, who suggested the name for Cochran’s work.
4. Ibid. The book is out of print. Thanks to Scott Pyeatt for lending me his copy.
5. Ibid., p. 98.
6. Ganglion Impar is the fused terminus of the sympathetic chain located at the level of the sacrococcygeal junction.
7. My thanks to Rose Sher who confirmed my memory of this wording with her notes from a class with Dorothy Nolte, to whom Rolf assigned the task of teaching her movement work.
**Finding the Pelvic Floor**

By Pauline Kidd, Certified Rolfer™ and STOTT Certified Pilates Instructor

Part of this work first appeared on the Rolf Forum when I responded to a topic on “Finding the pelvic floor and Stress-Related Urinary Incontinence”. Since the majority of my initial work with Pilates clients revolves around these issues, I decided to share in a more formal article the techniques I am playing with. As the work centers on the use of language to connect the brain to the body, I am unsure how it will come across in print – bear with me as our perceptions of the same words might be further apart than the ocean between our continents.

**MY BACKGROUND**

I came into Rolfing® from a background of British human massage, American equine massage, and then Canadian Pilates training – with a dysfunctional pelvic floor throughout the whole lot. It still has a mind of its own!

My movement training with STOTT Pilates and cognitive language work has evolved into an easy way of getting women back in touch with their pelvic floor. Most of my Pilates clients are referred directly from chiropractors and osteopaths and are working through degrees of pelvic instability or hypermobility (their words not mine). A side effect I noticed in many of the female clients was mild to severe stress-related urinary incontinence (SRUI).

We change this in one hour. Well, in severe cases, we at least start the process and minimize the flow/problem.

**THE PELVIC FLOOR**

I describe the pelvic floor as the most cunning “animal” on the planet – any excuse and it switches off and flies out the window! You need to use your mind to switch it back on again. Of course, no two pelvic floors are the same and no two minds are the same.

The pelvic floor is one of our core stability (group of) muscles – one of the anti-gravity muscles. If the instinctive function is misfiring and connection has been lost, the brain has to work cognitively to reconnect that firing pattern until function is regained. Anti–gravity muscles work from a place of opposing stretch. To allow an anti-gravity muscle to fire, gravity has to be allowed to take place first so the anti-gravity idea can then be (re)installed.

The main problem that I’ve found is that what women think is the pelvic floor is not; and while they are happily pinging away on their kegels, the pelvic floor is still languishing in the dark. They, however, are strengthening whichever muscle pattern their brains think is the pelvic floor.

This pelvic floor work for pelvic hypermobility using Pilates equipment is really, really simple stuff that gets the client’s brain connected to her pelvis and what it is doing in movement. Once we are aware of something, we can start to do something about it. I use the same movement work with my equestrian clients for performance enhancement – to get them to self support in gravity while they are riding.

Most of my male Pilates clients are referred with back/hip/pelvic pain and are unable to move freely. Using the same work with them seems to get them to stretch out their thoracolumbar fascia from the inside out. Results vary from discs going back in to a lessening of symptoms and pain reduction. It’s all the same work for different issues. The overall result is the client’s taking ownership of his or her own pelvis and balancing any imbalances or patterns of strain from the inside to the outside.

We are dealing with muscle recruitment patterns and the human habits of doing what people find first or easiest or the assumption that if a little is good then a whole lot more must be a whole lot better. I talk to clients about patterns and how we are all made up of our own individual patterns in structure, muscle strength patterns, injury patterns, work and postural patterns and how that builds up muscle dominance patterns: i.e., your brain is more connected to some muscles than others and will try to recruit them first no matter what you are trying to do.)

**STRUCTURE AND COMMUNICATION CUES**

My job is to use whatever language tools and cues I can to get clients to feel what is actually going on and then give them the cues to help them describe what they are feeling. It is then I can start to figure out what it is that is firing and talk them through the process of switching one brain-muscle connection to another. It’s not rocket science – just subtle. Mostly smaller than what they were looking for in the first place. Definitely a case of less is more.

On a structural front, I have noticed that any shifts from neutral in any of the pelvic bones prevents part or all of the pelvic floor connecting. Most of my work is hands-off here so just cuing a client in the right way can give results.

It’s difficult to write down definitive cues as there really are different words appropriate to each person. I think it ties in with the earth/sky, reach/pull work from Rolfing® movement (the tiny bit I know). I use InSights Communication work to recognize personality types and tap into their communication style; i.e., do they need hard science or flowery images, tactile proprioceptive biofeedback or a mere concept and time to play with it?

For those women suffering from SRUI, it takes a massive amount of courage to talk about it in the first place. Then, to explore internally something they may have been hiding from the rest of the world for some time is just plain brave. I tell them I salute and applaud them. One woman, who had gone to the chiropractor with back pain, was referred to me. Twenty minutes into the initial session, she shyly mentioned her urinary incontinence. When I asked her how long this had been happening, she said since her last baby. I asked her how old the baby was and am still shocked at her reply – thirty-six(!).

I use a really encouraging, excited style and make it a bit of an adventure as we go off on our quest. (I’ve tried to play it calm and sensible but I get too excited when it starts to work.) I tell clients that it took me ten years to find my pelvic floor, and I refuse to have anyone else wait that long. When they find it, I always give a big cheer and jump...
up and down – it truly is an amazing moment every time. It brings tears to my eyes and a smile to my heart. One hour and a few words and finally a light bulb is connected to the light switch. Here in the northeast of Scotland, we mostly adhere to the curtains school of emotions and healthcare (FULL YOURSELF TOGETHER WOMAN and get on with it!) You can imagine that this discovery of pelvic floor is a rather empowering moment.

SO HOW DO YOU
GO ABOUT FINDING THIS ELUSIVE PELVIC FLOOR?

Some people find it better in sitting, some lying down; try both. Having clients feel their own body with their own hands gives them control and a brain connection to what is going on. A huge paradigm shift is to tell them at the beginning “There is no such thing as perfect” and, more importantly, “There is no ‘wrong’”. Once you can see what your words mean to their body, you can start to change the process. What’s that line about you have to make the mistake to learn?

Choose a warm, safe place with no interruptions so you can take time to guide your client to let go inside and feel what is going on inside his or her body. I use “how” and “what” questions. Then I offer alternatives and invite the client to explore.

An example of a dialogue might be: “Where do you feel the weight on your feet on the ground as you are lying there?” Then I pause and wait for exploration and perhaps a response, perhaps not. The next question might be: “Can you place the same weight on the inside and outside of both feet? This will affect the head of femur, therefore, the acetabulum, and the pelvic floor!”

“WHERE do you feel the weight on your feet? “Can you put the same amount of weight on the inside and outside of both feet? This will affect the head of femur, therefore, the acetabulum, and the pelvic floor!”

If the client is happy with touch, place a hand underneath the acetabulum and ask him or her to invite / allow the weight of the thigh bone to drop into your hand.

If the shoulders are tight, have the client rest the hands on top of the abdomen. This allows the shoulders to release tension but it is also a safe, protective place for the client as the hands are covering their “emotional radio” (as I call it).

“Take a huge breath in, allow a really big breath out. Use the exhale to let go of tension, let go of the day, let all the bones of the body give in to gravity.”

(There’s that gravity thing again).

You might have to cue the client to do this a few times.

“Let the body have weight. Allow the floor to support you. (“...You’re in the Caribbean lying in the sand...what shape would your body make in the sand?)” Speak whatever word / image or language works for your client.

“Connect/tighten/engage what you sense is the pelvic floor.”

Encourage the acceptance that there is no wrong concept. Observe.

You might feel yourself or see them do anything from visibly tilt the pelvis, tighten the glutes, crunch the hip flexors, draw in the internal obliques, depress their scapulae (oh yes, really), furrow their eyebrows, clench their teeth, etc.

“Let go of [all that you saw tighten on the

the calcaneus, in line with the middle of patella, in line with the sit bone...or as close as their comfort zone will allow).

“Your sit bones are about as wide as your facial cheekbones by the way. Place your feet sit-bone distance apart and observe.”

As you tell them about the cheekbones / sit bones relationship, watch most women shift their feet even wider. Self-perception eh? Gently place the feet sit-bone distance apart and watch the brain reorganize.

“Is it possible to have the same weight in each hip and allow your hips to be soft and relaxed? Can you allow the head of the femur to drop into the acetabulum?”

If the client is happy with touch, place a hand underneath the acetabulum and ask him or her to invite / allow the weight of the thigh bone to drop into your hand.

“Can you put the same amount of weight on the inside and outside of both feet? This will affect the head of femur, therefore, the acetabulum, and the pelvic floor!”

And let go. Keep it for ten seconds and let go.

Encourage the acceptance that there is no wrong concept. Observe.

You might feel yourself or see them do anything from visibly tilt the pelvis, tighten the glutes, crunch the hip flexors, draw in the internal obliques, depress their scapulae (oh yes, really), furrow their eyebrows, clench their teeth, etc.

“Let go of [all that you saw tighten on the

outside of the body – you might have to do one body part at a time].”

“If you can’t feel what I am seeing, put your hands on your [what is tight].”

“Feel the tone before you make the pelvic-floor connection. Now feel the tone during the pelvic-floor connection.”

Place a couple of yoga blocks on the floor touching the top of the client’s shoulders so he/she can feel them.

“Feel the blocks on the top of your shoulders. What happens to that feeling when you breathe in and out? Can you keep the feeling from the in-breath the same as the out-breath? Can you stay relaxed? Try not to tighten your hip flexors. What happens to the weight of your feet on the floor as you breathe out? Can you continue to keep the weight even on both feet?”

I do an educational piece here on what and where the pelvic floor is. If need be, I will have the client touch his/her own pubic bone, tailbone and sit bones and then describe the sling of muscles in between. Generally the client has no idea it is that far down or that deep. His/her touching also connects the brain directly to where we are focusing our attention and also pushes the client, even forces him/her to finally accept or take ownership of that part of their body. Huge!

“Now put your thumbs on your ASIS/hip bones and allow your other fingertips to splay across your abdomen (not down lower than the ASIS). Connect your pelvic floor. You may - OR MAY NOT - feel muscles tightening under your fingertips. Remember, there is no wrong!”

“Imagine a big balloon of water with a tiny opening with a string around it. The first bit of a pelvic floor connection is like the string to seal up the very end of the balloon. What people describe to me as kegels sounds like the whole balloon tightening. ...but the string at the end is loose so the water still gets out.”

“If you feel muscles tightening underneath your fingertips, try and let go of your connection, FRACTION BY FRACTION until you no longer feel it tightening under your fingertips - but you still have a whisper of something going on. Keep that – that’s it! Let go and find again. Play with it. Keep it for three seconds and let go. Keep it for ten seconds and let go. Have fun with it!”

I remind clients that the mistake we make is that we think if a little of something is good then a whole lot more must be a whole lot better and we go right on up to the obliques.
Wrong! Less is more. Take days or weeks to play with this initiation of connection. Then start to build upon this for SRUI control. I think one of the more common problems is that this initiation is lost as the client progresses to stronger connections as the obliques feel stronger.

If the client doesn’t feel anything at all (and with clients sometimes I can see things happening when they can’t feel it), or if I can see what I want and know the right things are happening, but I sense that for whatever reason (emotionally, personally, neuromuscularly) he/she is not ready, I will say:

“I can see things connecting. I know you are doing it right, but for whatever reason you can’t feel it. No big deal, we are working with adaptability — what is available for change TODAY. Go home and play with what you have just learned. When you can feel it, call me and we will do more work.”

This period can sometimes takes weeks. Sometimes I get a call as they start up their car in the lot outside!

If things are not connecting, do this:

“What do you do feel and where? Think of the bottom of the pelvis as a bony shaped diamond — imagine it separated into triangles. Which part are you feeling?”

The part the client is feeling might correspond to the structural imbalances.

“Use YOUR mind to move around what is firing (what you are feeling). The power of the mighty mind is an amazing thing.”

Some clients need to do this lying down as they cannot self support in gravity or cannot sit, think and feel at all the same time. (Most of my clients are engineers and can do one task to infinite detail but are overwhelmed with two in the beginning.)

If things are not connecting — especially in the more cerebral client who just can’t get his or her brain that far down in to their body — guide the client to do the following:

“Sit on the bench (or hard surface) in relaxed (Rolfing®) sitting posture. Can you feel those two lumpy bones you are sitting on?”

You may have to educate through the range of the front/back of the sit bones until he/she can find ON/HOME on the bones and be relaxed in gravity with the spine self-supporting.

“Without changing the weight on your sit bones, can you make them move closer together? Do you feel something faint/strange/weird going on way down deep in the depths of the pelvis?”

Works well for men that one. A professional soccer player doing Pilates instructor training here, said finding the pelvic floor was “thinking about walking into the North Sea.” (Bear in mind men wearing survival suits against the cold are only a few miles offshore.)

TESTS to play with gravity and pelvic instability:

A. Have the client stand on a bosu and ask him/her to connect the pelvic floor. If he/she wobbles or falls off, that’s not the pelvic floor. Note the direction of the wobble/fall. Ask the client to balance and resist that wobble. Ask him/her to let the outside of the body relax, find a place of stillness and without losing that, connect the pelvic floor. Ask the client to find earth and sky at the same time — i.e., get the thoracolumbar fascia to relax and let go its pinch on the sacrum.

To help: place your hands either side of the spine to grow up out of your hands and then allow the pelvis to let go like a pendulum from the end of the spine. Now ask the client to keep that sense as they find the pelvic floor. Do the same thing from the ribcage or forehead and occipital ridge.

B. Have them sit on a bosu on a box, or on a physio (exercise) ball and do same as above.

C. My favorite tool is a rotational disc (ask your nearest Pilates instructor how to get one). It’s a nice hard piece of wood sandwiched with another either 10 or 12 inches in diameter with a layer of ball bearings between to allow them to freely rotate. It really lets your brain feel what is moving in your pelvis. Remember, once you are aware of what is happening, you can change it.

Put the disc under the client’s pelvis as you do all the supine techniques given above. Ask if he/she can feel weight shifts and rotations. This is great for leg slides, knee drops and leg lifts for the hypermobile femur.

D. Have the client sit on a disc and do the same as above.

E. Have the client stand on two discs and talk him/her through releasing tension. You can see the femur rotations right in front of your eyes. More important — the client gets to feel it. Ask the client to connect to the pelvic floor and feel any weight shift through his/her feet. Then have the client do a relaxed knee bend and straighten back up. He/she should feel for weight shift. Look for area of greatest instability — pelvis, knee, and ankle. Give clues for where to go next. Do all the Rolfing standing tracking work here — whatever works to find that balance of earth and sky that allows the body to self-support in gravity.

Ah - gravity!

AUTHOR’S NOTE

I’m not sure any of this work is original to me and I give thanks to the wonderful teachers I have been fortunate to learn from: Suzanne Picard in the first Advanced Unit One who taught me how to sit without pain; Michael Stanborough in Unit Two who took us through an exquisite movement piece on the pelvic floor that moved me to tears; Daniella Mallach at STOTT Pilates in Tel Aviv who is a constant inspiration for femoral stability. My cognitive language work started with my supervisor helping me learn how to communicate out loud and with a company called Insights (www.insights.com), which is used by oil companies (and our family!) for quick, easy, effective staff communication offshore. My clients teach me something new every day.

I offer two-hour workshops on finding the pelvic floor for interested practitioners and clients in beautiful Royal Deeside, Scotland every two to three months. A pelvic floor safari…

I would like to thank Deanna Melnychuk for her assistance in “translating” this article from the original Scots.
The Swingwalkers of Zambia

By Adjo Zorn, Ph.D., Certified Advanced Rolfer™

Over twenty years ago, Heglund observed (Maloiy 1986) that East African women carry loads of up to 20% of their body weights on their heads without tiring or even breathing more deeply. Apparently, they carry these heavy loads with little additional energy expenditure. The explanation for these women’s abilities is still the subject of considerable discussion. In human walking, the body mass rises and falls with each step. Although the fall happens by gravity, the rise requires energy to overcome gravity. Do African women have a special trick for storing the energy of the fall to use for the rise that follows?

Heglund and Cavagna suggested a theory regarding the standing leg as an inverted pendulum (Heglund 1995, Cavagna 2002), but this is unconvincing: an inverted pendulum simply cannot transfer the increased kinetic energy during the fall into an increase of potential energy during the rise. (This is why an inverted pendulum cannot do what a pendulum is supposed to do: swing. You can easily make the experiment for yourself.)

Surprisingly, as far as we know, no one has yet considered either that the movement of the upper body or the elasticity of the connective tissue might play a role.

At the European Fascia Research Project at the University of Ulm, our own research of the biomechanical function of the lumbodorsal fascia in human gait suggests that this might be the answer. If the fascia stretches during the fall (loading it with potential energy) and recoils during the rise (releasing the energy), it might well convert the inverted pendulum into a real swinging pendulum.

Participants in the European Fascia Research Project developed a model with shoulders, pelvis, legs, arms and lumbodorsal fascia (see Figure 1). We applied to this model a precise mathematical analysis called Lagrangian formalism, incorporating actual anthropometric data. Because the lumbodorsal fascia acts as a spring connecting the upper and lower appendicular girdles, we hypothesized that it might be well capable of storing and releasing sufficient energy. Our model predicts increased shoulder rotation and/or arm swing with increasing head load, without any additional muscular effort. (We presented our model at the recent European Conference On Movement Science in Amsterdam and at the Fascia Research Congress in Boston. To see a visual rendering of our model, visit www.fasciaresearch.de/swingwalker.)

To test our prediction, we went to a small village in southern Zambia where residents carry containers of water from the public well on their heads. Our tools were a laptop computer, a stereo camera (for 3D analysis) and many black-&-white adhesive markers. (Photos of our work are on the facing page.) Unfortunately when two fair-complected aliens with Gigabit-LAN cameras appear in a remote African village lacking even a water-pipe system, a modicum of social strain is inevitable. Naturally, we had to pay some money for each walking model. At first, we wondered why all the models were disappointingly unskilled in what we were there to observe. We were almost out of cash before we realized that the women whose movements we were recording were all members of the chieftain’s family; naturally, they had the privilege of being closest to all sources of water and money alike.

Still, we did get some good data – but not enough of it for scientific purposes. Although our analysis is incomplete, we already see that both the arm swing and the hip rotation of our Zambian models are significantly greater than that of the average European. If our data corroborate the swingwalker model, we are determined to make another expedition – this time avoiding chieftains’ families.

Acknowledgement: A special thank-you to the Evangelical Lutheran Church in Otjiwarongo, Namibia.

REFERENCES


Figure 1 The swingwalker model, with the springs representing the most posterior sheet of the lumbodorsal fascia.
One of our models, together with the upper eye of the stereo camera.

The stereo camera and model in start position, with a full container of water.

Laptop operator, model with markers, observers.

The same model, seen from both eyes of the stereo camera.

Observers.

The author gives it a try.
The Making of a Science of Rolfing®
From an Individual Path to a Collective Activity

By Pedro Prado, Ph.D., Certified Advanced Rolfer™

The text presented below is the introduction to my doctoral thesis, entitled “Exploratory Study of the Psychobiological Dimension of the Rolfing Structural Integration Method: Creation, Development and Evaluation of Questionnaires”. It describes how my individual path has been intertwined with the collective path, showing how these two roads have converged: personal concerns and desires evolved as a result of finding resonance with those of others, and in this collective manner were converted to objects of investigation and study.

In terms of the evolving science and practice of Rolfing, we can only progress by transforming our individual inquiries into collective ones. This text, therefore, is intended as a stimulus and impetus for others interested in the psychobiological question and many other personal concerns to combine their efforts toward the continued development of Rolfing as a multifaceted art and science.

I received my bachelor’s degree in psychology in 1971 from the Pontifica Universidade Catolica de Sao Paulo (PUC-SP). In 1973, I completed PUC-SP’s professional degree program in psychology. Right after that, I began working in my own clinic, and also teaching introductory classes in psychology for the university’s basic curriculum. In 1974, I began teaching subjects related to psycho-diagnostics in the professional degree program for the Department of Methods and Techniques. In those years, clinical psychology was rapidly evolving. Wilhelm Reich’s ideas had brought the body-oriented approach to psychotherapy; some of the classical paradigms were being challenged; and an important discussion was taking place concerning the “mind-body connection”. A holistic paradigm of health emerged, which attracted my attention.

Meanwhile, we were all in the midst of the larger counterculture movement; and personally, I was seeking an opening for new experiences. I wanted to free myself of repressed feelings, and to make room for my emergent self. I was immersed in matters of the body and soul in this context – experimenting and reflecting upon my experiences, while at the same time going through profound personal transformations.

Professionally, I was working with a “neo-Jungian” and “neo-Reichian” approach. I had important mentors like Maria Isabella de Sanctis, Petho Sandor and Jose Angelo Gaiarsa. All of them were exploring the integration of Jung and Reich, and were going far beyond that to develop their own approaches.

Gaiarsa posited that Reich, with the definition of muscular “character armor”, had transformed the idea of the unconscious into something concrete – translated it to the body, and turned it into something visible and palpable. With this, Reich brought to light a possibility that fascinated me: one might lay hands on the unconscious if one could touch upon psychological attitudes through the character armor. With Gaiarsa, I began to experiment with my own emotional organization by way of the somatic dimension; and I also began to learn about the biomechanical organization of the human body.

Gaiarsa presented studies that set forth the role of gravity in the maintenance of postural balance and the coordination of movements, as well as its relationship to the emotional dimension. He emphasized the role of proprioception for the maintenance of bodily balance and the concomitant correlation of this experience with emotional balance. He thus expanded the notion of psychotherapy to include a prophylactic perspective: that one could prevent psychological disturbances by addressing the musculoskeletal system, the posture, and the coordination of movements. According to his studies, free flow of emotions coincides with the absence of muscular armoring on the one hand, and with the ability to perceive the environment and oneself in simultaneous and continuous relationship, on the other hand. Therefore, by acquiring possibilities of more and better movement and sensation, a person might both improve his body image and build a more adaptable ego structure. And all of this takes place in the context of gravity.

During this period, I continued to be puzzled by psychotherapy’s emphasis on interpretation. The postulated unity of the “mind-body” led me to believe that with the transformation of one of these dimensions, the other would necessarily be affected because they were aspects of a single phenomenon. However, I observed that in actual practice, even though body-oriented psychotherapy addressed the somatic dimension (transforming character armor, softening physical tensions) – typical clinical practice hardly even took the physical results into account. Instead, it continued to fall back on verbal and cognitive interpretations.

This discrepancy really bothered me. I was trying to identify that which was hidden and unconscious, trying to interpret hidden conflicts and repressed emotions, and wanting to make sense of them in the context of the organization of the body. This whole panorama led me to explore different roads that did not always converge; I felt lost, exploring the human phenomenon through both somatic and symbolic avenues, but without any organizing framework.

Then, in 1979, Gaiarsa invited Jim Hriskos – a professional structural integrator who specialized in the Rolfing method – to work with this approach in Brazil for a small
group of us. I went through the experience and really appreciated how liberating it felt – on the emotional level as much as on the physical level. I intuited that it was not just an improvement, for example, in my athletic performance or the pleasure I experienced in my own movement – yet I did not have the words or language to describe the entirety of the experience. It was something unconscious, transformative.

I directed my attention to this method – which seemed to me to be a systematic theoretical proposition with a well-organized practical method – and decided to take the Rolfing® training. For one year I prepared myself; and in January of 1981, I began the first of two phases of training that, in those days, was offered only at the Rolf Institute of Structural Integration® (RISI) in Boulder, Colorado, in the United States.

There, as to the work itself, I encountered something different from what I had been expecting. I had been seeking an organized technical system that would assist me in my psychotherapy practice. What I found was a theory and method more comprehensive than a merely psychological approach. I encountered a paradigm that treated a person as one with his entire context – a theory completely open in respect to human expression and manifestation. No interpretations or expectations – only observation of manifestation. This was in keeping with my own ontological perspective, and I felt good about it.

Rolfing speaks of the integration of the human structure in the environment and in the context of gravity. It is a somatic approach that capitalizes on the plasticity available to the human structure through the myofascial tissues; this plasticity yields a structural arrangement that, because of its adaptability, is also transformable. The process of structural reorganization coincides with the process of human transformation. These principles were congruent with what we had been exploring when I was studying Reich-Gaiarsa, but they appeared to me to represent a more organized method.

I was the first Brazilian to complete the Rolfing training, and along with that I was part of the first “institutional” relations and all their idiosyncrasies: different cultures, other parameters, etc. On the one hand, the young Rolf Institute that sheltered a pioneering viewpoint; on the other hand, for me, beginning a new kind of work in Brazil and participating in its introduction and expansion.

Upon my return to Brazil, the task was to introduce this viewpoint and make it publicly known. There were references in the press and other public media, and in the scientific community. At this point, in 1982, I prepared my master’s dissertation at the University of Sao Paulo (USP), in which I explored as theoretically as possible in “Assessment of Ida P. Rolf’s Contributions to a Postural Approach in Psychology”.

In the same period, I left PUC-SP where, after having taught techniques of psychodiagnostics, I had directed my attention to forming the “Nucleus 28” – a special curriculum for senior psychology students, the purpose of which was to explore a body-oriented approach to psychotherapy. Thereafter, I devoted myself to clinical practice using Rolfing with my psychotherapy clients – first in a combined approach, and then gradually moving toward Rolfing exclusively.

At that moment, the general socio-political and cultural atmosphere in Brazil was one of openness to new ideas; and before long, several of my former clients followed my footsteps and trained as Rolfers. This led to the foundation of a group of professionals with similar goals and problems: the introduction of a new concept of how to work with the human being; and the creation of robust institutions that could contain, organize and foster our efforts – propagating and teaching the ideas, as well as continually re-examining our own work.

In Brazil, distant from the wellspring of the founder’s first insights, as well as from the Institute that was the trustee of her legacy and institutional foundation of the work (the Rolf Institute Structural Integration, or RISI, in the United States), we needed to maintain a connection to the RISI and, at the same time, to develop the thinking and approach to Rolf’s theories within our particular cultural circumstances.

With that in mind, we undertook an enormous project together, inviting foreign instructors to give workshops here in Brazil, attending to our own professional evolution, and working toward becoming a “proto-institution” to shepherd Rolfing candidates through their processes and select those who would study outside Brazil. And we were also promoting public awareness of the work.

In 1987, we organized the first Rolfing class in Brazil, in which I assisted RISI faculty member Stacey Mills. Then, in 1988, we founded the Associaçao Brasileira do Rolfing (ABR) as a non-profit organization with the mission to foster public awareness of, instruction in, and research about Rolfing here in Brazil. The ABR established a formal affiliation with the RISI.

Of course, it was clear from the beginning that we had to grow our numbers and still maintain the quality of the practitioners. We had to go beyond the individual realm and into the collective realm, with all the challenges this represented. It was important to honor our own work; reflect upon it to continually refine our conception of it; and develop scientific modes of thinking and practice in respect to this new method. But for our own work to become a contribution to a larger process, our group had to maintain its position as part of the international Rolfing community.

I headed the ABR in its first years, and I still participate in its continuing development. But it was always clear to me that a process of such importance was inherently collective, and that the end result had to be inclusive – not just a manifestation of my own will or perspective. And to launch a collective effort of this magnitude, a critical mass of practitioners had to combine their strength.

With this mindset, I began my career as a faculty member of the RISI as an assistant teacher in international classes. In 1991 I first taught my own class, which the ABR had organized in Brazil; and from then on, I taught in many other countries as well. As an international instructor, I would also participate in RISI faculty meetings. The faculty as a group had goals and priorities: we were developing the educational curriculum and the structure of the school on all levels (selection of candidates; organization of evaluation systems; appointment, training and evaluation of the teaching staff). In short, we were designing the entire educational structure. The RISI centralized this process. Courses were given internationally by the RISI faculty, and faculty meetings were held at the RISI’s headquarters in Boulder, Colorado.

I was the first faculty member from Brazil. Gradually, other colleagues trained as faculty, and eventually we became a working team, the members each covering different topics of the curriculum. We put the Brazilian Education Project together, and
in this context, we were the first to explore and develop certain cutting-edge teaching ideas. Some of the most important of these were (1) teaching both structural and movement work through the Principles of Rolfing® Strategy; and (2) teaching the structural and movement components of the work together. Both of these themes are elaborated in detail [in the body of my dissertation].

Throughout these past twenty-five years – from 1981 to the present – our local professional community, with its first-rate and up-to-date education, has been delivering our pioneering work to more and more people.

In 1998, a few young Rolfing professionals from Sao Paulo decided to get together and work as a group – seeing clients, studying, and exchanging information – while at the same time performing a public service by offering Rolfing at fees far below the normal going rate. Their having contacted the ABR school through me, we began a clinical case supervision program, which was the starting point for integration between the school and the recently formed Nucleo de Atendimento, Pesquisa e Estudo em Rolfing (NAPER). NAPER’s potential is suggested in the name, which translates into English as Center for the Delivery, Research and Study of Rolfing.

Now we had a triad: the ABR, providing institutional support and credibility in the eyes of the public, along with administrative services; the school, which offered continuing education in a real clinical context; and NAPER, which provided a public service.

In the training courses, different instructors emphasized different aspects of the work, which gave rise to a degree of content variability from one class to the next. In this respect, we saw that NAPER had the potential to become a locus of information exchange that brought coherence to the education that the students had received. In fact, this is what has happened.

Along with a more institutional focus to the delivery of the work arose the need to organize clinical data coherently and uniformly. The client would have to be assigned to work with a particular practitioner; but at the same time, he was a client of NAPER. The need for clear communication in relation to the work is implicit in this clinical context.

To meet the need to organize the clinical data, we produced a data bank, the contents of which serve both NAPER and the school, and support research efforts. The project has shown itself to be very much alive as a vehicle of improved understanding, in furtherance of the evolution of the science of Rolfing.

As both the clinical process and the science of Rolfing are still in their infancy, the school curriculum does not yet include a system for recording and studying data. Thus, we are still a long way from having systematic ways to track the processes and evaluate the results of our work. Although the training courses have a common basic curriculum, each instructor may have a different way to follow the clinical processes; therefore, as a collective body, Rolfing lacks any uniform and systematic method for documenting clinical outcomes. This hinders research. It also limits our ability, within the professional community, to examine and share our experiences with the work.

So, recognizing the need for standardization in the institutional context of the clinic, and also as part of our ongoing search for an aid to our own understanding of our work, we designed the NAPER questionnaires. This was an iterative process that allowed us to continually re-evaluate and refine our thinking. And, having uniform clinical records made it possible for us, as a group, to study our processes and outcomes. Along with the compilation of the data bank to facilitate administration, education and research came a way to facilitate group reflection on what we were doing.

That we were working from a holistic perspective was a given. How could this be reflected in the questionnaires? How were we to understand our clients’ objectives? Would all of us be talking about the same thing? How would we evaluate our own work? What techniques would be suitable for which objectives? What was it that we had all been doing? A healthy orientation toward research was already in place. Every year, we have re-assessed the adequacy of the questionnaires, and revised and refined them.

As we increasingly perceived the validity, necessity and utility of the questionnaires, the project was expanded to include using them in the school. There, the questionnaires might serve to put us all on the same system; and to instill in our graduates attitudes conducive to good clinical work, scientific research and self-examination of one’s processes and outcomes. The idea was that the process would enhance the therapeutic relationship; further the development of a common language among practitioners; and yield a sound method to document and evaluate the results of our work. In 2003, the questionnaires were translated into English; and for the first time outside Brazil, I had students use them to document the processes of their classroom clients as part of their professional training, with both the pedagogical and research objectives described above. The results were interesting; a documentation system had been established and firmly put in place; and by using the system, the students’ evaluation and understanding of what they were doing became much more mature. Finally, the students’ use of the questionnaires also oriented them toward research. Soon other faculty members also began using the questionnaires in different countries.

The very process of questionnaire development in the context of NAPER and the schools (in Brazil and elsewhere) actually constitutes a practice-driven recursive research activity sometimes called “action research”. Those who participated in it recognized its value: the activity of reformulating and refining the objectives of the questionnaires and their technical application yielded better understanding and assessment of the results of the work, as well as improvements in the practice. Moreover, this activity allowed us to integrate instruction, clinical practice, practitioner self-assessment and research. At this stage of the scientific development of Rolfing, the creation and ongoing elaboration of the questionnaires is a research-based means for continuing the theoretical evolution of the work itself.

In the process of carrying forward the inquiry that Ida P. Rolf initiated, those of us here in Brazil expanded the scope of our activities over time. From our beginnings as a small group of pioneering practitioners, we gradually developed the ABR as both a school and a research center. It has also become an organizing container for various inter-related segments of our professional community (the cooperative clinics, the school, and individual clinical practices), through which all can participate according to the particular role of each, and by means of which the contributions of each can be fed back to the others. At this juncture, the process of questionnaire development, as...
described above, has proven itself to be an essential methodological link in the evolution of our science.

Rolfing is a holistic proposition, the purpose and outcome of which, theoretically, affect one’s entire being. Affecting all dimensions of the being through Rolfing depends on the practitioners’ intention and conscious observation. Unless we have a conscious and collective standard methodology to govern the practice of Rolfing, its impact can be no more than individual—dependent upon each Rolfer and a bit compartmentalized—with little space in which to advance the science as a collective product.

Twenty-five years ago, I started my search for a way to address the psychobiological dimension of being through a somatic approach. Through Rolfing, I perceived—in both the theory and the practice—something that conceptually embraced this idea, and also a somatic method designed for this practice.

Personally, as both a teacher and as a clinician, the focus of my interest has always been on Rolfing as a process of personal evolution. My vision of the person and the paradigm inherent in Dr. Rolf’s theory are congruent. My clinical work has yielded empirical evidence that this method influences the psychological dimensions.

Perhaps, through further conceptual evolution of this work along the lines I have presented here, we will eventually perceive clearly the integration of the psychobiological dimension—i.e., the subjective, or psychological, dimension—with the current somatic/biological perspective. Then, giving the psychobiological dimension adequate attention will bring greater possibilities not only to the practice of Rolfing, but also to the larger field of somatic psychology.

I believe that to really change the paradigm we work with, we need time, as well as deep personal and collective transformations—especially when the work involves new approaches that bring a contemporary psychosomatic lens through which to explore the nature and the unity of mind-body dimensions.

I propose, therefore, to advance the inquiry undertaken by Dr. Rolf and her followers with: “Exploratory Study of the Psychobiological Dimension of the Rolfing Structural Integration Method: Creation, Development and Evaluation of Questionnaires.”

**AUTHOR’S NOTE**

Translated from the Portuguese by Heidi Massa
Profiles and Evaluations of Rolfing® Clients in the Núcleo De Atendimento, Pesquisa e Educação em Rolfing® (NAPER) Brazil

By Yeda Bocaletto, Certified Roler™ Rolf Movement Practitioner, Research Coordinator of NAPER

Editor’s Note: This article is a translation of “Perfis e Avaliações dos Clientes do NAPER – Núcleo de Atendimento, Pesquisa e Educação em Rolfing” published in Rolfin® Brasil, ano VII, numero 26.

This article presents and analyzes results from the database of information about Rolfing clients treated at Núcleo De Atendimento, Pesquisa e Educação em Rolfin® (NAPER), which is the research and education center of the Brazilian Rolfing® Association (ABR). I will present a brief history of the creation and development of NAPER. I will also describe the creation and development of the instruments and protocol used to document client processes, as well as the format and development of the database.

SHORT HISTORY OF NAPER, FORMERLY CALLED “PROJETO AMBULATORIO DE ROLFING”

The Projeto Ambulatorio de Rolfing, today called NAPER, was created in September 1998 by a group of independent Certified Rolfers unrelated to the administration of ABR. During that year’s annual meeting these Certified Rolfers discussed:

- The high fee for Rolfing sessions, which denied many potential clients access to the process.
- The solitary work of treating clients one-on-one in a private practice, which generates repetitive patterns of treatment. Those patterns limit our personal type of body reading, style of work, preferences, etc.
- The scarce production of knowledge and research within Rolfing.

With these concerns in mind, they designed and created The Projeto Ambulatorio de Rolfing (hereafter, The Project).

The idea implemented was collective and shared treatment, as is done in our Rolfing trainings. The setting was that Certified Rolfers would work on clients at the same time, allowing the exchange of ideas concerning body reading, techniques and process flow. The sessions would be at a reduced fee, enabling people who do not have the means to pay for a session in a private practice the opportunity to receive Rolfing. The client cases would be documented, shared and discussed, not only with the objective of achieving professional improvement, but also to generate knowledge about Rolfing.

Since its inception, the objectives of The Projeto Ambulatorio de Rolfing have been:

1- Educational: professional development for Rolfers through the exchange of experience during sessions, discussion of cases, supervision from more advanced Certified Rolfers, workshops, etc.

2- Social: sessions at a lower cost.

3- Research: to generate knowledge about Rolfing through the vast number of clients treated within The Project, who would give us permission to use the information concerning their processes.

In 1998, 1999 and 2000, the office hours of The Project were restricted to only one or two days per week, with few scheduled appointments. Not until 2001 did the financial and administrative organization become more structured, making it possible to rent our own space with four tables. This also allowed us to schedule clients five days a week, six hours per day.

In 2002, the Project changed its name to Núcleo De Atendimento, Pesquisa e Educação em Rolfing® (NAPER), which translates into English as Center for Treatment, Education and Research in Rolfing, and is a name that better describes its purpose. (For the rest of this article, I will use the name NAPER to refer to the project throughout its entire history.) This once informal and independent group is now an official organization within the ABR; it is recognized in the bylaws of ABR, as well as having its own bylaws.

In 2004, of the eighty-eight Certified Rolfers present in our community in Brazil, twenty-eight had worked at NAPER. This shows that a significant portion of the community of Rolfing professionals had already been involved. And if we take into consideration that of the eighty-eight Certified Rolfers in Brazil, the number working in the state of São Paulo was around forty, then we see that a majority of the Certified Rolfers in the state and city of São Paulo had participated. These twenty-eight Rolfers had seen 653 clients in six years and four months.

CLIENT TREATMENT PROTOCOL DOCUMENTS FOR CLIENT PROCESSES

Since its inception, there were concerns regarding communication between Certified Rolfers concerning each client’s process, particularly when it came to continuity (maintenance sessions/post-ten work). There were also issues of which terminology and which instruments would be used for recording and communicating clients’ processes.

In the beginning, NAPER used the same questionnaire that ABR used for clients interested in becoming models for Rolfing® trainings. It was a simple form that asked for demographic information, main health conditions, and goals for the Rolfing process.

Over time, the group noticed more and more the importance of organizing, homogenizing and standardizing a common way of obtaining important information to enable the managing, reflection on and recording of the client’s process. There was tremendous research potential given the number of clients who received Rolfing each year. This led us to develop more sophisticated questionnaires.

Today, the Client Treatment Protocol Documents at NAPER are comprised of the fol-
DEVELOPMENT OF THE DATABASE

I personally came to NAPER in 2000 as the first official Research Coordinator. My vision was to organize the data collection protocol, improve communication among Certified Rolfer’s about our clients, and collect information about the Rolfing process and its benefits.

The work of conceptualizing and building the database was possible, in part, due to significant prior experience in two fields: Prior to becoming a Certified Rolfer I received degrees in Sociology and Anthropology from the University of Campinas; and then for ten years I owned a market research company. In this way, I linked my previous experience and education with the needs and research possibilities of NAPER, bringing in technical elements that were largely foreign to the Rolfing community so that the design of the database was done with pertinence and precision, and thus able to contribute to the development of Rolfing research in Brazil.

At the end of 2000 I presented the first (manual) tabulation of a sample of the database, including basic demographic information such as gender, age, profession, etc. at NAPER’s Annual Evaluation Meeting. The report included everyone treated to date.

The second (manual) tabulation was reported using the entire database in 2002. Paula Mattoli and I coordinated all the Certified Rolfer’s involved to organize the information from the four Client Treatment Documents from 1998-2002. These results were first presented at the ABR Annual Evaluation Meeting of 2003 and subsequently published in Rolfing Brasil (ano VII, número 19, Março 2006).

The results of this development phase of the database still did not allow for any cross-referencing of information, something that would enable a more consistent and sophisticated analysis of the data. I started to envision the construction of a computerized database, a task that would require more work and – most challenging – money, since we would have to hire workers specialized in computerization and statistics.

As part of the second phase, a large portion of the development was the engineering of the questions. The most difficult task was establishing parameters for the questions of the four client treatment protocol documents, which over the years were becoming more and more sophisticated with the passing of time.

In 2004, Pedro Prado, who has always supported NAPER, took over the database project. His work with the database is part of his doctoral degree dissertation. In 2004-2005, I reorganized the guidelines for the tabulation of results of NAPER’s Client Treatment Protocol Documents and tabulated the files of the 653 clients who had already passed through NAPER through December 2004.

The structure for organizing and receiving information has already been formatted. The data of clients treated through 2004 has been tabulated and entered and the first results completed.

Now, each year, we enter information from the new clients seen during that period, as well as track clients who return for post-ten sessions.

ORGANIZATION AND CONSTRUCTION OF THE DATABASE

For the construction of the database, I used the four instruments from NAPER’s Client Treatment Protocol: Initial Interview, the Rolfer’s Report, the Client’s Report and the Sessions Report. I then selected the important questions and information that would be used to build two tabulation guidelines: one for the quantitative (closed-ended) questions and another for the qualitative (open) questions.

This selection of information resulted in two products:

1) A quantitative database, which contains the results of the closed, objective and quantifiable questions.

2) A qualitative database, which contains the transcription of the open, subjective and qualitative answers of the clients (I will not present those results here).

The quantitative database gave us five different categories of information:

1) Demographic information, which allows us to identify what type of client seeks out Rolfing®. It includes information such as: gender, sex, age, profession, level of education, place of residence.

2) Data on why clients sought out Rolfing, complaints with regard to pain/dis-
comfort (the location, intensity and frequency of the pain), type of pathology they present, etc.

3) Data which supplies us with a somatic, emotional, health and habit history of the clients, (information on the basis of which we, during the process, develop the client’s treatment plan). This data permits us, at the end of the process, to evaluate and compare the results and the efficiency of Rolfing at various levels: in relation to the structure and function of the complaints of the client; to the pathologies which he/she presents; to the emotional and/or cultural situation in which he/she finds him/herself, etc.

4) Information on how the client learned of Rolfing and how he/she came to NAPER.

5) Data regarding the client’s satisfaction of results with NAPER, which includes an evaluation of the Certified Rolfers, and specific information about the efficacy of Rolfing presented through the evaluation of the intensity and frequency of the pain/discomfort after the process.

Not all of the collected data will be presented in this article. Let’s go on to the presentation of the first results, which come from the years 1998-2004, followed by commentary and interpretation.

NUMBER OF CLIENTS TREATED PER YEAR

See Figure 1.

The number of clients treated at NAPER varied during these six years of existence, depending on the circumstances. In 1998, 1999 and 2000, it was only possible to see clients a few hours per day, two days a week. In 2001, we started to schedule clients during a six-hour period daily, Monday through Friday. This may explain the 45% increase in clients from 2001 to 2002. The number of clients treated also varied in accordance with the number of Certified Rolfers working at NAPER. Additional factors that contributed to the increase or decrease in the number of clients were such things as NAPER moving its office, a decrease or increase in marketing dollars spent, etc.

CLIENT GENDER

See Figure 2.

The majority of clients treated at NAPER are women. This fact seems to correlate with the reality of a Certified Roler’s private practice, just as it does with that of other holistic complementary therapies, psychotherapies and massage therapy.

CLIENT AGE

See Figure 3.

The majority of NAPER’s clients are adults who are economically active (see also the table of professions). We have few children and adolescent clients, as well as few senior citizens. Although children and adolescents have fewer structural and functional problems, the exact opposite is true of senior citizens. Those over sixty years of age have a higher probability of suffering from structural and functional problems, and yet they do not constitute a significant percentage of NAPER’s clients.

Note: For this report, I did not make a comparison of age distribution in the Brazilian population, especially in the age groups over sixty, which would given greater depth to the analysis.

CLIENT MARRITAL STATUS

See Figure 4.

The predominant marital status of NAPER’s clients is single - 50%. This fact needs to be cross-referenced with other factors to be better understood, something that will be considered in the future.

CLIENT EDUCATIONAL BACKGROUND

See Figure 5.

NAPER’s clients have a high level of
education: 80% of them have an incomplete university education or higher level of education. Rolfing® is a new and relatively unknown therapy in Brazil, and our potential clients have good access to information.

NAPER clients, specifically, do not have a high economic standard, but they have a high cultural standard. The majority of them come from the middle class in terms of salary groups, but have a high standard of cultural and information consumption. In Brazil, these two standards hold very different meanings. “Economic standard” is defined in terms of earnings while “cultural standard” is defined in terms of access to information (cable TV, internet, newspapers, books, magazines, music, theatre, etc.).

Unfortunately, clients with lower incomes do not reach NAPER, which seems to be due more to limited access of information than to the prices of our sessions, which are significantly lower than the market average.

**CLIENT PROFESSIONAL BACKGROUND**

See Figure 6.

The majority of NAPER’s clients are economically active, with a slight prevalence for self-employment over employment by others.

**HOW DID YOU LEARN ABOUT ROLFING?**

See Figure 7 (this question allowed multiple answers; consequently, the total sum is not 100%).

We asked NAPER clients how they learned about Rolfing. We discovered that many learned from other clients who had received Rolfing, whether at NAPER or in a private-practice setting. I concluded, through careful analysis of the Rolfer’s reports, the category of “unidentified person” is completely comprised of clients who already have been through the Rolfing process. As a result, 54% of NAPER’s clients learned of Rolfing through clients who had already received Rolfing.

On the other hand, we have only a small percentage of clients who learned about Rolfing from the recommendation of other professionals (doctors, physiotherapists, psychotherapists, etc): only 12%, which reveals our low level of penetration in these professional markets.
If we take into consideration that we have a low visibility in the media – newspapers, magazines, radio and TV – we can say that these means of communication are efficient in educating the public. A percentage of 9 (seen in the chart) may seem low in comparison with other categories; however, in six years of NAPER, the few times the media covered Rolfing it generated a significant number of clients.

**WHO REFERRED YOU TO NAPER?**

See Figure 8 (this question allowed multiple answers; consequently, the total sum is not 100%).

The majority of NAPER clients come to us from clients who went through the Rolfing process at NAPER: 43%. If we add to this the 10% of clients who come to us from individuals who received Rolfing in private practice, we have 53% of our clients coming from former Rolfing clients. This confirms what we already know in the Rolfing community – that clients generate clients. We also find a good percentage of Rolfing colleagues recommending NAPER. In Brazil the session price is often negotiated, and if an agreement cannot be reached the client is often referred to NAPER.

††Note: the percentages of recommendation of NAPER by other professionals and through the media are almost identical to the percentages of how the clients learned about Rolfing. Undoubtedly, if we had more penetration in the media and a greater visibility and credibility with other professionals, we would have two other important client-generating channels acting in our favor. This is easy to say yet difficult to implement. But we could investing in more efficient and global ways of generating clients, as well as, in more objective forms of promoting Rolfing and its benefits, and depend less on the generation of clients through clients – which is a slower, more personal process.

**THE REASON FOR SEEKING ROLFING**

See Figure 9 (this question allowed multiple answers; consequently, the total sum is not 100%).

We asked clients the reason why they sought out Rolfing. The answers were open and subjective in character. We transformed these open-ended answers into categories that we use in Rolfing and divided the categories into structural, functional, emotional, energetic, spiritual and cultural. In addition we also saw responses for maintenance and interest in the technique (becoming a Certified Rolfer).

We found that the majority of the clients, 96%, seek Rolfing treatment for structural reasons – bad posture, chronic pain, scoliosis, spine deformity, etc. Following that, the second-largest group seeking Rolfing were those with functional problems: 37%. In third place we find problems of an emotional/psychological nature, with 18%.

Rolfing, in terms of the technique, directly addresses the body, the integration of the somatic structure, so it should not come as a surprise that the highest percentage of people who seek Rolfing treatment have structural problems. However, the 18% of clients who seek Rolfing because of emotional problems is noticeable.

We know, in practice and in theory, that reorganizing, balancing and integrating the physical structures also affects other aspects of being (emotional, intellectual, cultural and spiritual) in the same way. In these results we have direct recognition, from the party mostly affected by our work – the client – that this is true, since we find clients seeking Rolfing treatment to deal with emotional issues.

**COMPLAINTS IN RELATION TO PAIN**

See Figure 10.

We asked clients if they had any problems in relation to pain or physical discomfort for which they sought out Rolfing. We discovered that 75% of NAPER’s clients seek Rolfing to alleviate pain.

Even though Rolfing was not originally designed to be a “second-paradigm” technique (that is, work done to cure symptoms, or “fix-it work”), but rather a “third-paradigm” method (that is, one that is based on integration and holism), we know, as do our clients, the great capacity of Rolfing to alleviate pain. When reorganizing the myofascial structures and promoting a change in the movement patterns harmful to the equilibrium and body fluency in the gravitational field, chronic pain and injuries resulting from repetitive movements diminish and disappear.
his/her objectives at all.

It should be taken into consideration that the opinions of the clients who did not complete the process are not included in these statistics.

**DEGREE OF CLIENT SATISFACTION WITH THE CERTIFIED Rolfer™**

How was your experience with your Certified Rolfer?

See Figure 15.

The Certified Rolfers have a 100% approval rating from their clients. All clients who conclude the process say it has been fantastic to work with their Certified Rolfers. Again, it should be stressed that clients who stopped the process for any reason do not complete the Client’s Report, which contains this question.

**DO YOU THINK THAT RolFING HELPED YOU IN OTHER ASPECTS OF YOUR BEING?**

(Emotional, Sociocultural, Spiritual, etc.)

See Figure 16.

At the end of the process, we ask clients if they perceived any changes in other aspects of their lives due to Rolfing®. This question is directed to our holistic conceptualization of Rolfing. We know that the body is the channel we work with, and we know that if the body organizes itself, that reflects in the other areas of a being – the emotional, spiritual, intellectual and cultural. As a result, we see that 83% of the clients recognize that Rolfing had influenced them in other aspects of their lives.
INTENSITY OF PAIN
AFTER THE ROLFIGING PROCESS

See Figure 17.

We ask clients about the intensity of pain or discomfort they might be feeling, both before the process, (in the Initial Interview), and after the process (in the Client’s Report). We cross-referenced this information and found that 76% of NAPER clients noted a decrease in the intensity of pain for which they sought Rolfing. Another 18% stated that the pain/discomfort disappeared. Only 6% stated that the intensity of their pain/discomfort remained the same after finishing the process. This data is quite significant. We have quite a low failure rate - 6% - within the perspective of the second paradigm (curing symptoms).

PERSPECTIVE

This is only a partial analysis of the information available in this database. There is much more information in it and an even greater possibility of cross-referencing data. We also have information from the qualitative database that has yet to be analyzed. Moving forward we will continue to update the database with new client information, allowing us to become more consistent and efficient with this information.

CONCLUSION

As advice to NAPER from this analysis, we have two main items. (1) work more on following up with clients so they will return for post-ten work. This could create a nice flow of clients to NAPER and would allow for some valuable follow-up on the efficacy of Rolfing. (2) Work on the marketing of Rolfing and NAPER in the media, so that more people can be exposed to it, learn about it, talk about it, and eventually become clients.
Healing the Horse

Notes on the Application of Structural Integration to the Equine Performance Athlete

By Susanna Baxter, Certified Rolfer™, LMP, LAMP

INTRODUCTION

Many horses are more than just pets. They are competitive athletes, performing at levels akin to that of Olympic athletes. Endurance events require horses to demonstrate incredible stamina and cardiovascular health as they traverse distances of fifty to one hundred miles over hazardous terrain. Other equestrian events place high levels of stress on the joints of the fore and hind limbs. In some jumping events, such as the “puissance”, walls can reach over seven feet tall, putting tremendous pressure on the horse’s entire structure. Western riding competitions require a horse to be light on his feet, performing sudden stops and turns to demonstrate his ability to herd cattle. “Reining” is a unique discipline that, among other maneuvers, asks the horse to complete a sliding stop where it “sits” on its haunches while walking with its forelimbs. Slides can go as far as thirty feet! In all of these competitive riding events, the horse performs incredible feats of strength and flexibility while balancing the weight of a rider and saddle. It’s no wonder that such horses need specialized care to keep their bodies functioning optimally.

Horses are not designed to carry the weight of a rider. Their structure naturally puts sixty percent of their bodyweight on the forelimbs with the remaining forty percent on the hindquarters. Thus, a riding horse must learn to lift up off the shoulder and withers area and engage the hindquarter to propel his body forward in order to avoid damage to his back and the joints in his lower leg. While horses are typically bred for optimal conformation, no individual is perfect; they must work around any structural limitations to achieve these extreme levels of finess. Damage caused to the body through trauma from birth, injury, illness, or negligence present the horse with unique performance challenges. Structural integration work optimizes horse’s economy of movement and enables the strength and flexibility necessary to comfortably support a rider.

If a practitioner is comfortable working with horses, the principles of structural integration normally applied to human clients can be easily adapted to the equine structure. Equine anatomy bears some resemblance to human anatomy in that many of the bones and muscles have similar names. There are some significant differences, however. For example, horses have no clavicle, so the scapula is entirely supported by a sling of muscles. In addition, horses have three mechanisms that allow them to stand on their feet for long periods of time: the stay apparatus, the locking mechanism of the stifles, and the reciprocal mechanism. Thus, horses have the ability to sleep on their feet but take off at a moment’s notice should a predator arrive. These animals are highly adapted to the threats of their environment, and it is the responsibility of the practitioner to not only understand the horse’s reaction, but to be so aware of the surroundings as to be able to preempt it.

BUILDING RAPPORT

The horse is a creature of movement. Whether systematically grazing from one grassy field to the next or utilizing its highly developed musculoskeletal system for inter-herd communication, a horse is continuously using movement as a means of survival. A horse must remain light on his feet and ready to move at any moment. In a herd, there is always a dominant mare that is responsible for dictating the actions of the entire group. She uses a highly sophisticated yet practical body language that serves to send clear messages to other members of the herd without making noises that could alert a predator as to their location. In addition to incredibly refined musculoskeletal control, horses have finely tuned sensory perception and use this to gauge their environment. A horse will react to the weight of a tiny fly on his loin with a swish of the tail. My own mare knows the sound of my car and my footsteps; she knickers at me as I enter the barn, before I ever say a word. This perceptual level serves a bodywork practitioner in that the horse is acutely aware of and responsive to the work being done; however, he is also susceptible to jumpiness if the environment is at all chaotic or unfamiliar.

A horse is a prey animal, which largely determines his reactions in life. While most horses that a structural integration practitioner works with will (hopefully) be well trained and quiet, it’s helpful to know what motivates a horse to move and how he will react to the presence of your body. Because a horse’s eyes are set on the sides of his head, he has nearly 360-degree sight, allowing him to see a predator advancing from almost any angle. Unfortunately, you, the practitioner, may be perceived as a threat for any number of reasons. You will be standing quite close to the body of the horse, so he may defend himself with a swift kick. Many people will tell you never to stand behind the horse as this is the “kicking zone” (and this is good advice), but horses are unbelievably flexible. Even if you are standing as far forward as the shoulder, the horse will be able to reach you with a hind foot, not to mention teeth. This being the case, knowing and understanding warning signs that precede that kick or bite – and the triggers that could alarm the horse in the first place – are vital to keeping yourself safe while working.

Ear signals are the clearest form of communication that horses use. If a horse has his ears pinned back against his neck, he feels either threatened or angry and is liable to strike in some way. Ears pricked forward means that he is alert and paying attention. Of course, you should ascertain whether his focus is on you or something in the surrounding environment. If you observe an ear-forward expression and think that the horse is listening to you, but he is really hearing the hay truck coming or a rowdy group of children barreling down the aisle, you could be in for a spook (sudden jump that may be accompanied by panic and bolting). A horse that has his ears lazily flopped to the side is relaxed and comfortable. Of course, there can be mixtures of these three
states; a horse may have one ear twitched gently back, “listening” to you, while the other ear is forward as he monitors the actions of another person in the barn. You, as the practitioner, have to shift your thinking from that of a predator to that of a prey animal and become acutely aware not only of your client but also of every detail in your surroundings. This is essential to creating a safe container in which the work can be done.

While you will probably not be asked to “lunge” or “chase” a horse, learning these skills is useful as they demonstrate how a horse responds to the presence of your body in relation to his. Lunging a horse involves attaching a long lead to the halter and asking the horse to walk, jog, and canter around you. You then ask him to reverse and perform the same gait moving in the opposite direction. Because the horse is on such a long lead, you actually have very little physical control over him and must use body language to communicate. In general, to propel the horse forward, you position your body behind his hip and move toward him, facing the full front of your body at the horse. To stop the horse and reverse, you position yourself at or in front of his shoulder. When you face the full front of your body at the horse and look directly at him, you are mimicking the body language of a horse that is driving out a member of the herd; he will always move away from you. If you turn your back on the horse, you are inviting him back into the herd, and he will come toward you. (I don’t recommend turning your back unless you are very comfortable with the horse or under the supervision of an instructor, because if you have not adequately established dominance, there is a slight chance you could be putting yourself in danger.) Learning how to maneuver a horse’s body will help you maintain control during a session. I have had horses enjoy the work so much that they flattened me up against the wall trying to get me to go deeper. In that situation, it helps to know how to tell the horse you need some breathing room.

To truly understand equine communication, you must spend hundreds of hours around horses. I have been around horses for almost twenty years, which gives me distinct advantages. I know before a horse spooks that he will do it and am able to calm him down in advance, using the influence of being the dominant one in our tiny herd of two. If, for some reason, a horse catches me by surprise, I react instinctively and instantly regain control of the situation. This is all born of many hours spent in the presence of horses. Within thirty seconds of meeting a new horse, I know if he has good ground manners and is prepared to respect me. The best metaphor I can use to describe my ease around horses is that it is like driving is for most people: completely subconscious, but you still have to pay attention and be aware of where everyone else is on the road. I’ll bet you’re a much better driver now than you were at sixteen; working with horses also gets better with time.

In addition to facilitating proper communication between the horse and the practitioner, there are some basic safety considerations that will help the session go smoothly. First, check your equipment. Likely, you will just be working with the horse in a halter and lead rope, but you may have him cross-tied (secured with ties that attach on either side of the halter) or tied to a post. In any case, you should always make sure that all buckles, snaps, and clips are in working order. Check with the owner to see how best to work with the horse as some do not tie safely or are frightened of narrow spaces such as grooming bays.

**SESSION 1: THE HINDQUARTER**

As was previously mentioned, horses carry a slightly greater percentage of their body-weight on the forehand. In order to efficiently and comfortably carry the weight of a rider and saddle, the horse must develop the strength to lift up off his front end and utilize the hindquarter to initiate forward momentum as well as launch himself over jumps. A horse with any conformation challenges will have to work around these limitations to properly collect his body, and some horses have difficulty rounding the back up at all. Add to these impediments such factors as ill-fitting saddles and imbalanced riders and it’s easy to understand why many horses exhibit soundness issues in the shoulder and forelimb.

From the perspective of the structural integration practitioner, we have a bit of a conundrum. It seems that releasing restrictions in and around the shoulder girdle would allow the horse greater freedom to lift his weight off the front end and thus more efficiently carry the rider – a distinct advantage in equine competition. However, if we first lift the horse from the front end but do not free the hind end so that the horse can properly engage it, the horse is left no further option but to fall back down upon the shoulder to support his weight. Thus, I generally begin with the hind end to develop proper support for future work to be done in the shoulder girdle.

In assessing the hind end, it’s useful to evaluate the horse both moving and standing. Ideally, the practitioner should watch the horse move freely in an arena or round pen, but this is not always possible as not every barn has these facilities available or they may be occupied during your ses-
sion. In this case, ask the handler to walk the horse in a straight line away from and then toward you. Look for balance and symmetry in the pelvis as far as movement. For example, observe the point of the hip as the horse’s hooves strike the ground. Both the right and the left sides should shift equilaterally. If there is limited or no movement side to side, this indicates a severe restriction in the hips and lumbar spine. After observing the pelvic movement, check for balance in standing. Ask the horse to square up (stand with all four feet lined up in a perfect square – or reasonably close) and place one hand on each of the hips. (You will have to stand directly behind the horse to do this, and if you are not comfortable doing so, you may want to take an assessment from further away.) Check the height of your hands. One side will most likely be higher than the other. This is a common factor in lumbar pain, or what riders call “cold backed.” While you may think to go directly to the sacrum to address this imbalance, it is more often attributable to a tear or strain in the adductor region.

Next, watch the hind hooves as the horse travels away. Do they land and take off in a straight line? Does one side spiral as the horse pushes off from that leg? How much space does the horse have between his legs compared with the width of his pelvis? Many horses have a narrow base of support that makes it difficult to fully engage the powerful gluteal and quadriiceps muscles. Another great indicator of balance through the hind limbs is the hoof. Commonly considered a rock-solid structure akin to a natural steel-toed boot, the hooves are actually extremely elastic and change rapidly in response to the stresses placed upon them. Any misalignment in the leg will reflect in an asymmetrical hoof. You can also pick up the hoof (with caution) and examine the sole. If the horse is shod, look at the wear pattern along the edge of the shoe. Does the horse take off straight across the toe or is most of the pressure along the lateral edge? Working with a good farrier will help a practitioner learn to “read” the hoof.

One of the most common complaints you will hear from riders and trainers is, “My horse is sore in the hocks.” The hock joint in the horse is similar to the ankle in humans. A terrific amount of stress is placed upon this joint in equestrian sports, and any misalignment will contribute to the deterioration of the synovial fluid and articular cartilage. In recent years, equine profession- als have become increasingly savvy about supplements containing glucosamine, chondroitin, MSM, and yucca, all designed to inhibit joint deterioration and inflammation. Many riders have their veterinarian perform periodic intravenous injections of hyaluronic acid (a natural component of synovial joint fluid) and intramuscular injections of polysulfated glycosaminoglycans (comprised mostly of chondroitin sulfate and a normal constituent of articular cartilage) in order to prevent inflammation and boost a horse’s performance and longevity. Structural integration is essential in maintaining proper alignment, which in turn aids in the preservation of a healthy joint. When evaluating the hock for movement, look to see if the horse is bending fully through the joint. Some horses will lift the leg from the hip to avoid flexing a sore hock. Next, feel the joint. Is there fluid built up or is the tissue tough and dehydrated? Are there “guitar strings” running through the soft tissue? Ideally, compare the joints of horses of different ages. The hock of a foal feels much different than that of a twenty-year-old retired jumper; understanding the various levels of tension and how they affect range of motion available will aid in your evaluations.

Finally, I evaluate the lumbar spine to see how any and all misalignments in the pelvis are affecting this vulnerable area. Because there are no ribs to support this region of the spine, it is most prone to extreme compression or twisting. Often you will see what is referred to as “hunter’s bump” or “roached back.” In this case, the lumbar spine has shifted upward, causing a lumpy appearance. This always corresponds to a downward shift elsewhere in the spine. The opposite case is a dropped lumbar region (swayback). Of course this always corresponds to an upward shift elsewhere, often – but not always – in the sacrum. If the pelvis is rotated (the first item on the evaluation checklist), there is generally a corresponding rotation in the lumbar spine. This may straighten out somewhat as you release the pelvic twist. Gentle work along the lumbar fascia will also help decrease compensations in the spine. This is similar to releasing the quadratus lumborum in session three of the Rollfing® series.

SESSION 2: THE SHOULDER AND FORELIMB

In my second session with the horse, I’m now able to effectively address compensations in the shoulder girdle and forelimb. We’ve previously noted that this region is particularly prone to strain. Poor saddle fit is a common cause of impingement around the scapula. Just as different clothes fit different human body types, no one saddle will fit every horse. There are hundreds of saddle pads, flexible tree saddles, and other gimmicks to help riders relieve strain on the withers and lumbar. The majority of riders, especially those that compete in high-level shows, are aware of the importance of saddle fit; however, if the horse exhibits signs that indicate he might not be most comfortable with his tack, it doesn’t hurt to ask a few questions. The most glaring indicator of improper tack are open sores or white scars along the withers (the spinous processes of the first few thoracic vertebra), which indicate that the saddle is rubbing inappropriately. First, ask the rider if they’ve checked the fit of their saddle. This sounds rather basic, but you might be surprised how many people have never even thought that the trusted saddle they used on their last three horses might not fit the newest one. If they say that they have, ask if the saddle leaves an even sweat pattern when they remove it after riding. If so, the saddle may not be the issue, but if you still suspect improper tack as an ongoing cause of soreness in the horse, recommend that the rider consult with a professional saddle fitter.

Again, ask to see the horse walk. The first pattern to observe is movement of the scapula. Does the superior aspect rotate backwards as the horse lifts his leg? Does it move at all? The scapula should slide along the thorax the way a fan blade or pinwheel rotates, as though it were anchored about in the center. Also, observe the horse walking directly toward you. How much space does he have between the scapulae? (for now, disregard the placement of the hooves). Look at the width of his rib cage in comparison with the width of his shoulders. It’s not uncommon for one side to be extremely narrow and for the other to have hypertrophy in the trapezius and deltoid muscles. If this is the case, the horse is unable to engage the narrow shoulder; it’s glued to the thorax, and the other shoulder is compensating. Remember, horses have no clavicle, so their shoulders are entirely supported in a sling of soft tissue. Thus, they cannot rely on a bony attachment for support should one shoulder be weaker or injured in any way.
Next, let your eyes travel downward to the carpus, often referred to as the “knee”. This joint is actually equivalent to the human wrist. Its double row of hinges allows tremendous flexibility so that the horse is able to lift his leg off the ground while running or fold it under himself when sleeping. The strong ligaments supporting the bones contribute to the joint’s stability while running, as it must be able to carry the weight of the entire body at one point during the stride. The long bone of the horse’s lower leg, just distal to the carpus, is the canon bone, or third metacarpal. Look at the relationship between the carpus and the canon bone. Does the knee point straight ahead? Is there a rotation and counter-rotation between the joint and the bone? Generally, if there is a restriction above, the fascial wrapping along the bone (the periosteum) carries the compensation all the way down to the hoof. Gently unwinding these twists before beginning work on the scapula will help any work you do above to hold longer.

As in the hindquarter, the front hooves can be a tremendous source of information about how the horse is traveling. Look to see if the hooves are flared to one side or another. Does the weight of the horse fall down the midline of the hoof? Check the bottom of the hoof or shoe. Does he toe off from the center? Laterally? Medially? Now would also be the time to watch how the horse sets his hooves down when he is walking. Do the hooves swing straight forward? Does he walk like a supermodel, placing one hoof in front of another? Do his toes or his heels land first? Also, check the horse’s standing pattern. Can he set up his feet with the toes pointing straight ahead in line with his knees? If not, this is a serious twist that is causing undue strain above. Although I recommend assessing the horse from the top of the shoulder down, I also recommend beginning the work from the bottom up. Looking at how the horse places his feet on the ground and working from there will give you much more information about his neuromuscular patterns above, but it helps to have a vague notion of what’s going on further up in the shoulder before you begin to unwind the tissue.

After completing your assessment, keep in mind that your main goal for session two is to release the shoulder girdle in such a way that the horse has both flexibility to move his scapulae and strength to shift his weight backward into the hindquarter. Regardless of the findings of my assessment, there are three places I never fail to touch on during this session: the canon bone and surrounding tissue, the axilla and serratus muscle, and the upper trapezius. All of these areas are fairly consistently restricted in every riding horse. I then release additional restrictions per my earlier findings, keeping the goals in mind.

SESSION 3: CONNECTION THROUGH THE THORAX

The third session focuses mainly on the thorax, drawing a connection between work you have done on the hind end and the balancing you did in the shoulder girdle. Imbalances in the rib cage present themselves more subtly than pelvic or shoulder misalignments, and the best assessment is completed while the horse is moving.

It is ideal to observe a horse moving freely to see how the thorax and spine relate to the pelvis and shoulder girdle as this area acts like a “shock absorber,” transmitting movement from the limbs through the body. Two signs of disintegration of the thorax are excessive movement or a complete lack of movement (i.e. stiffness or bracing) through the ribs and spine. Both signs present best at the jog or trot. Watch the horse move freely. If you are not able to utilize a round pen for your observations, have the handler walk the horse in a straight line away from you. You should be looking at the rib cage to see if it swings equidistantly from side to side. If the thorax moves more to the right or to the left, it may be rotated. Check the horse in standing to confirm that this is the case. Additionally, if the ribs are rotated and the horse has difficulty bending to one side or the other (you can ask the rider or trainer for this information), it may indicate that there is a slight side-bend through the spine.

Since the goal of this third session is to relate the thorax to the shoulders and hips, you should assess the effects of any rotations on these structures. If there is a side-bend present, it may be directly related to a pelvic rotation. Thus, working around the sacrum and sacroiliac joints prior to balancing the ribs will encourage the work to hold. Similarly, shoulder immobility can be related to thoracic rotations. Now that you’ve peeled the scapula away from the ribs, there is freedom for the thorax to change. Keep in mind also that the thorax needs to be mobile enough to “round” up and collect when the horse is under saddle. As you work, try to feel for fascial adhesions that would prevent this sort of mobility and release them.

Because the horse’s spinal vertebrae are so large and located deep within the massive paraspinal muscles, it is far easier to affect changes to them by using the ribs as a handle. Saddles balance on the rib cage (well-fitted saddles, that is), so imbalances in the rider’s own body often show up here, and horse ribs are just as tender as humans’. Releasing the ribs at their angle, about eight to ten inches lateral to the spine, is a good place to start. Then check the horse’s costal arch and sternum. These areas can be difficult to reach and require sufficient hand strength to access completely, but they’re often overlooked. Hernia surgeries are commonplace on foals, so be sure to check the abdominal wall for scars. If it is bad enough, scar tissue around the surgery site will torque the rib cage. Colic surgery scars, though perhaps less common, have an immense impact on the horse’s thorax and viscera, and the horse receives great benefit from work on the surrounding fascia.

I realize that I have made little reference to the neck and head. It is not to say that I do not work on these; however, the first three sessions I complete with a horse are devoted to releasing the main inhibitors of movement. Often, once the body is balanced, strain in the neck and head is greatly reduced or changed. I more specifically address any remaining issues in these structures in later sessions.

PROCESSING – THE HEALING PROCESS BELONGS TO THE HORSE

Our human clients are fortunate in that they have the volition to engage in self-care after their sessions. Horses do not have the same option as they are at the mercy of their owners and trainers. Some are on a rigorous conditioning schedule and their caretakers are loath to sacrifice even a day for rest. Thus, it’s vital to educate a horse’s owner and handler on the purpose of rest post-session. Once understanding has been reached, the owner can then make choices that will balance the needs of the horse with performance goals. I generally recommend a minimum of two to three days rest post-session. This allows the horse to move about naturally and ingrain the new neuromuscular patterns in his body without the influence of a rider on his back.

In addition to the need for physical rest, horses need time to process their sessions mentally and emotionally, especially when
A significant trauma has been released such as abuse or debilitating injury. Each horse processes at his own speed, and sometimes this does not match the desires of the owner. It’s easy to generalize that most horses take about three or four or five sessions to resolve a particular issue; however, just as some people have difficulty letting go of their trauma, some horses just don’t seem to want to heal. There are any number of factors affecting this. For example, perhaps the horse doesn’t feel safe in his current home. He may be highly stressed by a demanding show schedule. Do not dismiss the idea that the horse may be taking on stress from the rider; there is often a direct correlation between the physical habits of a horse’s owner and those of the horse. In any case, the equine structural integration practitioner must walk the fine line between facilitating a horse’s healing process and molding the horse to the rider’s performance goals.

CONCLUSION

Because of the incredible athletic endeavors that performance horses are asked to complete in today’s equestrian events, they are subject to physical deterioration, injury, and trauma, just as human athletes would be. Myriad therapies exist within conventional and alternative veterinary medicine for the treatment of dis-ease in the performance horse, from nutritional supplements to applications of lasers and ultrasound devices for tendon recovery. With the sensitive application of structural integration, Certified Rolfers and other structural integration practitioners will be of tremendous benefit in increasing the longevity of a horse’s performance career as well as his overall health. In three basic sessions, we can effectively address the overarching issues present in most riding horses, freeing the horse from intense physical pain and emotional stress. Additional treatments can be applied to issues specific to each horse and on a tune-up basis to combat the physical and mental stress of a demanding show schedule. However, it is vital to emphasize that the horse is not a tool, nor a machine, but a sentient creature. Learning and understanding his thought patterns and world view are just as important to creating a therapeutic environment in the barn as they are in creating a container for our human clientele. Maintaining this perspective reminds the practitioner to value the horse’s individual process while also considering the rider’s goals.
The Schumann Syndrome
A Consideration of the Artist and the Critic in Rolfing

By Ray Bishop, Ph.D., Certified Advanced Rolfing™

For my friend and colleague Peter Schwind

I am not sure when I first told my friend Hal about a favorite musical quote, but I suspect it was several decades ago. This lifelong friend is an exceptional jazz musician and teacher who unapologetically detests all critics as talentless parasites. Therefore, he had wanted to use this infamous vulgarism in his recent jazz book as a condemnation of such a slimy subspecies of homunculus detestus. Since I erroneously attributed the quote to Brahms and was later (erroneously also) informed that its source was Beethoven, tracking it down proved a bit harder than anticipated. What I was sure of was that it lay concealed in a wickedly humorous collection of negative music reviews by the prolific musicologist, Nicolas Slonimsky – his Lexicon of Musical Invective: Critical Assaults on Composers Since Beethoven’s Time. After some additional research, the proper author of the passage was finally located.

In any case, here is this gem correctly attributed to a lesser known late Romantic German composer, Max Reger (1873-1916), who is described in one resource as “myopic, fat, blubber-lipped, rumpled, foulmouthed, aggressive, neurotic, and alcoholic.” What a tribute. The passage in question is actually a scatological note written by Reger to the critic Rudolf Louis in 1906. “I am sitting in the smallest room of my house. I have your article I’ve read. Few would argue that Schumann’s compositions, any more than my one iota. Not surprisingly, this course will involve a more elaborate metaphor, the one to which our ambiguous title alludes. The Schumann to whom I refer is the brilliant and ultimately insane composer who, unlike the critic Rudolf Louis, dedicated much of his career to promoting contemporary artists including the young Brahms whom he “adopted” and nurtured for several years before Schumann’s premature death in a mental hospital. The syndrome is in truth no syndrome per se but rather a subsersive construct that adds a deceptive patina of medical seriousness to this divertissement.

What I love about Schumann, besides his glorious piano quartet and the exquisite Fantasie, is that he represents what is best in the world of the creative – an artist of influence and exceptional talent who devoted much of his career to promoting the ideals of Romanticism as well as the compositions of others, in language both beautiful and potent. He was a true artist-critic, one who used his fame and considerable reputation to educate and assist, not attack and disparage. He epitomizes to me the antidote to those who excoriate the critic and rally behind the victimized artist. He also offers a model that can be generalized to our field with surprising ease.

Curiously, why I like the Schumann example is as much for its aptness as for its (and the artist’s) limitations. Our Schumann metaphor applies to a number of current and former authors and practitioners including Dr. Rolf because their successful marriage of creative work and critical commentary have enriched both our body of literature as well as the bodies with whom they interacted. This metaphor also works because many artist-critics (Ida Rolf being our most beloved artist qua iconoclast) in our field open themselves up to criticism by advancing their ideas: ideas at variance with the conventional wisdom, ideas that have taken the work in new directions, directions resisted both by traditionalists and those who fail to grasp the underlying beauty of seemingly unfamiliar aesthetics. Schumann himself was not afraid of advancing progressive ideas and writing highly idiosyncratic and personal music. He too was often criticized, yet it seemed not to deter him from his personal mission one iota.

Another reason I chose this particular composer-critic is somewhat surprising: it is precisely because I am not a fan of all of Schumann’s compositions, any more than I love every session I’ve seen or SI-related article I’ve read. Few would argue that Schumann represents the apogee of his era, but most would agree that he was an important voice during a fascinating time in cultural and intellectual history. While his symphonic music may sometimes fail to “sing,” his best compositions scintillate with emotional depth, searing passion, and exquisite lyricism. It is the very unevenness of his opera tônia (collected complete works) that intrigues me. His work’s blatant inconsistencies remind me of the unevenness of the ideas we encounter and find ourselves having to clarify and even defend...
in our discussions with new and prospective clients as well as others in related fields (even with other members of our diverse SI community).

The works of Schumann, like those of all composers of his era, are a mix of traditional form (the Beethoven symphony as structural paradigm) and progressive experimentation (the tone poems of Berlioz and Liszt), Similarly, our art form in its current incarnation represents at its best a sincerely reverential reconfiguration of Rolf’s work and the desire of her progeny to explore alternative formal and technical languages in order to enrich the moveable feast that is structural integration. Whatever our thoughts about the current direction of our work, we can no more halt its progress than we can recompose Liszt’s piano sonata in the hope that it might somehow sound like one by Haydn or Clemente. Some may dismiss the whole purist vs. progressive (read classicist vs. romanticist) dialectic as nothing more than new bottles for old wine, while others might arrogantly argue that they have reinvented the entire fermentation process. Who is right, who is wrong? No matter.

Here is another important notion that deepens our metaphor. All students of art history know that there are regular and predictable cycles of romantic expansion and counteracting movements of return to “classical purity.” However, since we are such a new discipline, applying this broad cyclic historical model to our current state of flux seems a bit premature; but, should we endure, our future patterns of growth and contraction may well fall within this pattern. Yet, were we to speculate, we might say that we have moved from a period of classical purity, if such a thing ever existed (and we can certainly debate that one for many unhappy hours), to a state of fragmentation and growth matched by a strong simultaneous reactionary desire to return to pure form. Wherever we actually are in the early stages of a transitional cycle, we certainly cannot predict where we will emerge, nor should we fixate on this.

Broad cyclical oscillations between complexity and simplicity are always accompanied by a wealth of tracts espousing elaborate rationales for the return to a simpler style, attacks on more complex forms, or countering polemical rejoinders that erupt with fantastical praise for much-needed innovative richness, complexity, and experimentation. Such a view of the arts and history more accurately reflects the realities of what students of history see. It contradicts the more prevalent linear evolutionary model that eschews rhythmic dilations and contractions in the name of some misguided perception of the inexorable progress of man and his creations, like the naive distortions that have occurred in discussions of social Darwinism.

In our discipline, we see both explanations of the new and an expanded vision of the work and an equally vocal defense of the old as if each represented polar opposites. Such views, whether progressive or reactionary, tell us as much about their proponents as the work they do; they make, I believe, too much of our differences. When in the midst of a transition, as our work certainly is, you cannot possibly see what will endure and what will fall by the wayside any more than 20th century critics could predict whose art and music will emerge as the enduring masterpieces of the past century. This begs the question, why choose one course over the other since Romantic and Classical approaches need not be mutually exclusive?

While I know that passionate attachment to tradition has great appeal for many, we have so often seen how in other disciplines elaborately defended neo-classical revivals have proven no more durable than Romantic reactions. It is as if we had to choose whether Brahms is a more important composer than Wagner or whether the exquisitely refined portraiture of Ingres is eclipsed by the drama of Delacroix. While such discussions appeal to absolutists and academics whose careers are based on carving out and defending narrow territories, we need not fall prey to the same kinds of separatist thinking. A willingness to see the larger picture, to appreciate the elegant simplicity as well as the technical complexity of varying approaches to the work (as long as they represent a logical extension consistent with Rolf’s fundamental integrative thought) has a potentially liberating effect on the practitioner. Intellectual curiosity, an interest in alternate ways of thinking, a capacity to entertain an aesthetic view at variance with our own, these are keys to appreciating the full range of great art and evolving a richer understanding of seemingly contradictory aesthetics. Such things are found in the works and writings of Schumann (and of course Rolf), which is again why we have selected dear Schumann as the cornerstone of our argument.

Yet, there is more to this than initially occurred to me. This insight came quite unexpectedly during the revision process of this essay. When working on a particular idea such as this one, serendipitous events often appear that serve to strengthen evolving arguments or (less often) open another door through which new ideas magically pass. Such a one occurred this past week as I was listening to a local classical radio station. A musician who was planning a lecture and performance on the works of Schumann was talking about “Schumann’s love letters,” a code phrase he employed for selected works he would perform and discuss. The artist’s perspective was that no music was as charged with passion and explicit sexuality as that of Schumann. The literature is in fact ripe with not only the passionate love letters Schumann wrote to his beloved Clara, the greatest female piano virtuoso of her era, but also considerations of the numerous references to her in his occasionally subtly programmatic piano works and lieder. I was frankly entranced by this idea, which certainly matched my understanding of Schumann the man and Schumann the artist.

I do not think that such a personal art should be dismissed as an aberration of an obsessive psyche, particularly when mediated through the genius of a creative mind such as Schumann’s. I feel such works might more accurately be viewed as a highly embodied art form, compositions where musical motifs and harmonies serve as evocations of the powerful emotions of a complex artist who worked out many of his personal demons and wide-ranging passions in his rich body of work. The nuances of Schumann’s emotional fragility and the incongruities between his best art and his increasingly destabilizing grasp of reality serve, I believe, as both cautionary tale and useful somatic metaphor. But, how does this all tie together in a useful and instructive way?

Here is my current best answer. What we might say about our work is that at its best it transcends structure and embraces emotion. Certainly not the idealized or frenetic kaleidoscopes of Romantic excess, but a well-modulated embodied movement capable of expressing a full range of feeling. What we wish to consider here is titrated further perspectives.
An embodied and adaptable system is one that experiences mutable psychic states, one that has an over-arching meta-order that prevents the individual from becoming fixated on any discrete moment. It is also one that has the skills to navigate new situations with clarity and curiosity. Whether we see emotion as primary or secondary in our work, we cannot but concede that it so totally permeates all we do that we have little choice but to surrender to its inevitability. Ideally, we will become more mindful of emotional nuance in proportion to our improving ability to sense and direct a system’s fascial reconfigurations. Just as we may well enjoy the music of Schumann without the emotional subtext, so we can certainly work in a satisfactory way by focusing on memorized protocols and a clearly defined list of objective goals. Yet, we soon realize that such mechanistic thinking misses too much of the experience in the moment, the richness of the underlying pulsations and messages hidden yet calling to us as we work. Whether we embrace neoclassical purity or Romantic experimentation, subtlety of structure and implicit meaning readily offer themselves for our consideration, if only we learn to fully attend to them.

I have often heard it argued that such an approach as the one I take here makes too much of the work, superimposing on it a level of complexity that offers little to the quotidian realities of a functioning practice. I reply, “point well taken.” However, I for one find that seeking unusual relationships and metaphors enhances my normal experience of the work and helps me “grow the work as I grow myself.” I enjoy the introspective opportunities provided by my “routine experiences” with all my diverse sessions. I also relish the opportunities of playing with the written word, as this exercise helps me construct and refine arguments and concepts, the application of which may seem abstruse to many. Since I consciously choose to be more concerned about the ideas than reactions to them, this difficulty causes me less concern over time. I adapt here the implicit position of my friend Schumann.

Our work is in many ways a very internal and perhaps even selfish act. The same I believe holds true for the experience of all great art. Deep explorations with clients may lead to intense engagement with other; a creating that is ostensibly about them more than us. Yet, most who “live the work” do so as much for the internal experience that such meditative work creates in them as their desire to communicate their skill with others. To offer another analogy, that the compositions of Schumann or the interpretation of them by say a Horowitz or Kempf move us is, I think, totally independent of the internal experience of the composer or the artist interpreting them. I believe that Horowitz’s subjective experience (for instance) of playing a given composition as he carefully communicates the printed page to us has much in common with how we bring the abstract basic series to life as we play it with and on our clients, even if our selfish internal reality is concealed from others for obvious reasons.

The inner world of SI from the perspective of the practitioner is rarely explored, largely I suspect because it is easier to look externally than to dissect and verbalize the complex internal experiences of sophisticated practitioners of this discipline. Also, admitting that there exists a large selfish component to what we do hardly resonates with the humanitarian and lofty goals most of us espouse. This conflict is a subtle reality for many, yet I must admit I have never heard anyone describe exactly what I am suggesting here.

How well I have succeeded in convincing others of my message must be, if I have any hope of consistency, of less concern to me than the process I have followed to explore my themes. Otherwise, external concerns distract from the creative process itself. Yet, just as any good artist reveals cohesion and unity through structural devices, so I must do the same both in my writing and in my sessions. An interesting conundrum, to say the least.

However, the variety of means employed by us to accomplish these goals is part of what makes the work so interesting, our subjective choices of said tools predisposing each of us to choose for a time a given permutation of this creative process, be it classical, romantic, or aleatoric (random). Unlike Schumann and his best interpreters, we can simply write or play the notes competently. Or, we may bravely choose to seek deeper connections and willingly go within in order to aid others in their personal journeys. I choose the latter route and enjoy observing how others define their own aesthetic: following widely divergent paths, or stopping along the way so they can fully enjoy their very different vantage points. All this is, after all, nothing but blobs of ink; how we combine and reorganize them, that is where things become really interesting.

NOTES


3. Schickele, Peter, “If You Can’t Think of Something Nice to Say, Come Sit Next to Me”, his forward to Nicolas Slonimsky’s Lexicon of Musical Invective; (New York: Norton, 2000), x. Some minor editorial changes were made to this wonderful quote to accommodate the surrounding grammatical structures.

4. A friend of mine, Judith Roberts, once said to me: “Raymond, Rolling isn’t science it’s art”. I fear that if I wholeheartedly embrace her impassioned and very appealing view, I run the risk of offending those in our community who study the scientific underpinnings of our work. The academic in me rebels against repudiating interesting research, and I wish to make it clear that I wholeheartedly support and am engaged by their potentially very valuable studies. Therefore, I live to deepen my ability to work more intuitively in the artistic realm as I simultaneously enrich my understanding of anatomy and science. Here is an interesting contradiction that may confuse many but which is essential to my approach to the work and this essay.

5. I wish to acknowledge that this and other references to state come both from lectures by Jan Sultan and ideas that have their origin with Bill Smythe.

6. I choose these two performers deliberately because Horowitz is mostly known as a consummate virtuoso in the grand Romantic tradition while Kempf is loved for his restrained and elegant interpretations. That I prefer Kempf to Horowitz belies my closeted love for the daring Romantic excesses of highly individual and creative artists who are willing to sacrifice clarity.
and precision for dazzling brilliance or overarching dramatic effect. I love both for very different reasons, and it is this fundamental contradiction in my taste that drives much of this paper, and helps explain my curious marriage of art and science.

7. Although I have told this story elsewhere, it bears repeating. This notion of “playing” my clients as an instrument came from my gifted movement teacher Vivian Jaye, who used this image to help me settle into the work during a very difficult period in my training. It is a wonderful idea and proved transformative in my ability to sense others and myself more fully as I worked.
The word “core” is controversial in the Rolfing® community, and a word not much used in the yoga community. I have heard it defined variously in our community, in explanations ranging from the inner muscles, to visceral space, intrinsic movement, etc. This imprecision of definition is not the case in the physical therapy community, thanks to the groundbreaking work of Carolyn Richardson, PT from Australia. The exercises from her book *Therapeutic Exercise for Lumbopelvic Stabilization: A Motor Control Approach for the Treatment and Prevention of Low Back Pain* (2004, Churchill Livingstone) have been used extensively by the physical therapists to strengthen the transverse abdominus, pelvic floor, and multifidus muscles for help in stabilizing the low back.

Whether the reader agrees or disagrees with the physical therapy definition of “core”, it can be useful to understand (and by “understanding” I mean feel) what physical therapists are talking about. Richardson’s book can be rather dry reading, so I welcome the first book under review here, *Yoga for the Core: Finding Stability in an Unstable Environment* (Eastland Press, 2007), by Suzette O’Byrne BSc Kinesiology and registered yoga instructor. *Yoga for the Core* reads like a user-friendly CliffsNotes of Richardson’s book, with an emphasis on bringing this knowledge into the yoga and pilates communities. The book has several beginning (truly beginning) exercises to help in feeling these muscles fire, and from there slowly makes the exercises more difficult. My favorite quote from this book is “Adopt Relaxed Resilience” meaning that rigidity is not what you are going for. By beginning with the breath and then teaching how to turn off “outer core helpers”, I think O’Byrne does a great job of getting the reader to feel his “core” in a way most Rolfers would agree with.

The book gives eight principles of movement:

1. Nourish relaxation (with the breath and fascial release);
2. Initiate movement, beginning with the spine;
3. Connect spinal movement with the movement at the largest joints first;
4. Move joints in their optimum range of motion;
5. As you boost your core stability remember to breathe;
6. Adopt relaxed resilience (effortless effort);
7. Be generous with yourself (stay out of painful range of motion); and
8. Less is more.

I enjoyed reading this book and feel that it could be very helpful to Rolfers, particularly to understand the physical therapy/pilates/yoga definition of “core”. It could also be helpful to clients who are over-straining to “work their core” or need simple exercises to learn to feel their core. There’s also another word we could adopt more from the physical therapy community: “stability”. We don’t tend to say things like “He’s totally stabilizing from his erector spinae and nothing else, no wonder his back always hurts”, but perhaps we could find benefit from such lines of thought.

Another new book from Eastland Press is *Anatomy and Asana: Preventing Yoga Injuries* (2007) by Susi Hately Aldous, who is also a yoga instructor with a Bachelor of Science in Kinesiology. This book is a primer for yoga students who have not had much anatomy. Is it useful for Rolfers? Well, it could be if your interested in finding out about specific poses and how to do them, or if you have clients who study yoga and you feel they need some help in doing poses more correctly. I tend to think that actually taking yoga class or private yoga lessons is a preferable way to learn this information, but many yoga teachers do not know much about anatomy, and these days there is almost a “puppy mill” of yoga teachers on the market. So if you don’t practice yoga but would like to be able to have a conversation with your clients who do, to discuss what they are doing to themselves, this could be a worthwhile book for you.
Emilie Conrad has been my teacher for over thirty years. When I first met her, I recognized that she was pointing to a truth that was not so complicated, yet was obscured as a blind spot in our current culture. Her vision, for me, picked up where Ida P. Rolf’s left off. I saw movement communicate through connective tissue rather than muscles and joints. I saw coherency and grace. And I saw that order without fluidity is still limited. Conrad points to the habits of fragmentation in our society that allow us to fall into illusions of separate-ness. Whether it is the specialization within professions that hold one system of the body isolated from another, or the tendency to see the body, psyche, and soul as barely related, we can not help but be diminished by this reductionism.

Emilie’s book, *Life on Land: The Story of Continuum, The World-Renowned Method of Self-Discovery and Movement* (North Atlantic Books, 2007), like her vision, takes a daring leap in style from the usual thesis of a life’s work. Rather than the typical acknowledge-ment of pivotal influences, teachers, and epiphanies, Emilie shares the suffering of her family and her childhood that became the compelling drive behind her search for health and wholeness. Her descriptions are raw and compelling. Some readers might feel as if they are being shown too much of the back rooms of life. But I appreciated the lack of whitewash and pretty wrappings. Her very humanness translates later to equal compassion and empathy for the suffering of others: situations like paralyses that stretch the credibility of anyone attached to literal, rational explanations. She is not offering a cosmology to explain these experiences, but simply sharing the unfolding of her inquiry. All too often we withhold the trans-rational influences in our life for fear of ridicule. Perhaps Carl Jung in *Memories, Dreams, Reflections* was one of the first to acknowledge that the movement of his inner life informed his path in the world. But it is yet again more risky to acknowledge the trans-rational experiences that occur while awake and conscious.

Emilie says that the difference between a madman (or madwoman) and a visionary is the capacity to be relevant to his time, to convey logical meaning to others. This is the next stage of her book. As she moves into the principles of Continuum, she speaks eloquently of the challenges of our time. Never have humans faced such a bombarding of information, pollutants, and other modern demands on our systems. The transition from the machine age to the electronic age has stepped up the speed of communication and is also changing the electromagnetic field around us. It is not so easy to identify with the biological rhythms that nourish our organism. These rhythms are slower by multiples of 10 and 100 to the speed of electronic equipment.

Continuum has been developed to meet the challenges of our time. It is teaching the art form of shifting state from the cultural rhythms and concerns of today to a more ancient aspect of ourselves, which is usually below our awareness. It is a foreground/background shift that puts us back in touch with the bio-intelligence of our organism.

Quoting Emilie: “If one were to boil down to a brief description the purpose of Continuum, one could say that it is a way of restoring personal access to billions of years of intelligence that is spiraled into the swirl of our embryonic coil. Continuum maintains that we are part of an unfolding process that remains intact within us. Whether we wish to call this process God, or higher intelligence, or some other title, the point
is that we are not separate from the awe of primary existence.” (pg. xxix)

Just as Ida Rolf had a vision for human potential that went beyond the scope of science and culture in understanding of the body, Emilie’s perceptions, though full of common sense, seem radical. In Rolf’s day, connective tissue was considered the throw-away wrapping surrounding the substance of the body. Rolf’s idea that it is an intelligent organ of shape and connection was nowhere to be seen in the common or scientific world. Now Emilie is pointing to the intelligence of water; not blood, not lymph, not cerebrospinal fluid. The basic inquiry of Continuum is based upon the theory that the fluid within our bodies, planet, and galaxy functions as a “resonant organ of intelligence.” How to create one’s own connection to this resonant field is the work and art form of Continuum.

As Hubert Godard has been indicating with his work, Emilie says that the scope of fluid variability within connective tissue is primarily governed by the quality of our consciousness that includes our sense of identity. Continuum teaches through movement explorations that are non-patterned and unfold differently for each individual that it is possible to shift from the movements of basic survival and identification with “I-ness” or “me-ness,” to movements that bring a sense of “we-ness.” From this state, one relates to all species and all life without hierarchy. As one starts to feel the innate intelligence of one’s own organism, the sense of belonging to the whole of the matrix of life brings about a state of “oneness” with the field. This capacity to shift identity from “I” to “we” to “one” is what Emilie calls a healthy plasticity of identity, which creates a body that is an open system. It is from this state that the possibilities are available for the body to reorganize and renew at a higher level.

Since I have personally witnessed in Emilie’s classes the innovation of new neural pathways and movement that is considered medically impossible for spinal cord injuries, I know that she is on to something – and not just for extreme injuries. Her method empowers all of us to participate in our own healing and evolving whether our wounds are in the social, physical, or spiritual realm.

Even if movement isn’t “your thing” or you already have a personal practice that you love, I recommend *Life on Land* for a refresh-
Jeffry Galper

Jeffry Galper, Ph.D., Advanced Certified Rolfer®, died peacefully on August 22nd, 2007 from complications of an aortic aneurysm. He was surrounded by his family and close friends. Jeff was well-loved in the Rolfing® community, and received so many thoughts and prayers through the Rolf-forum during his illness.

When I moved to Vermont, Jeff was the first Rolfer I met. His presence was warm and welcoming, and I felt happy and honored to be a part of the Vermont Rolfing® community Jeff pioneered. Jeff also counseled me about my practice (as he did with countless other Rolfers), offering suggestions of how to build my practice — much of which became clearer to me after he passed away.

Jeff’s love of Rolfing and for his clients has also become beautifully clear to me, as I have had the privilege of working with many of his clients since his passing. Jeff’s clients display a keen love for him, and a deep ease with their bodies that will be Jeff’s lasting legacy. You changed many lives, Jeff, and we are grateful for the trails you blazed. We will miss you.

Robert Rex
Certified Rolfers

I feel blessed to have known and learned from Jeff. Six years ago as I set off as a new Certified Rolfer I enlisted his support as a practice-building consultant. We spoke a few times a month for the first year of my practice and the occasionally for years after. The no-nonsense and compassionate approach that he brought to this work makes this time some of the most meaningful I have spent, not just in the context of our work, but also in the larger context of life. Jeff left a lasting impression on me, and his sage advice on matters of running the business of our work continues to inform and guide me. He deeply respected the work we do and had a passion for furthering it in the world.

At a time early in my practice when I was drifting in the fears and desires about raising my rates, Jeff helped me jump to a new way of thinking. “What do you say when someone asks you why you charge what you charge?” I asked. His response to my question had a “Jedi mind trick” quality to it. “That is my rate”. “That is what I tell people”. Jeff responded with absolute authority and confidence. No defending it. No comparisons. By example he taught me that the value of my work is something that I decide on. Up to our last conversation he was still pushing me to raise my rates yet again. I know he is right.

He patiently walked with me in the tender moments of beginning a practice and his love of our work, good humor, ferocity, and open heart lit the way. I miss his presence in this manifest realm. Thanks for everything my friend. Blessings to you.

Adam Mentzell
Certified Advanced Rolfer

Jeff was really helpful to me as a new Rolfer back in the early nineties. I remember insisting on what turned out to be overly ambitious practice-building goals and then repeatedly feeling disappointed when I would miss the mark. Jeff helped me to examine how I was creating my own disappointment and how taking and savoring smaller bites really helped me to enjoy the process. In many ways I learned to stop “pushing the river” and to trust that it’s all (and I mean all) going along just fine. As my practice has had its dips and rises over the years, the trust that was developed early on, with Jeff’s help, has really served me well. I’m forever grateful.

Dan Somers
Certified Advanced Rolfer

I never actually met Jeff.

When I was a young Rolfer, Jeff often published articles in Rolf Lines that would generously give us all advice on how to build a successful practice. I remember in a series of articles he included actual ads he placed in local newspapers. I cut out those ads and saved his articles and used them to help build my first practice. I knew nothing about building a practice and his generosity with his experience and knowledge was enormously helpful to me.

Jeff also had a wonderful clarity in writing about Rolfing. He wrote an article titled simply “Rolfing” a very long time ago . . . so long that I don’t remember when I first ran across it. In the article he first briefly describes Rolfing and then examines some assumptions and beliefs that are made about human bodies. It is such a wonderful, simple, clear discussion of what we do that I still give a copy of that article to most of my new and prospective clients. I have a stack of copies of his article in my office even as I write this. Jeff’s energy and presence has been in my office and practice for many years. I feel a real sense of loss from our Rolfing family.

So I want his family and friends to know that even though I never had the privilege of meeting this man in this life, he helped me greatly and influenced the success of my own practice. I want them to know
that each time I give his article to someone
he continues to influence and help people.
Thanks Jeff and good journey

Shonnied Carson
Certified Advanced Rolfer

Jeff and I first met in the mid-80s, when
we were both serving on what then was
still called the Selection (later, Admissions)
Committee. Although he didn’t have the
clipped accent of a hard-rock Vermonter, he
had much of their directness and economy
of speech. Even more important to me, he
had a good, dry sense of humor. At times,
and in regard to certain points, he displayed
the meticulous, determined focus of the
typical CPA or appeals lawyer. One after-
noon, a member of the committee tossed out
a somewhat chiding, if playful, comment
about the time Jeff was taking to “obsess”
about what she obviously considered a
minor issue. Jeff lifted his head and smiled
at her, responding, “What looks like obses-
sion could also be careful consideration.
One doesn’t earn a graduate degree without
being able to obsess.” I don’t remember how
she reacted. I thought it was not only funny,
but also a much gentler riposte than she
could have expected from other members,
and I liked him immediately.

We got to know each other a bit better over
the years while serving on the Board of
Directors. His intelligence always demon-
strated a perspective that made his points
with clarity, but without self-importance –
not always easy for all of us to do. I was
impressed by the time and energy he de-
voted over many years to coaching newer
Rolfers in how to develop their practices.
He had the generosity of a good, natural
teacher. All in all, I wish I had known Jeff
better – and for years longer. My thoughts
are with his family now.

Nicholas French
Certified Advanced Rolfer

Jeff Galper was a colleague as well as
a client for the past seven years. He was
a hardworking, determined and intense
man who found great joy in his life with
his wife and daughter and relaxation from
maintaining the gardens, lawns and forest
comprising his property. He did everything
for his family. Jeff was a master’s swimmer
and could be found in the pool early most
weekday mornings, doing his preferred
stroke, the butterfly. He even had a tattoo
of a butterfly on his ankle and often still
smelled of chlorine when he came for ses-
sions. Jeff had very strong opinions, which
he would share freely, whether you wanted
to hear them, or not. He was kind to me and
always precluded his opinion with, “I’m
going to tell you what I think and you can
do with it what you will, but if I were you I
would...” I’ve thought about him more since
his sudden illness and passing than I ever
did before. We weren’t close, but I saw him
on a regular basis, last client of the day and
he liked to be “ROLFED”. A few of Jeff’s
clients have been trickling into my practice;
they feel as though they have lost a great
friend who made them more comfortable
and functional in their bodies. Jeff was their
Roler and he is and will be missed.

Diane Rodgers
Certified Advanced Rolfer
Graduates

Modular Training, Oct 7, 2007, Munich, Germany

Front Row: Thomas Josef Beulich
Middle Row, Left to Right: Paola Mazzoni, Ingrid Buk, Kathrin Grobelnik, Gabriela Arnaud, Sigrid Doberenz, Eva-Maria Kasperl, Anna Paola Bacalov
Back Row: Peter Legård Nielsen; Dorit Schatz (Instructor), Gerhard Hesse (Instructor), Claudia Kroczik, Sabine Schumann, Hervé Baunard, Marielle Kemna Toledo

Unit 3, October 12, 2007, Boulder, CO

Front Row, Left to Right: Liz Krull (Assistant Instructor) Crystal Oostema, Rosalynde Smith, Bess Coble
Back row: Russell Stolzoff (Instructor) Rob McWilliams, Eric Gordon, Andrew Ybarra, Albert Fielder, James McMahon, Chris Hodel, Will Schilling
### 2008-2009 Class Schedule

**BOULDER, COLORADO**

#### Unit I: Foundations of Rolfing® Structural Integration/ FORSI
- **January 28 – March 7, 2008**
  - Coordinator: Juan David Velez
- **June 2 – July 14, 2008**
  - Coordinator: Michael Polon
- **August 25 – October 6, 2008**
  - Coordinator: Suzanne Picard

#### Unit I: Advanced Foundations of Rolfing Structural Integration/ AFORSI
- **March 16 – March 29, 2008**
  - Coordinator: Jon Martine / John Schewe
- **March 16 – March 29, 2008**
  - Instructor: Jon Martine / John Schewe
- **July 13 – July 26, 2008**
  - Instructor: Suzanne Picard
- **October 26 – November 8, 2008**
  - Instructor: Juan David Velez

#### Unit II: Embodiment of Rolfing & Rolf Movement Integration
- **January 7 – February 28, 2008**
  - Instructor: Valerie Berg
  - Principles Instructor: Lael Keen
- **March 31 – May 22, 2008**
  - Instructor: Thomas Walker
  - Principles Instructor: Mary Bond
- **June 2 – July 24, 2008**
  - Instructor: Libby Eason
  - Principles Instructor: Jane Harrington
- **October 13 – December 11, 2008**
  - Instructor: Jon Martine
  - Principles Instructor: Carol Agneessens

#### Unit III: Clinical Application of Rolfing Theory
- **March 3 – April 25, 2008**
  - Instructor: Ashuan Seow
  - Anatomy Instructor: Michael Murphy
- **June 2 – July 25, 2008**
  - Instructor: Michael Stanborough
  - Anatomy Instructor: Jon Martine
- **August 18 – October 10, 2008**
  - Instructor: Jane Harrington
  - Anatomy Instructor: Juan David Velez
- **October 13 – December 12, 2008**
  - Instructor: Ray McCall
  - Anatomy Instructor: John Schewe

### Rolfing Movement Training
- **August 4 – August 14, 2008 – Phase 1**
- **October 14 – October 24, 2008 – Phase 2**
  - Instructors: Jane Harrington and Rebecca Carli-Mills

#### BERKELEY, CA

#### Advanced Training (Extended Format)
- **Phase I: April 21 – May 5, 2008**
- **Phase II: September 1 – September 12, 2008**
  - Instructors: Michael Salveson
  - Co-instructor: Carol Agneessens

### GERMANY

#### Phase III: Clinical Application of Rolfing Theory
- **January 28 – March 21, 2008**
  - Instructor: Ray McCall

### GERMANY/ITALY

#### Advanced Training 2008-2009
- **September 28 – October 10, 2008 in Bologna, Italy**
- **April 20 – May 06, 2009 in Munich, Germany**
  - Instructors: Peter Schwind
  - Assistant Instructor: Pierpaola Volpones

### SPAIN

#### Rolfing Movement Training
- **November 21 – November 30 2008**
- **May 21 – May 31 2009**
  - Instructors: Rita Geirola and France Hatt

### MELBOURNE, AUSTRALIA

#### Advanced Unit I
- **February 2008**
  - The Rolfing Touch - Myofascial Approaches
  - Feb 2 – 3, 2008
- **February 24 – October 24, 2008**
  - Instructors: Michael Stanborough, John Smith, Ashuan Seow

### SYDNEY, AUSTRALIA

#### Unit III: Clinical Application of Rolfing Theory
- **March 24 – May 15, 2008**
  - Instructor: Michael Stanborough
  - Assistant Instructor: John Smith

#### Advanced Unit I
- **July 2008**
  - The Rolfing Touch - Myofascial Approaches
  - July 5, 6
- **July 2008**
  - Fascial Perspectives - Understanding Structure
  - July 12, 13
- **July 2008**
  - Authentic Presence - Therapeutic Contact
  - July 19, 20
  - Instructors: John Smith, Ashuan Seow

### KANSAI REGION, JAPAN

#### Unit I: Foundations of Rolfing® Structural Integration/ FORSI
- **May – June, 2008**
  - Instructor: Mauris Strydom

#### Unit II: Embodiment of Rolfing & Rolf Movement Integration
- **November 10 – 28, 2008**
  - Instructors: Monica Caspari & Ashuan Seow

#### KANSAI REGION, JAPAN

#### Unit III: Clinical Application of Rolfing Theory
- **September – October, 2009**
  - Instructor: TBA
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