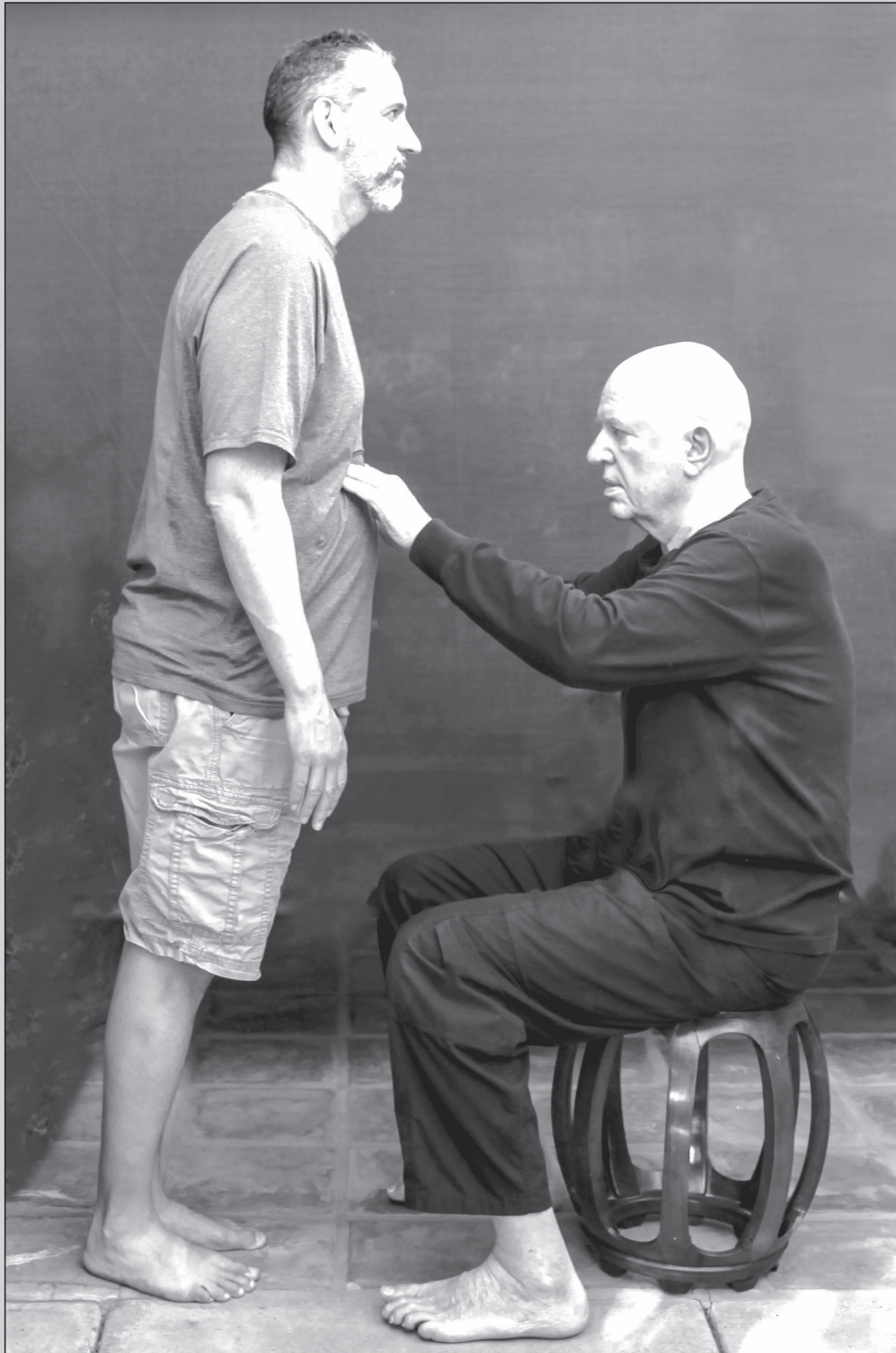


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The Rolf Institute of
Structural Integration
5055 Chaparral Ct., Ste. 103
Boulder, CO 80301 USA
(303) 449-5903
(303) 449-5978 Fax

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Cover image: Advanced Rolfing® Instructor Jeffrey Maitland demonstrating his Ankle-Lean Intervention (see article on page 41). Photo courtesy of Jeffrey Maitland.

Rolfers™, meeting one another for the first time, ask, “Who did you train with?” We swap stories about trainings and continuing-education classes and the instructors who have most influenced us. This is because Rolfing® Structural Integration is largely an oral tradition, passed from teacher to student. Lineage is thus a paramount concern in our community, as it was for Ida Rolf when she hand-picked and groomed individuals to be her first instructors. She no doubt knew that the preservation and development of her work, not yet deeply rooted in the world, depended upon their understanding, commitment, and capacity to transmit it further.

Rolfing® Integration . . . is not just about knowledge, it's something you could only learn by oral transmission. You have to have a teacher who is capable of demonstrating the results, showing you the results, producing the result in your own body, and guiding your hands while you make those strategic decisions and interventions.

Michael Salveson

Our first theme in this issue, Rolfing Lineage and History, hearkens back to those early times. We have interviews with Jan Sultan and Michael Salveson, two of the first five instructors chosen by Rolf and key ‘lineage holders’ at the Rolf Institute®. These men wear the Rolf mantle with grace, articulate Rolf’s work with cogency, and develop the Rolfing work further with brilliancy, as Rolf herself would have done had she had more years. We then have a memorial piece on a third of Rolf’s initial instructors, Emmett Hutchins, who recently passed. Hutchins was devoted to Rolf’s vision with a singular passion that indubitably inspired a generation of practitioners. Yet it also must be said that his departure from the faculty and the Institute fractured our community; members felt compelled to take sides, and we still feel the wounds of what came to be known as ‘the split’. Nicholas French’s remembrance of Emmett Hutchins looks at the man *in toto*, why he is so beloved by some and yet such a contentious figure to others.

Going further with lineage, we interview Judith Aston-Lindereth, who at Rolf’s behest developed the first iteration of what has become Rolf Movement® work. In her story, we see what happened when two pioneering geniuses met under the same roof. Ultimately, the House of Rolf had room for only one visionary: Rolf was compelled by a need to solidify and preserve her work for the future, and some of Aston-Lindereth’s developments challenged elements of the founder’s work. Leaving the Rolf Institute was painful, but it allowed the younger woman to fly free – which brought about the brilliant outflow of creativity that became Aston Patterning® and Aston Kinetics®. Now an elder in her own right, Aston-Lindereth retains the utmost respect for Rolf, and we see in her story the tenderness and respect Rolf maintained for her.

We round out this first theme with Harvey Ruderian’s story of his own Rolfing ‘awakening’ and his early days of training with Rolf. While the details are uniquely his own, we see the power of Rolfing SI to awaken those called to the lineage. This speaks to the inner flame of the work, its power to elicit transformation – whether the physical transformations that are the hallmark of our work (aligned bodies and resultant relief from pain) or the dramatic personal transformations that sometimes occur.

Our second theme, Osteopathy and Fascia, has a link to lineage as well: Rolf’s interest in osteopathy was well known, and there is no doubt that the field of osteopathy greatly influenced the development of her work. We here feature the work of Jane Eliza Stark, a manual osteopathic practitioner and historiographer. Stark has delved deeply into the biographies of A.T. Still (the founder of osteopathy) and W.G. Sutherland (the founder of cranial osteopathy), researched early osteopathic views on fascia, and traced the thread of fascia through later osteopathic literature to modern-day practice. As a practitioner, she has synthesized these views into a way of working with fascia that is based on both its *fluidity* and its *contiguous* quality between layers. Her article “Popular Ruts” speaks to these domains and is illustrated with gorgeous photos of fresh fascial dissections that demonstrate her thesis. Her manner of working with fascia, and the rationale for it, is discussed in an interview conducted by Rolfer and fellow manual osteopathic practitioner Ron Murray. Finally, Rolfing and Rolf Movement Instructor Carol Agneesens provides a review of and commentary on Stark’s meticulously researched book *Still’s Fascia*.

Our closing article, “The Ankle-Lean Sequence,” comes from Jeffrey Maitland, another key figure in the Rolfing lineage. Although Maitland did not study directly with Rolf, his brilliance has contributed invaluable to the ordering, articulation, and development of the Rolf canon – both conceptual and hands-on – that will be used to educate practitioners for years to come.

A closing note: If you look at the masthead on the table of contents page, you will see that we now have editors acting as liaisons in particular domains or for particular regions. If you have content to suggest or other recommendations, feel free to contact us through our individual contact information in the Find a Rolfer™ section of www.rolf.org.

Anne F. Hoff
Editor-in-Chief

Ask the Faculty

Lineage and Inspiration

Q: *Rolfing® Structural Integration (SI) is essentially passed on as an oral tradition through a lineage of teachers. Can you share a short teaching story or piece of advice from someone in your direct lineage? Something that was impactful to your thinking and way of working and that might be beneficial to others in our professional community.*

A: Here are three of my favorite Rolfing quotes/stories that have stayed with me over these many years:

Peter Melchior was my Rolfing teacher for the practitioner phase of the training. It was a large class with eight practitioners and twenty-two auditors held in the annex of the Rolf Institute® on Pearl Street. We were doing the Second Hour for our outside models. I was working with my client's ankle, and the retinaculum felt as dehydrated as a strip of beef jerky. I was working hard and getting frustrated . . . nothing seemed to penetrate or hydrate his tissues. Suddenly Peter was at my side. He put his hands over mine and gently sank my fingers into the depths of the client's ankle joint. I felt like I was suddenly jettisoned into deep space! My finger pads sank easily into this unique sensation with depth with ease. It was a dimension of contact I had never before experienced. I remember Peter saying to me "depth is a matter of intention." That moment of guidance served to fuel a lifelong inquiry into the art of Rolfing SI.

Megan James was one of my original movement instructors. This was 1981, a time when Rolf Movement® could be studied as an independent program separate from the Rolfing training. She was truly amazing. Her exploration of the body in motion encouraged both visionary imaginings as well as insight-filled sensorial moments. These experiences propelled me to see-feel beyond a secular understanding of the body and biomechanically driven movement. Megan often repeated the phrase, "bones are juicy and alive!" She spoke these words from her own embodied truth. In many classes, I repeat this phrase, citing Megan in honor of her sweet memory. Rest in peace, Megan.

In 1976, I began receiving the Rolfing Ten Series from Jack Donnelly. Luckily for me, we've maintained a friendship over these many years. Jack studied directly with

Dr. Rolf and often vividly described scenarios from his time with her. Jack is a very smart man with a PhD in mathematics, and is a practicing acupuncturist as well as an inventor and forward-thinking individual. I understood why Dr. Rolf liked having him sit next to her in those early classes. He grasped her vision. Their conversations must have covered a range of enlivening topics. It is not a specific quote, but more the highly respected genius of Dr. Rolf, that Jack transmitted to me during these reveries. Dr. Rolf was a most unique woman of her era: brilliant, outspoken, and possessing a scope of understanding on subjects as diverse as homeopathy, atomic physics and mathematics, yoga, and the general semantics of Alfred Korzybski. This diversity of perspectives cultivated a fertile ground for the early students of Rolfing SI. Jack's stories infuse me with awe and inspiration and the impetus to continue evolving her vision.

Carol Agneesens
Rolfing Instructor
Rolf Movement Instructor

A: On my way to becoming an Advanced Rolfing Instructor, I had the privilege of co-teaching two advanced classes with Emmett Hutchins. One morning Emmett gave a talk on a peculiar pattern of strain that he was seeing. He talked in some detail about the pattern and how it went from head to toe in most people. We took a short break after which the students went to work.

About ten minutes into the session, a very bright and very exacting student left his model and cornered me. He could barely contain his agitation and upset. He said he couldn't see or feel anything Emmett was talking about. He fussed and worried that he'd never make it as a Rolfer™. At his request, we went to see what we could see. As soon as we got in the vicinity of his model and tried to find the pattern Emmett was talking about, I couldn't find it. I had had no trouble seeing it before.

"What gives?" Then, I noticed I was getting agitated like the student. Not knowing what to do, I went over to where Emmett was, sat down next to him, opened up my sensorium, and just let what is show itself. Suddenly, the pattern popped out of the complicated, confusing pulls, strains, rotations, etc. Sure enough, there it was again – as clear as anything could be. I went over to where the student was working and said, "Let's try looking for that pattern again." We did and within thirty seconds the student saw the pattern emerge.

Sitting next to Emmett allowed me to find my way into the clear space again. I learned that a big part of my job was to metaphorically keep a constant rhythm going in order to entrain the student in the same constant rhythm of the session. When I went over to the student's table the first time, I unknowingly let the student's agitated rhythm entrain me. As a result, I had lost the rhythm and the ability to see. I also learned the importance of studying with teachers who teach beyond words.

Jeffrey Maitland
Advanced Rolfing instructor

A: What I can share is how much some teachers have influenced my way of being a Rolfer, and not only on a professional level. When I was certified in 1987, my instructor was Nicholas French. At the end of the training, giving me the certificate, Nicholas said: "Rita, every thing is all right. Don't take it so seriously . . ." At that time I didn't quite understand the meaning, but I let it in . . . and forgot. It took ten years before I could get the sense of what Nicholas had clearly seen at that time. I was simply too serious and concerned about being 'professional' – and too much relying on cortical understanding.

In 1997 I attended a Rolf Movement Certification Training with France Hatt-Arnold and Hubert Godard teaching. What an incredible, transforming experience! What deeply affected me was the sense of having been exposed to some 'contagious virus' that let the flow of knowledge between teachers and students happen as a living experience in my system. It was full of joy and vitality. Understanding through mind was only a part of the process. The teachers' clear presence, empathy, and connection strongly affected the whole process. In my experience, people coming for Rolfing SI are more and more motivated

by physical suffering and a sense of inadequacy at many levels. It is part of the healing process to find again the sense of the pleasure of being alive, what led us when we were children to playfully explore the inner and outer worlds together with achieving physical and coordinative order. In whatever form it is possible, what I offer to my client is the sense of lightness, possibility, trust. Their willingness and capacity to come and ask for help is already an expression of their potential for changing their condition. How far? Hard to say. But change can happen.

Other teachers have been so important for my development; among them, Harvey Burns and Pedro Prado. I assisted Harvey in some classes. He has a refined and sophisticated capacity to touch in a deep, global dialogue with the system ("touch local, think global," to quote him). This is already a great teaching. What was even more inspiring for me is his capacity to cut more complicated content into little pieces, to make it 'digestible' and clear for students and beginning Rolfers. This capacity helps to create a safe container in which to research and experiment in an organic step-by-step process.

I also had the privilege of assisting Pedro in some classes. He has helped me to focus on one main factor: to reveal and understand the patterns 'behind' the model that frame the way that client express him/herself, that build the narrative of his/her story and give value according to the person's subjective belief system. This applies to my own pattern too. To be able to connect to the modality, not to be caught by the appearance, is a powerful tool to support the client's transformative process, and also a way to evaluate the results from both the client's and the Rolfer's perspective. And even more than that, when working with Pedro I could sense the power and the value of being in a group; his capacity to build connection, trust, and commitment is an extraordinary living experience.

Rita Geirolla
Rolfing Instructor
Rolf Movement Instructor

A: As I write this, it's just two weeks since the European Rolfers celebrated the twenty-fifth anniversary of the European Rolfing Association – which was in a way my own twenty-fifth anniversary of becoming

a Rolfer. I had strong impressions of my auditing phase with Peter Melchior when I realized that our party was at the exact *biergarten* (a Bavarian outdoor restaurant) where we had often sat with Peter for lunch or dinner. It felt as if it was yesterday – words, teachings, lectures, and a strong almost physical sense of presence. Through all the years, these impressions are still present in my work and my life, and I would assert that one strong base of what my teachers tried to transmit is embodiment. In my experience, Peter was an example of embodied knowledge, wisdom, passion, and love for Rolfing SI. I didn't get all of what he was transmitting with words at that time, but I wouldn't have tried to find out without the authenticity I sensed.

Jörg Ahrend-Löns
Rolfing Instructor

A: When I ask my students about their learning edges – what skills they're working on now – I inevitably hear, "I still have trouble seeing." Body reading is an important part of our work and something we learn to do with our whole self. We use all of our senses. We 'see' structural patterns and relationships with our eyes, but we also listen for them in gait, and feel them in our own bodies.

I hope I am attributing this correctly (all the good advice I've received over the years seems to mingle with my own thoughts), but I believe I was assisting Duffy Allen when I first heard her tell a class, "You already know how to see. The problem is you see too much." What I do remember clearly was the impact it had on the room. You could feel the collective anxiety drop. In a workshop some years later, I heard Rolfer Art Riggs say the same thing with similar effect. We went on to practice seeing with exercises where we limited the scope of our observations. It's hard to figure out what to do when you see everything. Imposing purposeful structure helps us to choose. That's why the Rolfing Ten Series is such a great tool for learning the work – and why so many of us apply it throughout our careers.

One of the reasons Rolfing SI is forever interesting is because it's dynamic. We are forever oscillating between macro and micro viewpoints. As you practice our art, macro and micro start to blend and you become able to hold them simultaneously. But, even then, there are days when it's

easier than others. Use the concepts of the Ten Series to help you limit the possibilities in a meaningful way. If you only have one session, consider the concepts of the Third Hour – or maybe a combination, such as the Second, Fourth, and Fifth hours to address support. Then soften your gaze and your body and let yourself notice what you see that pertains to your session goals and your client's goals. And, as you've probably heard a million times before, 'trust the process'. Rest assured, you already know how to see.

Bethany Ward
Rolfing Instructor

A: I received my initial Rolfing series from then faculty member Stacey Mills, so when I trained as a Rolfing practitioner thirty years ago, I sought her out for mentoring and supervision. Two pearls still stand out in my mind from those sessions. First, when I admitted to her that I honestly didn't care for a particular client, her response was something to this effect: "You're not obligated to like every client; but it will help tremendously to unconditionally 'love' them during the time they are on your table." The second pearl dropped as I was reproaching myself for having been moved to tears by my client's experience. Stacey's response: "It's only unprofessional when the tears drop onto the client instead of the sheet."

Sally Klemm
Advanced Rolfing Instructor

A: There have been instructors who have impacted me greatly – even when I didn't appreciate or fully understand what they were talking about at the time. But their thought, words, or vision just kept bouncing around in my mind looking for an anchor. One of my most anchoring moments came from Hubert Godard.

Shortly after I became a Certified Rolfer, I had a chance to take a class with Hubert. I believe we were in class for nine days, and there were many gems that changed the way I thought about the work. One insight that has always stayed with me came from Hubert's demonstration of the balance between front and back. What does palintonicity really look like? In this demonstration, he took off running across the floor and executed a perfect *grand jeté*.

Jumping with one leg straight forward and one leg straight back, he did a perfect split in mid-air, landing light as a feather. I was amazed at the beauty and grace of the move. But then he said, "That's only half of the picture." Instantly, he ran backwards, leaped into the air, performed a perfect split in reverse, and landed light on his feet again. If you had taken a picture of the airborne splits going in each direction, they would have looked identical. "That's the other half," he said. My memory is fuzzy from time, and words do not always convey exactly what I feel, but this demonstration struck a chord in me that has always remained. When I'm working with a client, I find I'm always looking for the 'other half'.

Larry Koliha
Rolfing Instructor

A: I first heard this from Emmett Hutchins, then from Peter Melchior, then from Jan Sultan, then from a couple other old-time Rolf Institute members: "There shall be three schools in Rolfing SI. These schools will develop as the work evolves. One physical, biomechanical; another psychological; and a third one, more metaphysical. There will be further specializations in these areas." Hearing this as an auditor, then as a young assistant, impacted me to pay attention to 'what belongs where', and made me respect the multidimensional perspectives present in Rolfing SI. It also helped me not to favor one over another, rather to perceive a whole. It helped me form a holistic view of the work, the unfoldings of the same core work, Rolfing SI. The 'specializations' part of the quote spurred my curiosity in all areas . . . I'm still seeking . . .

Pedro Prado
Advanced Rolfing Instructor
Rolf Movement Instructor

A: Here are a few sentences from my trainings that accompany me:

"The 'Line' is a space around which the body organizes itself." Annie Duggan and Janie French, 1985.

"There is no balance, the axis emerges out of imbalance." Hubert Godard, 2011.

"A primary holding pattern is an ego in expression." Annie Duggan and Janie French, 1985.

"It is often the pre-movement that puts you out of gravity." Hubert Godard, 2010.

"The expressivity of the one that moves depends on the receptivity of the witness." Hubert Godard, 2009.

"All of you is behind your touch, your touch becomes essential. As you go deeper you go slower. Allow your hand to sink in the bottom of the river. You want to ask for permission, but you don't always have to do it verbally." Bill Smythe, 1990.

"The more we take the compensations away, the more the inner strain tightens. It is about sensing space." Peter Schwind, 2014.

"The way I manipulate depends on my own corporeality, on the way I am touched." Hubert Godard, 2009.

"I am one that becomes, an individuation, which is at play on the surface of encountership." Hubert Godard, 2014.

"A reaction is automatic, unconscious, rapid, within belief systems. A response is noticing, delaying, putting experience into words." Janie French and Annie Duggan, 1985.

France Hatt-Arnold
Rolfing Instructor
Rolf Movement Instructor

Inter-Faculty Perspectives

Integration: How Do We Define It? How Do We Assess It? Where Do We Place It in the Ten Series?

By Kevin Frank, Rolf Movement® Instructor and Ray McCall, Advanced Rolfing® Instructor

Introduction

The term *integration* is embedded in how we define the work of Rolfing Structural Integration (SI). Is there agreement about its definition? We can frequently use a word, and not necessarily stop and ask what we mean when we use it.

Questions around this topic:

- What does 'integration' mean, generically, and what does 'integration' mean specifically to SI?
- How does the concept of integration fit into the formulation of Dr. Rolf's Ten Series or 'Recipe'?
- How might integration help link our work with current neuroscience and motor control theory?
- How does integration get assessed through the Ten Series and are there things our community can learn about how to evoke and recognize integration?
- What does coordination have to do with integration?

Common definitions for the word 'integration' use phrases like: "pieces working together as a whole," or "fitting together to make a whole." To apply the idea of integration to Rolf's Ten Series, how

does 'putting things together' fit into the logic and sequence of the work?

Traditional Views of Integration at RISI

At the Rolf Institute® of Structural Integration (RISI), one view of integration is that the first seven Rolfing sessions prepare the client to integrate in sessions Eight, Nine, and Ten. The advantage of this idea is that it allows you to concentrate on differentiation in sessions One through Seven with less pressure to do integration until later. You have time to observe your client's responses to the work before attempting to enhance the integrative process. It also works to your advantage if you are teaching, because you don't have to ask the students to think about integration until later. The disadvantage to this idea is that you may do more differentiation than necessary, if you don't take time to give the organism an opportunity to reflect the work back to you – to integrate. You run the risk of working contrary to Rolf's opinion on the topic:

This is the important concept: that Rolfers™ are *integrating* something; we are not *restoring* something. This puts us in a different class from all other therapists that I know of. It takes us out of the domain

designated by the word ‘therapy’, and puts us into the domain designated by the word ‘education’ . . . From the first day we see a client, we are putting him together, we are integrating him. We integrate him at the end of his first hour, at the end of the second, third, fourth, fifth, sixth, seventh and eighth. At every hour before that man or that woman walks out the door, we should have integrated him to the place where he has the best, most efficient use of his system that he can have at that level (Rolf 1978, 40).

Over time we may hear Rolf’s words differently. Is our relationship to “putting him together” the same as it was last year? Five years ago? Thirty years ago? Time and experience can affect how we view integration, its role, and its importance. Additional questions help unpack the topic so we can reflect on how we feel about it.

The ‘Integrate at the End of Each Session’ Idea

Congruent with Rolf’s words about integrating “at the end of [each] hour,” integration is often considered the part of a session in which a client receives neck work, a pelvic lift, and seated back work. The client gets to feel more complete; the repeated ritual signals closure; the neck, sacrum, and back are emphasized – these elements feature the spine (axis) as central to integration. In teaching, this idea makes sense to students. This strategy has served the work over many decades. It focuses on integration as something we *do* to the client. However, finding out what a particular client *needs* to integrate is less considered.

Integration as Pre- and Post-Intervention Diagnostic Tests

Some instructors teach an approach that uses pre- and post-intervention diagnostic tests. The practitioner either moves segments of the client’s body, or observes motion in segments of the body, or palpates motion to find any restrictions on which to work. Then, after an intervention, s/he again palpates motion to see if the restrictions are still present. Pre- and post-intervention tests constitute a logical and understandable strategy. This strategy encourages practitioners to be precise, and to keep track of what the goal is for each manipulative step. Some diagnostic tests involve a small voluntary movement, while others require more effort from the client, such as initiating movement while

seated or standing. Do diagnostic tests rise to the threshold of assessing integration? Let’s leave this as an open question as we continue to consider what constitutes integration.

Integration as Manipulation/ Movement that Crosses Two or More Joints

Students of Rolf’s work learn that ‘integration’ is defined as work that involves movement through two or more joints. The concept is attractive, in part, because it is concise. Certainly, as a manipulative strategy, working across multiple joints invites the practitioner to open his/her vision to consider what connects to what, and to also look at how well the body expresses continuity of motion through multiple joints.

Many Useful Definitions – Is There an Overview?

As with all our ideas about integration, each formulation may not necessarily provide an overview of what integration means, how it occurs, how much work is needed, or when to intervene. This article invites inquiry into the larger picture of what we are doing that constitutes integration, and perhaps more importantly, what the client is doing that constitutes integration. How do we see, feel, or find out what the client is integrating at both conscious and unconscious levels?

Integration As the Primary Goal of Our Work

Another view, congruent with Rolf’s quote (above) and headed in the direction of an overview, is the idea that if the work doesn’t integrate, no change has been achieved. Unless the work is incorporated into the client’s system, SI has not occurred. This possibility lends urgency to the questions: What is integration? How/why does it occur? How do we determine if it has occurred?

Answering questions about how and why integration occurs begins with asking what does integration look like? What is this elusive ‘put together’ phenomenon? Many of the elements that are contained in the aforementioned ideas about integration hint at a further idea, an idea that links the world of motor control and neuroscience to what structural integrators do. This idea is that *integration is revealed in changed patterns of coordination*. When we see or feel a new, more successful pattern of coordination, we are witnessing the expression of integration. Coordination, in this context, means *motor*

pattern – the selection and sequence of motor units recruited by the body to orchestrate movement. The orchestrated expression of movement is *signature to each individual* and, at the same time, can be generally sorted into categories.¹ To illustrate the ‘integration as coordination’ idea, let’s review some common coordinative hallmarks of integration, ones that tend to find common agreement in our community.

Hallmarks of Integration

What expressions of movement are content-rich? What are movements that all of us observe during most sessions – ones that are commonplace and obvious? Movements that we might agree reveal coordinative change? Every encounter with a client includes some of the following movements: walking, sitting, sit-to-stand, and stand-to-sit. Most sessions involve supine-to-sit. These are moments of coordinative expression, and further moments in which integration can occur and be noticed.

Walking is a particularly complex set of movements; it is central to human behavior (we are the only bipedal mammals), and it reveals many coordinative elements: stability, axis/appendicular differentiation, degree of upper and lower trunk rotation, degree of hip extension, and palintonicity, among a long list of criteria. Most of our clients are ambulatory, although some require assistance from a walker or cane. Walking has many sub-parameters that students can learn to see, find agreement about, and then describe in standardized written or verbal observations.

When someone walks, what does ‘more successful coordination’ look like? In the past two decades, growing consensus has emerged in the SI community that contralateral gait is a reliable indicator. It really cannot be faked, and when it is present in a client, it is obvious. Integrated contralateral gait has a range of expressive characteristics that include: rotation and counter-rotation of the trunk; the sense that the pelvic and shoulder girdles ‘disappear’; the axial and appendicular skeletons move independently, and the axis relates directly with the extremities leaving the girdles ‘quiet’. Palintonic expression is enhanced – we see/feel the body finding ground and sky simultaneously. The limbs look ‘limby’ and free to swing. The spine’s curves and gravity centers are responsive to shifts in velocity and levels of demand. These hallmarks of successful contralateral coordination

represent an expression of integration. Further detailed measures of contralateral gait include Keen's (2007) formulation of Godard's 'Three Chains' (an interpretation derived from Gracovetsky's analysis of kinetic energy from the feet to the spine; Godard 2002, Gracovetsky 2001). Gait, alone, is a rich source of integrative indicators.

Other common movements to consider are: 'push', 'reach', 'lift', and 'pull' with either the upper or lower limbs, or a combination of both, while standing or seated. (Reach, push, lift, and pull movements can, in our work as in life, be unilateral or bilateral.) What does a 'push' or 'reach' or 'lift' or 'pull' movement show us? The Principles of Intervention (Maitland 2016) offer a guide to what 'successful' movement or 'successful' coordination looks like. Observing those movements, we can ask the following questions: Does the movement show support, adaptability, continuity and palintonicity?² Further, do we see the beginnings of bidirectionality/eccentricity in the axis before the movement begins? [Eccentricity is another term similar to palintonicity – the expression of two opposite directions at the same time. Advantages of the term 'eccentricity' (expansion away from the center) are the implication of 'three-dimensionality' and the convenience of its opposite, 'concentricity' (Frank 2014).] Do we see eccentricity in the limbs and appropriate primary stabilization in the girdles – quiet normal stability – or do we see a tendency toward efforted, secondary stabilization? (Frank 2010). There are many parameters to use as metrics for successful coordination.

Can such metrics find a natural home in each step of the Ten Series? It's a question for each practitioner and instructor to contemplate in the context of the work. What is a practical way to begin to answer that question? Fortunately, some Roling students learn a movement assessment test that uses push and reach for the upper and lower girdle – a test that offers a procedure for assessing integration.

A Concise Example of Integration – the Wall Test for Session Eight

Some Roling instructors utilize the Wall Test as a diagnostic tool when teaching sessions Eight and Nine in the Ten Series, and also in the post-ten Three Series. It is a way to evaluate the relative ability of a client to reach and push with each of the girdles.

Session Eight traditionally poses the question "Which girdle should one address first (in session Eight) and which girdle can be postponed (until session Nine)?" Rolf taught students to use a test (nicknamed the Crest Test) where the practitioner does a small amount of fascial work on or near the crest of the ilium, then assesses how the client looks when s/he stands up. Many structural integrators learn this test, which focuses on postural response to a fascial intervention, in basic classes. The newer alternative, a test of integrated behavior that has come to be known as the Wall Test, is a test to determine which girdle is the correct one to work on first, and which will also improve order in the other girdle. The Wall Test was introduced by Hubert Godard as a way of determining which girdle – shoulder or pelvic – expresses more support, adaptability, palintonicity, and continuity.

An advantage of defining integration as coordination is that many elements have to 'integrate' to allow for change. A series of interventions occurs, the body shows you a movement behavior, and the behavior reflects how each input has found a place in the body's catalog of coordinative capacities. You look at coordinative capacity, and you can infer something about integration. One can test prior to the session, at the end of a session, at the beginning of the next session, or after several months.

The Wall Test Procedure

The setup for a basic Wall Test (see Figure 1) involves an adjustable bench and a wall to push against. The client is seated with feet flat on the floor, but with toes, and also the hands, pressed against a wall. The practitioner puts his/her hand on the back of the client at the level of the transition between the lumbar and thoracic spine (the lumbodorsal hinge or LDH) to monitor what occurs in the spine. The client is asked to "extend the hands through the wall," and the practitioner makes an assessment as the movement is performed. After releasing the hand press, the client is then asked to "extend the feet through the wall," and again, the practitioner makes an assessment. In each instance the practitioner senses for eccentricity/palintonicity in the spine – an expression of stability from head to tail. The movement asked for is, semantically, a combination of a push and a reach. ('Extend' implies a movement that, although literally a push, involves some feeling quality of a reach.)



Figure 1: Setup for Wall Test.

Integration means that the isometric action of the hands/arms/shoulders, or feet/legs/pelvis, occurs with a level of competence in the whole body.

Particular elements that contribute to integrated behavior include the following: sensory receptivity in the hands and feet; grounding/loading and eccentricity in the feet and rami; ample orientation and security in the upper pole (the head); linking of hands and feet to segmental articulation of the spine; primary stability response in the spine/trunk; and primary stability in the girdles (pelvic and shoulder). Looking deeper, other contributions include four-way directionality of the feet – which means that the bones of the foot (cuboid, navicular, toes, and talus/calcaneus) express eccentricity and sustained support – and lines of abductive and adductive support in the legs/thighs/pelvis that work together in balance. In addition, one likes to see forearm eccentricity, so that the radius 'reaches to the world' and the ulna expresses 'belonging to the ground' or to the 'lateral space'. Further, the jaw is free from the cranium; there is a balance of interoception and exteroception in overall body awareness; the attentional field of the body is omnidirectional – an expression of the body's peripersonal space occupying front and back, side to side, as well as above and below. Additionally, the client and the practitioner both notice a sense that the body maintains a feeling of volume and

spaciousness throughout, especially in the trunk, head, and pelvis.

For purposes of a basic class, the Wall Test, taken at its most fundamental level, is a leap forward in the direction of defining and demonstrating *degrees of integrative behavior*. The test is done before and after a session, so a student discovers how to measure the degrees of integration by palpating the spine while the movement occurs. Ideally, students are introduced to the experience of a maintaining a seated posture with active hand and foot support, and to some version of push and reach movements, well before session Eight. If seated push/reach exploration comes early in the Series, students realize behavioral change matters. Students also start to gain the capacity to find a collaborative relationship with the client – a relationship that is about providing support for the client's discovery and personal exploration, which helps lead to moments of success during sessions.

Do We Teach to the Test?

How soon, in a Ten Series, does integration start? Each practitioner or instructor will have an individual response to that question, such as, when does s/he first look to see if a client owns what is presented? Might integration begin in one's first conversation with the client, or in the manner in which a client learns to accept the touch of the practitioner, or in the client's descriptions of how the touch feels as sensation? Might not the moments after a mobilizing touch be a time to observe what the body 'says back to us'? How much does curiosity itself generate an implicit invitation that encourages a client to integrate, to digest, to notice the experience?

More specifically, if we know that the Wall Test will occur in session Eight, what might we think about in sessions One, Two, and Three, for example, that prepares the client for integrated behavior in the later sessions? Do we take a bit of time to invite ownership for the orientation process, and for mobility of the chest, in session One? For the connection of feet to spine in session Two? For the capacity to find ease in sit-to-stand and stand-to-sit in session Three? Marking these moments through reflection of the client experience – what clients feel and how they make meaning of each step – is explicit support for integration.

Is it possible to help 'prepare' the client to meet the Wall Test (meaning to introduce closed-chain push and reach experiences

while supine, prone, sidelying, seated, and standing)? Can these sorts of integrative lessons fit efficiently into the time constraints of a Ten Series? Is there a place for these elements in teaching the Ten Series in Basic Training? The likelihood this form of innovation will occur rests most probably on the comfort level of the instructor – his/her comfort and familiarity with coordinative nuance.

Integrative Strategies Don't Have to Be Fancy

The fact that coordination is hugely complex, and involves timing and sequencing of motor units at a speed and proliferation that is beyond thought, may make a practitioner hesitant to attempt it with clients. However, integration that leads to change in coordination is often prompted by simply asking, "How do you notice weight right now?" or, "Is it possible to feel a little bit of softening in the contact between your hand and the wall?" or "What do you imagine might entice your reach, right now?" Quiet observation that allows the client to drop into his or her experience of the moment can be enough to foster subsequent change in the coordinative pattern of walk, push, or reach.

Strategies can progress at an appropriate pace for each client. Some primary examples: cognitive awareness that hands and feet connected to the spine reduces the effort when pushing and reaching; and imagining two opposite directions, almost anywhere in the body, tends to improve eccentricity in the execution of a movement.

How Much Do We Do? How Far Do We Go?

How much is too much? Integration is an invitation, not a performance contest. Bodies respond best in their own rhythm and pace. We must honor that rhythm and pace – if we exceed it, the results are not optimal.

How much integration belongs in each part of a Ten Series? How much do we encourage a client to explore in a session versus at home or in daily life? Clearly, there is no formula. Some clients appear to own the work and embrace coordinative challenge enthusiastically. Others may, at first, be shy about trying out integrative movements, or even accepting an invitation to reflect on their sensory experience or their felt sense. We must slowly learn the pace of integration in different people's systems, and allow for the chance to let the

client 'learn', rather than 'reform' as Rolf's quote (above) suggests.

If we demonstrate with our own body the before and after – the less integrated and the more integrated version of a movement – do we inspire the client or intimidate them? We have to determine what is appropriate in each situation.

On the other hand, if we are going to test integrative behavior in session Eight, might it not be useful to introduce some elements of seated push or reach in earlier sessions? There are many ways to do this, including simply adopting strategies that use the hands and feet more often in the series; hand participation in seated back work, for example, or feet participation against a wall surface for table work.

Does Integration Make Our Work (SI) Structural?

What does the word *structural* mean? There are many definitions for the words 'structure' and 'structural'. A *structural* engineer typically works on buildings and bridges, rather than electrical circuits which are typically the domain of an *electrical* engineer. The *Merriam-Webster Dictionary* (1995 edition) states that 'structural' means relating to "the physical components of a plant or animal body." This is a literal notion of structure, one that emphasizes focus on the physical components of a construction and how they are arranged, like the blocks in Rolf's 'Little Boy Logo'. These definitions are akin to Maitland's (2016) structural taxonomy, the SI taxonomy, which emphasizes looking at physical/tissue components and thinking about them in relation to their relative positioning in the body. The anatomy-as-structure paradigm is, of course, useful in training a practitioner.

Typically, students and clients are directed to think of SI as primarily or exclusively focused on arrangement of the physical components of the body. How does this emphasis, as of 2016, enhance or impede thinking about the integrative process that is the goal of our work? There can be honest debate on this point, but it is time to ask: Could this question, in fact, become a living element within SI education?

Meanwhile, let's note other definitions of the words 'structure' and 'structural' that have stood the passage of time.

One definition, quoted now and then in the SI community, is the one formulated

by Karl Ludwig van Bertalanffy, an Austrian biologist who founded General Systems Theory in the 1930s, a science that inspired other modern sciences including cybernetics. Van Bertalanffy (1952, 134) stated about structure and function: "What are called structures are slow patterns of long duration; functions are quick processes of short duration."

Van Bertalanffy's work led directly to Norbert Wiener's formulation of cybernetics – the science of self-governing systems. Wiener's words (quoted by Rolf) include, "We are not stuff that abides, but patterns that perpetuate themselves" (Rolf 1977, 15-16).

Rolf says about structure, ". . . *structure is behavior* . . ." (Rolf 1977, 31).

These latter definitions point to structure as something *more* than just a mechanistic idea about parts that are arranged a certain way. Rather, in systems, especially living systems, structure means *how the system predictably behaves as a response to specific conditions*.

Kelso (1982), in *Human Motor Behavior: An Introduction*, proposes the term *coordinative structure* – the body's acquired coordinative sub-routines that allow the body to function in a broad variety of ways without having to assemble, from scratch, a means to do so (each time that a different motion is called for). Kelso's ideas are consistent with systems theory and consistent with Rolf – a use of the term 'structure' to mean that which determines behavior.

What types of structure do we think about when we think about integration: geometric arrangement of parts or tendencies of behavior? The style of a Ten Series, and the narrative offered students and clients, is affected by the degree of emphasis afforded to each definition. Understandably, the history of Rolf's work has tended, up until now, to emphasize the arrangement or alignment of physical parts.

Daniel Siegel (2010), the neuroscience author and psychiatrist, says about integration: "Defined as the linkage of differentiated components of a system, integration is viewed as the core mechanism in the cultivation of well being . . . These integrated linkages enable more intricate functions to emerge." Siegel points out that a system integrates when its components are differentiated, and when the components develop links to each other;

differentiation and linking are directly related to integration, and integration enables more intricate functions to emerge. Integration, so defined, is something that students can be asked to see emerge in the client in a broad variety of forms – behavior means a broad spectrum of phenomena, but *tangible phenomena*, nonetheless, when framed as *behavior*.

From a biological-systems point of view, a structural change is a change that reveals integration, and conversely, integration is perhaps the most important sign of structural change. Differentiation and linking is not a mechanical process, though. Differentiation and linking is ultimately a process that happens in the client – in the client's motor system. It is, hopefully, facilitated through artful fascial mobilization and somatic education; and, ironically, sometimes *in spite of* well-intentioned ministrations by the practitioner.

Integration Across Multiple Measures

Cottingham and Maitland (1997) showed how, in treatment of a patient with low back pain, a pattern of coordination in sit-to-stand ultimately and significantly shifts toward greater ease and symptom relief (along with improvements in standard physical-therapy measures) during a session in which instruction in pre-movement turns out to be the key intervention.³ Along with the more standard measures, vagal tone also improves significantly, indicative of autonomic nervous system integration. The agreement across multiple variables, in conjunction with coordinative improvement, lends weight to the idea that integration is, optimally, a comprehensive 'putting together' – a holistic 'putting together'.

Integration: An Ongoing Inquiry

What might we want to tell students about integration? What skills might we encourage students to learn in order to foster integration during the Ten Series? It could be helpful to begin by asking students to reflect on what has been helpful in *their own* integrative experiences.

What might we introduce into the Ten Series in terms of explicit exercises/explorations that focus on integration? A start would be for students to learn how to invite a client to notice his/her own experience. Another helpful ingredient would be to include integration as an explicit discussion topic.

Additionally, to ask where are the obvious moments in which 'push' and 'reach' fit into the Series.

Are there ways of illustrating integrative outcomes in each session? Instructors most likely already do this in some fashion. Optimally, integrative outcomes are demonstrated by the instructor, as well as contrasting between 'before' and 'after' conditions, so as to ground the integration idea in specific changes of coordination.

Discussion about integration – what are the varieties of ways we can encourage and assess it; the timing of its introduction into the Series; the relationship between what we, as structural integrators, think about it, compared with what researchers studying the brain and motor control think about it – it's a topic ripe for our field.

Kevin Frank is a Certified Advanced Rolfer™ and a member of the Rolf Movement Faculty at the Rolf Institute®. He writes and teaches about perception and coordination in the context of SI. His private practice is in central New Hampshire.

Ray McCall has a master's degree in structural linguistics. He completed his basic Roling certification in 1978 and his advanced certification in 1981. He joined the Rolf Institute faculty in 1997. He teaches Basic and Advanced Trainings and continuing education workshops both in the U.S. and overseas. He has served on the Board of Directors of the Rolf Institute and numerous faculty committees. He is currently on the Faculty Development and Review Board. Ray has also trained to instructor level in biodynamic craniosacral therapy. He is interested in how change happens and how form manifests out of the formless. He is also interested in making really old cars look really good and go really, really fast.

Endnotes

1. Research studies reveal that as few as seven points of light attached to joint locations of a body moving in a dark room are sufficient to allow the observer to identify who the person is who is moving. Human beings recognize coordinative patterns, inherently. Students of SI learn quickly to see the contrast between coordinative patterns of lesser and greater ease and success. A source for viewing a biometric demonstration of this capacity can be found at www.biomotionlab.ca/Demos/BMLwalker.html and an article describing this capacity can be found at <http://jov.arvojournals.org/article.aspx?articleid=2192503>.

2. The Principles of Intervention (Maitland 2016) are intended to capture the underlying elements that make integration of structure possible. *Support* means the body registers support, either from places of physical support, such as through the hands and feet and pelvis, or via supportive factors such as vital contact with the spatial context, or support from psychological factors that assist in establishing security; *Adaptability* means the capacity to adapt to physical and psychological demands in such a way as to not undermine ease of function; *Continuity* (a subset of Adaptability with elements of Palintonicity) means that there is an unimpeded sequence of eccentric events in the body's response to demand; *Palintonicity*, a word from an ancient Greek philosopher named Heraclitus, denotes the bidirectional sense expressed by the body – two opposite directions leads to a feeling and appearance of 'unity of opposites', or to a feeling or appearance of eccentricity (away from the center), an opening and space-creating event; *Holism* means we consider the body/mind as a system and the system behaves most intelligently when each part of the system affects all the other parts, and is, in turn, affected by all the other parts, which is not far from the definition of integration by Daniel Siegel (2010). *Closure* means the client can sustain the changes – quite relevant to the topic of integration.

3. 'Pre-movement' is an important concept for SI. Pre-movement is the automatic preparation the body makes prior to movement. For example, before one lifts one's arm, postural muscles contract to anticipate the change in weight distribution that will happen next. Or, before we inhale to take a breath, the postural muscles prepare to compensate for the concentric action of the respiratory diaphragm. These are gross examples, but there are pre-movements of perception that nest within pre-movements of posture, and the topic of pre-movement has many layers of consideration. What occurs in pre-movement is part of the motor pattern and largely shapes motor-sequence choices that the body makes as it executes the movement itself. Changing pre-movement is a feature of SI, and sets it apart from other systems of postural change through the combination of fascial mobilization and perceptual intervention; both of these allow the body to make different choices in pre-movement, and that, in turn, leads to different motor patterns for meeting the

situations encountered in life. In the world of motor-control science, the term used for postural activity that anticipates movement is 'anticipatory postural adjustment' or 'anticipatory postural activity' – APA for short (Frank 2004, Frank 2006, Santos et al 2010).

Bibliography

Cottingham, J. and J. Maitland 1997 Sept. "A Three Paradigm Treatment Model Using Soft Tissue Mobilization and Guided Movement-Awareness Techniques for a Patient with Chronic Low Back Pain: A Case Study," *Journal of Orthopedic Sports Physical Therapy* 26(3):154-167.

Frank, K. 2014 Dec. "Rolf Movement® Faculty Perspectives: The Craft of Teaching Eccentricity of Function." *Structural Integration: The Journal of the Rolf Institute®* 42(2):2-4.

Frank, K. 2010 Dec. "SI Psoas Intervention Considered in Terms of Normalized Stability Response in Hip and Trunk Flexion," *Structural Integration: The Journal of the Rolf Institute®* 38(2):33-43.

Frank, K. 2006. "Articulated Perception, Articulated Structure: Building the Sense of Other in Structural Integration." *The 2006 Yearbook of Structural Integration*, Missoula, Montana: The International Association of Structural Integrators, pp. 61-67.

Frank, K. 2004 Apr. "Tonic Function: Gravity Orientation as the Basis for Structural Integration." *Hellerwork News*, pp. 16-18.

Godard, H. 2002. Lecture notes of Kevin Frank from course taught by Godard in Holderness, New Hampshire.

Gracovetsky, S. 2001. "Analysis and Interpretation of Gait in Relation to Lumbo-Pelvic Function." Presentation to the 4th Interdisciplinary World Congress on Low Back and Pelvic Pain, Montreal, Canada.

Keen, L. 2007. "Gracovetsky's Chains – Contralateral Walking." Unpublished class handout.

Kelso, J.A.S. 1982. *Human Motor Behavior: An Introduction*. New York: Psychology Press.

Maitland, J., 2016. *Embodied Being: The Philosophical Roots of Manual Therapy*. Berkeley, CA: North Atlantic Books.

Rolf, I.P. 1978. *Rolfing and Physical Reality*, R. Feitis, Ed. Rochester, Vermont: Healing Arts Press.

Rolf, I.P. 1977. *Rolfing: The Integration of Human Structures*. New York: Harper and Row.

Santos, M., N. Kanekar, and A. Aruin 2010 Jun. "The Role of Anticipatory Postural Adjustments in Compensatory Control of Posture: 2. Biomechanical Analysis." *Journal of Electromyography and Kinesiology* 20(3):398-405.

Siegel, D. 2010. "About Interpersonal Neurobiology." www.drdansiegel.com/about/interpersonal_neurobiology/ (retrieved 7/30/16).

van Bertalanffy, L. 1952. *Problems of Life*, Mansfield Center, CT: Martino Publishing.

Journeyman

An Interview with Jan Sultan

By María Cristina Jiménez, Certified Advanced Rolfer and Jan Sultan, Advanced Rolfig® Instructor

María Cristina Jiménez: Tell us about your journey into Rolfig Structural Integration (SI).

Jan Sultan: I have been [practicing] Rolfig SI for forty-six years. I started training in 1969 and finished Basic Training in the spring of 1970. I first [received Rolfig sessions] from Dr. Rolf when I was about twenty-six years old. I had my first eight sessions with Ida and my last two with Peter Melchior. What a difference that was. Initially I didn't like Rolfig SI or Rolf! But the results after the first ten sessions (which took about a year to complete) were astounding: I grew an inch in height, my feet went up from size ten to size eleven and a half, and I began to look more like my maternal grandfather. I could tell that this was my adult body showing up. It was quite profound.

MCJ: What was your background and how did that lead you to Dr. Rolf?

JS: When I graduated high school I wanted to get into the world. I could not imagine spending any more time sitting in classrooms. I was too wild to even think of sitting still in a classroom for six to eight years of college. The world was calling. Now I realize I am afflicted with attention deficit disorder, and I can't sit still to this day. In any case, I worked the building trades, and was a working sailor in the US Merchant Marine, a member of the Sailors Union of the Pacific. I had a cabin in Big Sur, in proximity to Esalen. In between trips to sea, I worked a landscape business. After complaining of knee and back pain to my then girlfriend, she suggested I get [Rolfig sessions].

I had never had a massage or been touched therapeutically at that point. I saw Ida one day at the dining room at Esalen and went up to her: "Hey, I have heard about you. I have back pain. My knees hurt a lot and I do physical labor part of the time." Ida looked at me up and down and said, "Of course your knees hurt, look at your pelvis!" I was embarrassed. I didn't know what that meant, but we made an appointment and I went. I actually didn't like it or her. It hurt.



Jan Sultan



María Cristina Jiménez

I got my first session at the Esalen hot springs bathhouse. It was a little bit like she was carving a roast; like a she-bear on a deer carcass. A few days after the [session] I was working on something and stood up and my lungs opened with a crackle – like Velcro. I took three or four big breaths and got dizzy and I realized, "Oh it's the Rolfig [work]. Shit! I have to go back."

The effect was so transformative that after a few visits over about three months – 'cause she would come and go – I began to mature in a very particular way, almost as if I got to finish growing. I didn't have any conceptual framework for this – I just knew I was changing. Years later when I had enough information to reflect, I came up with a deeper understanding of Rolfig [SI] as 'a highly organized stressor that would bring

latent traits online'. The pattern of growth I had experienced was in me, but it hadn't shown up because there was no pressure to make it happen.

It follows that if you throw away Ida Rolf's technique of systematic differentiation of fascia in favor of techniques that deal more with imagery, or energy-based techniques, the opportunity is missed to apply Rolf's highly organized systematic pressure, and organization in the gravity field, that creates space for the body to grow.

MCJ: What happened next?

JS: As I said, I started Rolfig training in 1969 and finished Basic Training in the spring of 1970. In the fall of 1971, I left Big Sur and moved to Northern New Mexico. I was based there, and worked with students at Prescott College in Arizona, at a growth center in Houston, Texas, and also traveled to Denver to work. I was like a circuit preacher, spreading the gospel of Rolf. In 1974 Rolf had her first Advanced Training (AT). I went back to Big Sur. Peter and Emmett [Hutchins] were there in 1974, Judith Aston too, in sum probably fourteen to fifteen of us. We were her original students.

A couple of years later in 1976, Dr. Rolf called me to assist her in a Basic Training in Los Angeles. I did the Ten Series with Tom Myers, who was an instructor model in that class. She again asked me to assist in the AT for two years running.

She practically dragged us there and said, "I am going to train you to teach." Peter and Emmett were the first two and I was the third to be 'knighted'. The three of us later went on to teach the AT for fifteen years. In addition to IPR, I looked to Peter and Emmett as my primary mentors, as models for what it was to be a teacher. In my whole education to that point, I only had one good teacher, a high school biology teacher. I also remember that I had one mentor as a sailor, an old salt who looked out for me, taught me the ropes, and how to show up and work.

MCJ: What other mentors did you have?

JS: Another well-developed teacher and physician was [John] Upledger. He came to the Rolf Institute® in 1983 and taught a five-day training for the Rolfig faculty. All of us showed up for that except Emmett, who claimed he just did not want to learn "that stuff." Upledger opened up my perception about osteopathy and indirect technique. He demonstrated that he was

able to have fun with teaching. Rolf was too driven to have fun. Fun wasn't a highly valued quality for her. She was a serious person. Most of us were intimidated by her. In turn, she had a soft spot for medical doctors and PhD-level people. She was not pandering but was solicitous of them. She wanted her work recognized by the doctors. This was a paradox that struck me from the very beginning: that IPR never used the word 'cure' or 'heal', but insisted that her work was education. Still, she sought the approval of the elite class of healers in the medical profession.

MCJ: Talk more about IPR's teaching and how close you feel to her teachings.

JS: I am constantly amazed by Ida's genius and how she spun this work out of diverse threads (i.e., yoga, physics, osteopathy, biochemistry), and that she came to different conclusions than the people around her. Also, there are some anecdotes that she had some sort of leap of inspiration or insight that this work might have been used as part of the initiation of temple acolytes in ancient Egypt. She often alluded to Egypt. But she wanted the work to be acceptable and she thought that if we let the metaphysical cat out of the bag too much, that we would be relegated to a less credible place in the culture.

Among the early group, I was the structure guy from early on. While the 'Recipe' was our law and guideline, I wanted to know the nature of structure, the medium that we worked in: How did it behave? What is it made of? What made the Recipe work so well? How could a technique like Rolfing [SI] produce such pervasive and diverse changes in people? IPR did a lot of demonstrations with very disabled and affected people. I saw her deviate from her Recipe over and over. In fact, it was a source of frustration for many of us, that after one of her 'wild' demos, she would instruct us to go ahead and do a sixth session, as if she had shown it to us.

IPR used to say that "There is a lot more going on with the human than the body, but the body is what you can get your hands on." In this context the inquiry about the energetics of the body, the 'psychobiological' part of human being, should always have the element of touch as a way in. If it is done without getting your hands on the body, you don't evoke the kind of changes that are potential with our work. IPR used to say that if you left out

gravity you weren't [practicing] Rolfing [SI]. I take that to mean that the body is where gravity happens, and that the mass of the structure is what we affect. Energy work per se does not deal with the gravity part of the equation; the form and shape of the body.

Having said that, sometimes when I am working, it is as if a doorway opens into a causal domain, in which the preconditions that set up what I am seeing emerge as the conditions that are operating *a priori*. It isn't magic but it's definitely got a quality to it that you can smell and taste. It is as if the limbic brain is turned on and its perception rises to consciousness. I don't go looking for this quality, but it happens often enough that I see it is part of perception. "What is that odd taste? Oh that's anesthesia! Ah! Surgical trauma? Oh yes, there it is." Ida was well aware of it, and in her teaching would obliquely refer to it. In my private work with her this element emerged, and she would speak to it as she went along with her hands on.

Ida had a mandate, she said, "Do it my way for five years or until you think know what you are doing." Being a good Scout, at about the five-and-a-half-year mark I began studying outside Rolf's teaching by reading books on osteopathy, chiropractic, and cranial work. I wanted to know how other people who worked with structure viewed the nature of the bod. I also began to study the ideas of people that Ida would refer to in her lectures, like the work of Gurdjieff and Ouspensky, Theosophy, and general semantics.

When I entered the realm of the I Ching and the Tao Te Ching, I had a smashing insight. First, I have to say that Taoism is not a religion but a science of life. The yin and yang principles of Taoism apply to everything: ordinary living, religion, warfare, and politics. The circulation patterns of the microcosmic and macrocosmic orbits, of the movement of energy between heaven and earth and the human body, define how the body is maintained. The body emerges as a material being connected to, and interpenetrated by, heaven and earth. This lawful fluctuation of energy through the system matched, and supported, what Ida valued. The 'Line' was the logo of that relationship. How we are related to the fields around us, connected to Earth and connected to the cosmos, was emerging for me. IPR was independently validated by this understanding. I realized that the energetic template of the macro-

and microcosmic orbits supported what Ida was seeing and driving for, and it was a natural fit.

She knew about the Tao. She didn't talk about it very much. She had been to Japan and taught there. After she died, we took her library apart and saw these books on the Tao, and the I Ching. She may not have gone deep, but she knew. This connection was huge for me, because it put working on people in a different context. I would look for where the up and down flow of the 'orbit' was disrupted. Getting the body organized in space and on the 'Line' also opened the way for the rising and descending *chi* to move through the body better.

MCJ: How does it feel to be a lineage holder for the community?

JS: I didn't ask for it. And I would probably be having more fun if I weren't beholden to the lineage. I have given up trying to keep the pack in line. It draws too much resentment. I don't have anything to prove. I am interested in teaching people who want to learn. I am not interested in convincing people that Rolf was right. I am not trying to be her successor. I just was there and I learned it from her and I studied my ass off for forty years. I don't have any other credentials, you know, other than 80,000-90,000 sessions that I have done. I am like an airline pilot with a lot of miles: you want to fly with me [laughs]. I am kind of an educational philosopher.

MCJ: What changes would you make to the work?

JS: If I had my way I would make the Rolf Institute® a two-year school, and I would invest a lot more in the foundational training of our practitioners. When I was faculty chair in the late 1970s (for five years), I said to my colleagues: "If we are going to do this right, we have to get rid of the traveling show and actually build a real university." You come here and we train you. Tons of anatomy, kinesiology, better understanding of chemistry, and tons more supervised clinical time. Then I think that we can produce a graduate that is much better prepared to actually represent Rolfing [SI].

MCJ: Talk about your style as a practitioner:

JS: I think, as for any high-level journeyman, the work appears more and more simple to me. Even as it is informed by thousands of hours of experience, I do

less to get my results. I am able to see into a pattern and more often do the right couple of things to mobilize it. As a practitioner gets more experience, [he is] able to see into the essence of a pattern and do the few things that make it accessible for the client to contact and move through. I am not sure I want to say what my metaphysical roots are, but I am a product of my times.

Rolf used to say that Rolfing [SI] was a holistic system, and she was also a big advocate of always grounding your abstractions. With that in mind, I kept wondering what is Rolfing SI's holism? As she often demanded that we ground our abstract thinking, I wondered where her 'holism' found its ground. IPR said, "The body is a web connecting everything with everything else." It comes to this: when your client stands before you, you have three primary elements, trait, state, and shape. *Trait* is your genome, as in the patterns of your grandparents, your hair color, your size, your attitudes, your tribal roots in a manner of speaking. Then there is the *state* [the person is] in now, and perhaps the one he habitually holds. Are you a pissed-off person, a joyous person, a fearful person? Or "God, I almost had an accident on my way over here and I am upset and activated, but generally I am more cooled out." And then there is the *shape*: your literal form, and the way you occupy space. Shape, trait, and state then are the essence of our holism.

MCJ: Talk about the evolution of the Advanced Training from formulistic as Dr. Rolf had it, to non-formulistic. How did it come about and was there pushback?

JS: Yes there was. How it came about was that it was high time for Advanced Rolfing to take people to client-centered work instead of predetermined-formula work. And more to the point, Rolf said if you are going to do advanced work, you have to reach higher and higher levels of specificity. That can't be done with a predetermined formula.

MCJ: Would you elaborate on the concept that you and Michael Salveson developed of working in the ligamentous bed?

JS: The ligament bed is the deepest myofascial layer on your way to the osseous components. In the ligament bed are concentrations of Golgi tendon organs and muscle spindle reflex arcs. In that way, working in the ligament bed follows the law that the smallest governs the largest. This is also fundamental [to] Taoism: the

idea that water always goes to the lowest point, but then it rises as clouds and it rains again. In the body the lesser governs the greater, and in the ligament bed the establishment of adaptability opens the structure to receive educational input and real pattern changes.

MCJ: Can you speak about tracking?

JS: Ida didn't identify the work that she did at the end of sessions as 'tracking' – it looked more like a guided movement education. At some point I noticed that she would do certain techniques at the end of certain sessions to help the client integrate the work. I decided to view that as a separate body of work. After her death, I gave it the name 'tracking'. My motivation was to preserve this unique part of her work, and to be able to identify it as a distinct system that you could apply whenever and wherever. I don't do it every time. I often do it when I feel people need help integrating the manual work that I've done. I sometime use it to get a hold of the brain and guide the limbs through space in a different way than what is habitual, in a sense to 'burn in' the track.

MCJ: Any last comments and/or pieces of advice for new Rolfers?

JS: As you develop as a practitioner, begin to pay attention to the space between the moves you make. Watch the body and the whole field of the intervention. Listen to your own body as you watch. Your pacing, and listening, is every bit as important as your doing.

It's hard to get a business going – you are self-employed and the development of your business is based first and foremost on referral. So every person you touch is potentially the next five people you're going to touch. Work more, talk less. Lead people to their own experience, not yours. Don't tell any stories about yourself unless it's directly related to what's happening with the person on the table. And be prepared to wash dishes or wait tables until you get going. Don't give up your day job!

Jan Sultan currently lives in Manhattan Beach, California, and maintains a full-time practice there. He also travels to Santa Fe, New Mexico to work with his clients there. He teaches Advanced Rolfing classes and offers continuing education for structural integrators on a regular basis. In addition to holding a direct lineage to Ida Rolf, he woks to deepen Rolfing SI as it is practiced today. Jan's studies include

various aspects of craniosacral work, visceral manipulation with Jean-Pierre Barral, and nerve mobilization in all its variations.

Maria Cristina Jiménez is a Certified Advanced Rolfer and a yoga teacher (ERYT 500) who has been teaching yoga since 2001. She was born and raised in San Juan, Puerto Rico. She's worked extensively with – and is deeply influenced by – Integral Anatomy's Gil Hedley and the great Bonnie Bainbridge Cohen and her Body-Mind Centering® work. She regularly mentors with Rolfers Jan Sultan, Benjamin Shields, and Harvey Ruderian, and has also mentored with Mary Bond and Bruce Schonfeld. She is training in craniosacral therapy and visceral manipulation. She completed her Rolfing certification in 2013 and has a thriving bodywork practice. In addition to her public yoga classes, Maria Cristina has contributed in over thirty-five different teacher trainings and immersions all around the Los Angeles area as well as nationally. She is known for her spiritual anatomy workshops, which help make anatomy accessible, relevant, and poetic.

Burning Man, Part 2

Continuing the Interview with Michael Salveson

By Szaja Gottlieb, Certified Advanced Rolfer™ and Michael Salveson, Advanced Rolfig® Instructor

Editor's Note: Advanced Rolfig instructor Michael Salveson has been an integral part of the Rolf Institute®. He was chosen by Dr. Rolf as one of five to help transmit her work. He has many times been a contributor to this Journal, particularly about the importance of the Advanced Training and topics in Advanced Rolfig Structural Integration (SI). In March 2005 (vol. 33, issue 1) the Journal published "The Advanced Class," and in September 2008 (vol. 36, issue 3), "A Lecture from the April 2008 Advanced Rolfig Training." Though the interview includes comments and views about the Advanced Training, there is also an exploration of his own process since he became a Rolfer. This interview took place in summer 2015 at Salveson's home in Berkeley, California a few days before he left for the Burning Man gathering. This is the second part of the interview. The first part of this interview was published in the March 2016 issue of this Journal.

Szaja Gottlieb: Let's go back to the 'Recipe' and its importance. Even though I took the Advanced Training (AT) in 2008 and do non-formulaic Rolfig SI, a three-session series, or even one, I find myself always doing the ten-session series, whether I know it or not.

Michael Salveson: There's a good reason for that actually. In my opinion, Ida's formulation of the Recipe is inherently tied to the actual structure of the body. Think about how the Recipe progresses. You begin by peeling the onion, releasing the superficial structures of the thorax, back, and hips. When you work in sessions Four, Five, and Six, these sessions are tied to the actual muscular compartments defined by the septa that are anatomically determining functional units in the body. She understood how these functional units fit together to make a whole. She didn't hypothesize potential relationships – she looked at the actual structure; and that's the reason that even if you've been [practicing] Rolfig work for thirty years, you still look through the image of the Recipe she created. Dr. Rolf was fond of kitchen metaphors by the way. No matter how long you do Rolfig integration and how, you still look at the body through the glasses that were put on you in the Basic Training when you learned the fundamental recipe. There have been people who come up with other recipes but they lack the anatomical integrity of Dr. Rolf's Recipe.

SG: So there is no escape from the Recipe...

MS: There are some other ways in which some see connectivity happening in the body. But no one has come even close to defining the sequential approach that

has the kind of potency that Ida's ten-session series has. It's because she stayed directly connected to the actual anatomical structures. The Second Hour is a good example. Work in the anterior compartment of the lower leg has a direct effect on the fascial compartments that control flexion and extension at the talo-crural joint.

SG: Yes.

MS: In the Fourth Hour, you are separating the adductor compartments. I mean, if you look at the way the legs are approached, it's sequential, medial compartment, anterior compartment, posterior compartment – sessions Four, Five, and Six.

SG: Exactly.

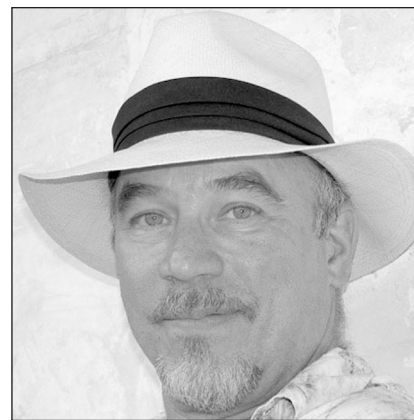
MS: That's not an invention. That's not somebody's idea about how lines of transmission might go through the body. They are absolutely rock solid anatomical structures and she understood how they interact. That was her power, not that she came up with some fabulous new view. She took what she knew to be the actual physical structure and understood how it went together. Not like, "Oh well, here's this one line and you could follow this flow up here across the fascia in the leg and then up into the chest." In such examples, the underlying myofascial structures affecting function are not so clear.

SG: She is talking about anatomically grounded structures.

MS: Yes, totally anatomically grounded.

SG: Which is critical.

MS: It is. It's critical because it's working with the structure as it is defined by anatomical units. It's the actual stuff. It's



Michael Salveson



Szaja Gottlieb

the actual way the body works. Plus, it's the way the brain works. We now know that the brain organizes movement, influenced by spatial perception. But the implementation of movement occurs according to how these compartments interact. These compartments are defined, and they define the possibility of movement. The adductors create adduction, and so forth. You are working in a system not only rooted in physical structure, but also rooted in the way the brain is organizing movement. Movement, of course, is more complex than that, but these anatomical structures comprise the actual motor units.

SG: Would you talk a bit about the discussion we had earlier on as to whether feet or rib cage should be done in the First Hour?

MS: I absolutely go with Ida here that the first session releases inhibitions to respiration from the thorax and the hips.

SG: I remember her saying that by working on the thorax the whole body is affected in the first fifteen minutes.

MS: This is both a blessing and a source of risk. I remember when I first discovered the significance of the restrictions down at the ligamentous level, it all lit up for me. I could walk up to the client on the table and see it right away and my impulse was, "Why are we tinkering here. Just go down there and open that up and then let's see what happens." I used to call it "let's blow it up and see what happens" . . . trusting that we had the skills to deal with the compensations or decompensation that would spread out from liberating that deep restriction. That was a huge learning for me to see the way those decompensations would spread.

I had a woman come here from New York. I was going to do two sessions on her two days in a row and then never see her again. She had a back problem and a slight curvature. I said, "Well, okay, I'm going to deal with the pain problem first, that's what you are suffering from, that's what you came for." I worked releasing the structures around the pelvis in a systematic way before releasing the restrictions on a ligamentous level. We got it done and we did it in one session and it's a big success. She came in the next day and I realized there were still a lot of unresolved strains from the previous session. I just need to go back and polish the stone a little bit. There were fixations in the spine that I mobilized that needed to be remobilized. I have a technique, a very direct but interactive touch; after applying pressure, I monitor the response.

SG: Is this the 'vectorized touch' you often refer to?

MS: No, this is what I usually refer to as 'bossy indirect'. I will give you an example. Let's say there is a problem around T8-T10, this area is often in trouble. You palpate, push on the vertebrae, and realize they don't move. What are you going to do? You release the soft tissue and the vertebrae are still stuck. I have a technique. I actually use my elbow. I gently make contact, line up with the plane of the facets, establish just enough pressure to where I feel I'm engaging the ligaments that control the motion of the vertebra. Then I back off and wait for the vertebra to wake up and activate. As soon as it activates, I start following it, and pretty soon it slips home. There's a big spreading. Everyone feels better.

Anyway, I was doing that with her, working my way through, and I stand her up and she looks good except: "Oh my God, she needs a Second Hour." It was so apparent . . . the lack of continuity. The work had spread to her knees, but below the knees the girl was a total mess. I then said to her, "When are you going back to New York?" She said, "In a week." I said, "Okay, you need to see this guy in New York, Chuck Carpenter." It's a perfect example of how opening up deeper structures [causes] unexpected decompensations in other parts of the body.

SG: I always wonder does anyone, particularly experienced Certified Advanced Rolfers, know what's going to happen before they do whatever they do?

MS: No, almost never. Although I have to say, with forty-five years of experience you do have a sense of the possibilities. I will tell you something else, though. Once you get the reputation for being able to fix people, they start circling your office like planes waiting to land at Chicago's O'Hare airport and you get more and more difficult people. And what is amazing to me is there is a way of assessing someone that would allow a session devoted almost exclusively to a very limited, even unilateral, area, and you can still trust that the organism is going to assimilate the work.

SG: The suggestion of integration.

MS: Yeah, it gives you the kind of confidence that you can intervene in the system and the system can absorb it.

SG: After all, you can't be everywhere. When you start as a Rolfer, of course, the 'pink all over' philosophy is quite common. It's hard to learn that you can do more with less. In a way that's the transition from formulaic to non-formulaic Rolfing [work].

MS: Yes, correct. You don't have to plow the whole field.

SG: I remember during my training that that was a criticism of my own work – I was told, "You open up too many boxes."

MS: It's about judgment. Every practitioner needs to have confidence in the data set that [he uses] to determine whether or not the organism is actively integrating as a result of what [he is] doing. You can watch the nervous system or the energetic flow. Or, you can watch movement. But there needs to be a way. When you watch someone do a session and [he does] the whole session without the client getting up to check in, you should be suspicious.

SG: Personally, I feel much better when I see everything in movement, the quality of the movement and the whole energy of the organism. I think sometimes that practitioners focus on structural aspects too much rather than function. My personal belief is that Rolfing [SI] is actually a movement therapy. For a practitioner, not to see how [his] results function in gravity would be absurd.

MS: That would certainly be problematic. The other thing that's really interesting to me – and this comes partly out of my own internal experience, my own process of healing – is the notion of unwinding. One of the things that I look for is a condition in the organism, in the person when I am working, that sets the stage for deep release. Ultimately, what happens is that there are restrictions [that] we deal with to the best of our ability. We partially mobilize, never completely, but we go in and we create some space and movement. But then [the client's] brain has to let go of the tension pattern that created the fixation.

SG: So, even though we give a certain potential, he may not access it.

MS: The question is, what does letting go look like, because it's really about letting go. In the Taoist world, they say there are two primordial actions in life, grasping and letting go. In this culture, letting go doesn't get its fair share of the press.

SG: Absolutely not.

MS: In a way, it's a notion that I introduce at a certain point, particularly with the gym rats who come in. Most are covering up a deeper vulnerability. Not that I am not a big believer in strength training, there are lots of people who need it.

SG: True.

MS: To illustrate, I stand in front of [the client] and mime a position that is severely bent to the left. I ask, "What should I do to straighten up?" I point out that many strengthening modalities would suggest that, if I am pulled over to the left, I should strengthen the muscles on the right side to create a balanced pull and then I would be straight. So, I contract the muscles on the right side and point out that, although I am straight, I am now compressed, from the contraction of the muscles on both sides. In fact, the best approach would be to let go, or release, the muscles on the left that were pulling me over to the left. Then I would be straight and lengthened,

not compressed from over-contraction. So what's happening? In the illustration, the client is prescribing a counter-shortness. What we have is an artificially induced shortness on top of an inherent shortness. It is important to note that this is actually the condition that many people come in with. The real issue is letting go of the shortness on that left side. Ultimately, in order to get that client straight, he has to let go. How?

One of the phenomenon that's mind-boggling to me is that I can be working very deep in someone – and this happens regularly now – and, all of a sudden, the whole room will just go quiet, his breathing will slow down, and he drops down, and I can feel the *chi* move up to his brain and [he closes his] eyes and is gone. I can continue working in that state, and I can do very deep work that ordinarily would be painful. What the hell is going on? Is this just opiates being released in the brain because of the pain sensation? Or something else? We should study this because that brain state, that configuration in the central nervous system, is immensely open to a new way. This is the state in which it is possible to let go.

SG: I think of that state as a kind of daydreaming for the body. At night the body is unleashed in dreams, flying or doing crazy things or what not. And then during the day, it can happen that we are out of the way of the body, it becomes primary, the ego is gone, and finally the body can do its thing. And that is a healing place.

MS: I think that's right. In relation to study in the fascia, we should also study this. This kind of state is really useful, and if we produce it regularly in a Rolfing session, that's nourishing.

SG: Absolutely.

MS: Clients say, "Wow, I feel straighter, but I also feel filled up."

SG: You probably don't remember a session you worked on me during my Unit 3. It was a long session, maybe two hours plus. You were the third Rolfer to work on me in that session, Patrick Hannum and Jim Price were the others. While you were working on me, I felt something. I told you, "Michael, something is coming, I don't know if it is tears or laughter." Moments later the two of us were laughing uproariously for no apparent reason. It was one of those states. My dad had died a few months earlier. It was a huge release.

MS: In a way that activation, that kind of deep calming that goes on in a session, is also really an indicator that tells you what you are doing is integrative.

SG: You are there!

MS: You are in a place and what you are doing is not disruptive.

SG: I want to turn to your teachers, your major influences. Dr. Rolf was obviously your main teacher. What about your relationship with her?

MS: I was very aware that Ida was an open fire. I was very aware that she had an agenda. She had come to a level of social recognition late in her life. She knew she had a limited amount of time and she wanted to get this work established and in place. The individual destiny of those around her didn't matter much. You were fuel for her fire. And, if you got too close to the fire, you could get burned. There were three suicides. There were a lot of emotional disruptions. I was close to her because she said, "Look, you're going to be one of the teachers." I sat next to her. She taught me how to teach. Also, she said, "We need someone to step forward and be president [of the Rolf Institute®]." It was either me or Joe Heller.

SG: I remember you talking about it.

MS: I told her, "Look, I'm in the middle of a divorce. Let's let Joe do it." [But] then Joe took off and then I got elected. If you knew my neurotic structure at that time, one of my great fears was being abandoned by a woman. I got elected president [of the Institute] by like 99% of the vote. Then Ida died and my wife left me.

SG: Early 1980s?

MS: 1978. In a way it cured that little glitch in my psyche because what I feared would happen, happened. It is one of those things that you know, this is going to be difficult, but you also know that if you pull this off, you'll be different forever. It was a very difficult time.

Ida needed help so she would draw people to her who could help her. I remember one night after class at the Adams House in Big Sur. She called like five of us out, she wanted to have a meeting to talk about the Institute. I was on the cliff looking out over the Pacific Ocean; Ida was in the recliner covered with a bear skin. I looked around and here were one, two, three, four, five guys, all healthy, attractive, vital. I think,

"I see what the game is here. We are like her harem."

SG: For her use.

MS: That's exactly right. We were there for her use. Obviously, she had a big influence on me.

SG: Sounds like that scene from *The Blues Brothers*, "We are on a mission from God."

MS: Yeah, exactly. A lot of people had a problem with her because she never would really say, "You got it . . . That was good." She was never big on acknowledgement. I used to say Ida was one of the teachers from the hard school. You would go in. You would engage her. You do what you were supposed to be doing. And, if you had a big hole, Ida would find it, and push you in it, and then she would help pull you out. She would immediately reveal the weaknesses because that's what you needed to work on, but it was not a gentle approach. There was collateral damage sometimes. I saw that. I was pretty careful. I made myself useful to her in ways that I knew she would appreciate. And she acknowledged me. She said, "Yeah, you're OK. You got it." She said, "You should go to chiropractic school. You should go. You could do it."

SG: That was huge.

MS: Yes, it was huge for me. It meant I didn't need to go to chiropractic school. Trust me, I saw how big her vision was. I say we are scratching the surface. The implications of what she had laid out are huge.

SG: Who else was a major influence?

MS: My analyst of fifteen years, my Jungian analyst, Donald Sander. He was the missing father for me. He was also like Ida. He was a trained MD. He was also studying with Navajo shamans and taking mescaline. He moved between those worlds. It was an early acknowledgement that there is a legitimacy to altered states of consciousness and I didn't need to deny it.

SG: Gave you a model.

MS: Yeah, and I didn't need to sit on it and suppress it, which, in a way, my childhood was set up to do. He was huge.

SG: Were there any other teachers who have influenced your work?

MS: [John] Upledger had a significant influence on my work. Long before the Upledger Institute started training

everybody, Jan Sultan set up a class with him and his wife. They came to New Mexico and taught a group of Rolfers.

SG: Was it obvious that craniosacral work was the next step?

MS: Ida didn't talk about it in class, but afterwards she gave me a copy of Sutherland's book, *The Cranial Bowl*. I still have it. She said: "Michael, you should read this book." Jim Asher, in fact, became very skilled in cranial technique.

SG: So, she was saying, "You need to do this."

MS: Yes, I got it right away. The truth is you cannot go to the highest levels of Rolfing Integration if you don't understand the craniosacral system and how to release the skull and the brain. Even though I was never close to Upledger, he did open that world for me. Not only does it make it possible to decompress the upper pole and take the Seventh Hour into a whole other world, it also introduces you to inherent motion. I felt it. When Upledger said, "Put your hands here," and I did, and then, *boom!* – I felt it.

In a way, in the early days of Rolfing Integration, it was much more like sculpture. We were moving tissue. We were molding people into an upright position. But when you get this – "Holy Christ, the whole thing is in motion, it's pulsating and moving around in there, flowing – that requires a different quality of touch. If you are going to take this work to the highest level, you have to be able to follow inherent motion.

SG: Another reason for the AT.

MS: Yes, exactly. Because in the AT, one of the benchmark experiences is the introduction to the spectrum of touch, that a Rolfer's touch goes across the spectrum of intensity and duration. That is the hallmark of a great Rolfer.

SG: Any other great influences?

MS: Yes, my Taoist teacher Bruce Kumar Frantzis. I got a call from Jan Sultan saying, "Michael, there is this guy in Santa Fe. He is the real deal. He is moving to San Francisco. You need to check him out." I did and I was impressed. I saw that this guy had the goods. He embodied what he was teaching. I have been his student for thirty years.

SG: Wow! Still?

MS: Yes, I took all his classes. We are friends now. He has moved to Hawaii but Georgette

[Certified Advanced Rolfer Georgette Salveson-Delvaux] is close to his wife. I have [done Rolfing sessions on] him. He is one of my keystone teachers and gave the keys to the inner flow that is at the heart of my spiritual development.

SG: I want to cover one more aspect of the AT. I was thinking about how the AT was related to the schism in the 1980s [where certain teachers left the Rolf Institute], and now there's the recent decision to allow graduates of other SI schools to apply and attend [our AT]. It seems like we are becoming a graduate school for other SI institutions.

MS: Ida knew that there'd be more than one location for her work. But, I think she would not be very happy with the kind of dilution that's going on in SI. There has been dilution by SI schools, most unconnected to her lineage, and there has been dilution by the adoption of ancillary techniques – energetic, visceral, biodynamic – which have confused the basic practice of Rolfing Integration. Not that those techniques are not legitimate modes of intervention, but they are not Rolfing Integration. They can inform Rolfing work, but they can't replace it.

SG: It sounds like you think that SI as a brand is tainted.

MS: Yes, everybody now is a structural integrator. I think two things. Number one, I think the Rolf Institute needs to begin to define itself as 'Rolfing Integration' separate from 'structural integration'. We need to market the brand of 'Rolfing Integration' and minimize the connection to SI because otherwise all the good work that we do and have done to develop this work just gets tailgated on by every SI school. We raise the profile of SI by virtue of Rolfing Integration, while others do little and yet benefit from all our good work. There are exceptions. Some SI people are doing good work to put standards in place. Unfortunately, they have little leverage to enforce adherence to the standards and they need members, so they are lowering the entry standard to increase membership.

Second point. There is a problem because now you have a lot of SI practitioners out there who are actually very good, who have been trained by Peter [Melchior] and Emmett [Hutchins], and who have been trained in some other schools but do not have a home. The next step then is to make the Rolf Institute a home for people who

really want to do SI as it was developed by Ida, which we [should] now call 'Rolfing Integration'. I think the Rolf Institute can become a container for the practitioners who are truly skilled and motivated to do great Rolfing Integration.

SG: I think it is a brilliant idea, actually, because it takes care of a lot of things. It builds bridges to other schools and practitioners. It protects the service mark. It stimulates interest in having a high level of expertise. I think it is a bold stroke.

MS: We have an energetic director now, Christina Howe. She has a staff. We need more money, but I think we may be able to do this at this time. The time maybe ripe.

SG: How do you feel about recent fascial research and our participation in the International Fascia Research Congress, has there been any effect?

MS: I think a lot of the impact of the fascia research has stayed in the scientific community. I don't see a lot of it coming into clinical practice. In terms of establishing credibility for the possibility of the configuration of the human body by manipulating connective tissue, and the role of connective tissue in the overall physiology of human organisms, it's fabulous.

I remember the first [Congress] at Harvard. I was sitting with Georgette and they were talking about various dissections. It was Gil Hedley and one other person, whose name I forget, but they were showing videos of a careful dissection of the superficial fascia. They had gone in, carefully peeled off the skin down to the basement membrane; there was a picture of a speckling of yellow fat all over the body of the superficial fascia of the body without skin. Then, they carefully removed the superficial fascia from the deep fascia, the first layer of the deep fascia. [They had a picture where there was] a body on a stainless-steel gurney where you could begin to see this gray glistening fascia with the muscles underneath, and on the stainless-steel gurney next to it, a body suit of superficial fascia completely contiguous like a pair of long johns. I turned to Georgette and said, "You know, dissection was done in the late Middle Ages through the Renaissance into the Enlightenment. There probably has not been a novel dissection done on a human body in three hundred years, and [we] just saw the first novel dissection in the history of anatomy right there." No one had ever

parsed that out in the body. It was totally cool! Gil Hedley is a fabulous teacher. I've watched his videos – what a tremendous resource he is.

SG: Do you have any fears that with all this research and dissemination of new information we will, in a sense, be overrun by other modalities? Soon everyone is going to be claiming to be doing fascial fitness.

MS: Just like tissue massage.

SG: Yes.

MS: The reason we don't have to be afraid is because 1) Rolfing Integration is hard work; 2) it takes a long time to get good at it; 3) it's not just about knowledge, it's something you could only learn by oral transmission. You have to have a teacher who is capable of demonstrating the results, showing you the results, producing the result in your own body and guiding your hands while you make those strategic decisions and interventions. That's not just about the biomechanics of fascia.

SG: I have been doing a number of reviews for this Journal in the past few years and there is a wave of therapies beginning to emanate.

MS: One of the things you see – and you see it in medicine, you in fact see it in many fields – is the vulnerability that we have to something that's new. The derogatory term for it is a 'fad'. You can see these fads sweep through bodywork so that everybody wants the latest fad on their business cards. Then there is a new fad and now they have got to get that name on their business cards as well. Something new doesn't mean it's better. It almost never produces a more profound result.

SG: I'm smiling because I'm thinking of how many times I have told people what I do, Rolfing [Integration], and their response is, "Oh, is that still around?" "Yup, we are still around," I reply, "and we are still doing the good work."

MS: That's right. We have been doing this for a long time now and we have trained a small but significant number of practitioners. We are not totally in charge of how many people we train. The culture that we are in isn't profoundly receptive to what we are doing. Dr. Rolf was paranoid regarding any risk that what she was doing might be construed as practicing medicine. She had friends who had been legally persecuted for practicing medicine without

a license. However, times have changed. The increase in interest in expanding human potential that occurred in the 70s and 80s changed everything. Touching the body, in all varieties of bodywork, has become a major industry. The last fifteen years has seen an explosion in new manipulative techniques. It is important we do not lose our footing here.

Our work is stronger and more powerful to the extent that we understand and master ways of moving restricted structures in areas of the connective-tissue matrix that Dr. Rolf did not address. We must, however, integrate these techniques into our unique approach to manipulating connective tissue and not adopt them without examination, and just replace our approach with another technique. We need to understand when, where, and how to use these new manipulative techniques to further our unique goals.

SG: I absolutely agree with you but I do feel chagrined that the public does not realize our influence in the bodywork field.

MS: Nobody had heard of connective tissue before Dr. Rolf had created Rolfing [Integration].

SG: How about the massage magazines? There is so much in there that comes from Rolfing work but the reading public doesn't know that.

MS: It's a form of selfishness. People want the credit to come to them but they don't acknowledge the source. We have had a huge influence on the culture, unacknowledged to a large extent.

SG: Exactly.

MS: Then the question is what our true role is here? Are we really a small secret school? We are not. We simply need to be comfortable with our true identity, and that is that we continue to train practitioners at the highest possible level and put them in a place where they are capable of making a really good living by practicing something that's very useful to their community. The waves will go out from there and maybe there's only two thousand or three thousand Rolfers in the US. It doesn't matter. All I care about is that we put some people out there who are capable of working at the highest possible level.

SG: And to attract those people who want to work at that level as well.

MS: That's right exactly. There is a way in which we are working under the radar of the dominant culture and that's fine. That's where we are. That's where we are doing our work. It's okay with me. It may change someday. We've had a huge effect that we don't get credit for. That's okay with me too, as long as keep training practitioners at the highest level. That's our job. If we do that, Ida would be happy.

I remember I was in New York with her. She was giving a speech at Hunter College, and it was the first time in public that she talked about energy. At that time, we had a couple of people on the board, and Ida was looking for money. She was staying on the Upper East Side in this beautiful loft. We were hanging out at night, it was pretty late, drinking cognac and talking. I said, "You know, you've done a lot and you've got an institute now. It's an organization. You got enough people trained and you have trained some teachers. You must be proud of that. If I were to ask you, what are you really proud of, what would you say?" She looked at me and said, "I'm very happy that I've found something that people could do that is useful,"

SG: Is there anything better?"

MS: Yeah, exactly. I could put people to work doing some useful. That's our job.

SG: Thank you, Michael, for your time.

MS: My pleasure.

Michael Salvesson was educated in philosophy and religion, trained as a Rolfer by Dr. Rolf in 1969, trained as an Advanced Rolfer in the first AT Rolf taught, and trained by Rolf to be one of the five instructors of Rolfing SI she trained in her lifetime. Michael was president of the Rolf Institute from 1978 to 1982. He has been a practitioner of Taoist chi gong for twenty-five years. He is currently working to develop a coherent Rolfing approach to the ligamentous bed that controls movement and position of the articular surfaces of the body.

Szaja Gottlieb first received Rolfing sessions in 1978, which resulted in him becoming a stone sculptor, which, in turn, led to his becoming a Rolfer in 2001. He lives with his wife Ko and daughter Judith in Los Osos, California and practices in San Luis Obispo and Ventura. He believes in the transformational potency of SI.

Emmett Hutchins

In Memoriam

By Nicholas French, PhD, Certified Advanced Rolfer™

From the Editor-in-Chief: For many, Emmett Hutchins was a beloved personage in the Rolf lineage, an inspiring teacher, practitioner, mentor, or friend. For others he was a controversial figure because of his pivotal role in 'the split' and his acrimony toward the Rolf Institute® after he left. This presents a challenge in writing about his passing and his legacy. It may offend some who expect only tributes, yet it seems imperative to present the full man, in order to perhaps understand more about both his contributions and the wounds that linger in our community. I am grateful to Nicholas French for taking this on with honesty, compassion, and a depth of insight into a man who he knew variously as teacher, colleague, and friend.



Emmett Hutchins, September 2015, shortly after his eighty-first birthday. Photo by Amber Leigh Burnham, used with permission.

In 1979 we had to accept the death of Dr. Ida P. Rolf, the brilliant, far-seeing founder of our work. In 2005 we lost Peter Melchior, the first of her students that Dr. Rolf asked to teach the work, a man whose knowledge, sure touch, and sense of humor made him a legend in our Institute (though he scoffed at such an idea). Now we must say goodbye to another pivotal figure in the evolution of our Institute: Emmett Hutchins, an intellectually gifted man whose shyness and need for solitude often earned him a sense of mystery, or at least detachment. In 1971 he and Peter were the first two of Dr. Rolf's students that she entrusted with teaching her work. Both men were brilliant Rolfers and fine teachers and gave the

greater part of their lives to that work, and they are deservedly honored for that by their students and faculty colleagues.

Peter and Emmett had very contrasting personalities, but when they taught together the contrasts seemed only to add to the clarity and effectiveness of the ideas they offered. Similarly, the way they demonstrated the possibilities of seeing what was needed and the hands-on contact that would elicit the required change tended to draw great admiration from students – fairly normal for basic Rolfing® Structural Integration classes, but somehow the Hutchins/Melchior chemistry seemed to magnify the effect.

But those close to Emmett knew that teaching was often a serious challenge for him, because he also struggled with a psychological disorder that could suddenly elicit overwhelming fear or rage, often robbing him of reason. Emmett's intellectual brilliance would suddenly be lost to emotions he couldn't control; people he loved might seem frighteningly dangerous, the familiar world lost and nightmarish. After an early, terrifying experience of being confined in a hospital as psychotic, he made his partner, Dick Stenstadvoid (for years the Executive Director of the Rolf Institute), swear never to hospitalize him again. And so his close friends and the members of their household did their best to conceal that struggle and protect him from both his personal demons and the outside world.

Emmett told me that when he was a boy, his mother, a fervent believer in a Christian sect, would call him inside at a certain time every day and do her best to "... Beat the sin out of me, to cleanse me of the devil's influences." How does a child, especially a sensitive boy, find a way to balance such drastic opposites, especially when a central figure in his world presents them as inescapably real? The gifted Swiss psychoanalyst Carl Jung wrote about the need to recognize that no matter what one believes (or wishes to believe) about oneself, it is deeply important to uncover the darker aspects in the unconscious, to know our 'shadow' side. I never heard Emmett mention Jung, but he did spend a lot of time studying astrology and striving for perfection; perhaps those efforts were his way of trying to fight off those personal demons. And well before Colorado legalized marijuana, he smoked a lot of it, perhaps seeking escape from his nightmarish thoughts and emotions, eventually becoming so habituated to it that the effect wasn't noticed unless one looked closely at the pupils of his eyes. Even so, Emmett would periodically lose his balance and Dick would suddenly have to call Peter to take over the class Emmett had been teaching.

Clearly, life was often very problematic for Emmett. His devotion to his personal understanding of Dr. Rolf's work often led him to criticize the views of other faculty members. It's possible that was a projection of his own sense of being imperfect as a teacher, but he often focused it on other teachers, especially if he thought they were

trying to change what was being taught. In a group of intelligent and creative people who were following their own intuitions and experience, being treated like heretics or unbelievers was understandably disagreeable. If the tension hit a certain level, Emmett would simply walk out on the meeting. Even though we all saw our teaching as sharing what Dr. Rolf had taught us, it was clear that there was increasing dissension in the faculty.

In 1990, an audit of the Rolf Institute's books and accounts revealed irregularities indicating that someone had been misappropriating funds. Dick, the one in charge, quickly resigned. In a letter to the membership he denied any wrongdoing, but added that if he *had* used Institute funds improperly, it would have been appropriate as part of his work as Executive Director of the Rolf Institute. While many Institute members saw that as a confession of guilt, many others defended him. Emotions on both sides became so heated that many members worried that the Institute would not survive a split, though one was clearly inevitable.

Dick quickly took up the idea of having a separate school, calling it what Dr. Rolf had originally called her group: The Guild for Structural Integration. Emmett was its first teacher, and later Peter and a couple of other Rolf Institute faculty joined them. Both schools have been training ever since, and though a few attempts have been made over the years to find peace, they were unsuccessful. The shouting died down over time, but opposing beliefs have left us with a wound that has never healed. Because so many contradictory stories spread through our Institute so quickly, most of them inaccurate and based on heated emotions or old disagreements, lines of opposition formed — each side certain it had The One And Only Truth. As usual, no position was without some mistaken impression, but friendships suffered and ideas of wrongdoing have hung on too long. Is it possible to face that old wound and move toward healing?

While the Guild maintained an office in Boulder and held classes there until a year or two ago, Emmett and Dick moved their household to Hawaii, where they continued to hold classes. Dick died there several years ago, and the Guild's board of directors shifted the office to Salt Lake City, Utah. Emmett continued to teach as long as he was able.

Whatever disagreements remain from the past, I hope Emmett's passion for structural integration and his teaching skills will stand as a contribution of great value. They did not disappear with Emmett's passing; their influence lives on in a large number of his students and has undoubtedly touched a great number of clients — deeply. After all, that was Emmett's style.

May he finally be at peace.

Nicholas French, PhD, has been a member of the Rolf Institute since 1976. His first teachers were Emmett Hutchins, Ida Rolf, and Peter Melchior. He later was made a teacher and taught Rolfing classes in Boulder, Munich, Paris, São Paulo, and Adelaide, Australia. He has twice served on the Board of Directors of the Rolf Institute. In 1991 he left the faculty to enter seven and a half years of training as a psychoanalyst at the Jung Institute of Dallas. He lives in Dallas, Texas, and continues to stay busy in both practices.

Spirit of Movement

An Interview with Judith Aston-Lindereth on the Early History of the Rolf Movement® Work

By Shonnie Carson, Certified Advanced Rolfer™ and Judith Aston-Lindereth

Note from Shonnie Carson: This interview was conducted on September 16, 2015. Judith Aston was in Palm Springs, California teaching a workshop and I drove from Phoenix, Arizona to do an interview with her. The chance to be able to document more history of the Rolf Institute® and the early history of the movement work was just too valuable to pass up.

Shonnie Carson: My first question for you, Judith, is how and when did you meet Dr. Rolf?

Judith Aston-Lindereth: I had had two rather serious car accidents in 1966 and 1967. In one of them I was braking and someone going more than fifty miles per hour rear-ended me. This left me in a great deal of pain and flexed over. I was teaching movement, dance, and fitness at a college, and I was also doing classes on the weekends in La Jolla at Kiro's. It was kind of like a New Age, Esalen-type center and Fritz Perls and various people were also doing workshops there. I became the 'movement lady' on the weekends, and so I was asked to do the movement for Fritz Perls' workshop. One of the leaders there, Dr. Tom Munson, was a psychiatrist and he got me involved in his work assisting his patients to understand what was happening in their bodies and therefore how they could listen to their bodies to make sense of what was going on. Dr. Munson said, "I know you are still having a lot of pain from this accident and no one seems to be able to help you. I've heard of a white witch named Dr. Ida Rolf. She's going to be coming to Esalen to teach a class this spring [1968] and I think you should see her."

So off I went to Esalen. Dr. Rolf was working down at the baths in a little room doing her



Judith Aston-Lindereth



Shonnie Carson

sessions but she has no cancellations. So every time she opens the door I'm sitting on the stairs and she says, "Not you again," and I say, "Well I'm just waiting until you have a cancellation." Then the day goes on and the next day I'm there also. She opens her door and says, "Listen, be here tomorrow at two o'clock and I can see you."

Ida had done her homework about me somehow. Maybe she had asked people who is this strange person sitting on my doorstep, because when I had this first appointment with Dr. Rolf (and Dr. Rolf did all of my Series, by the way, which was a treat) she said, "I understand you design movement programs," and I (hesitatingly) said, "Yes" (like how did she know that and why?). And she said, "Well I wonder if you could create a movement program for my work?" I said, "Really?" and she said, "Yes, structural integration." I said sure, because one of the things about me is that this whole life I've always looked at things in a certain, evidently creative way and I'm always trying to create something that makes things better, faster or more efficient in some way. That's what I had been doing for the college. They asked me to create a movement program for athletes, and for the theater department, and for the students, music department, etc., and so I did.

SC: Did she ask during the first session or after or during your ten sessions?

JAL: This is during the first session. Dr. Rolf always got to the point. So the first session was truly amazing. I had been to all these doctors and the last one said, "Well I think really you should see a psychologist because I think your pain might be there." I'm thinking, "Well I'm really miserable. I am co-leading workshops with a psychiatrist and he's the one who led me to Dr. Rolf." In the first session as she worked, and I'm a wuss when it comes to pain, it hurt. But as soon as she stopped it didn't, and I could feel the difference immediately, immediately! It was like *whoa*, this is amazing! Then she'd do more and oh my goodness, some of the pain is reduced! And then more work and then even more of the pain was gone. This was interspersed with Dr. Rolf saying, "Well, I'd have to train you."

SC: So you have some understanding of what we are doing [we are both laughing at this point].

JAL: I said, "Oh, uh huh, ok." In designing previous movement programs, I would just

go and watch them perform or play golf or whatever it was they were doing, and I could see, because of my mathematical tendencies, common denominators between what they were doing, and what their coaches were saying they weren't doing, and I'd quickly start to design the movement. So this was a new thing that she had to train me. She said, "You're too small, you'll never make it in the field, but I need to train you so you know what to do." And I said, "Oh . . . Okay."

The reason I will never forget this happened in the first session is because I had plans to go to Europe in a few weeks and I was pretty excited because it would be my first time. She said, "The class starts in mid-June, and I said, "Oh Dr. Rolf, I won't be able to come, perhaps another class. I am going to Europe and I am so excited!" She said, "No, the class starts June 12th." I said, "No, no, Dr. Rolf, I've been really planning this a long time and I don't know that I could change it." She said, "CHANGE IT!" [we are both laughing again] and I knew I had to change it, so I did and I was there. That was my first experience with Dr. Rolf.

SC: How old were you when you met her?

JAL: In my mid twenties.

SC: And your background was in?

JAL: My background was in quite a few things, all to do with movement. I had a BA and master's from UCLA in dance education and fitness/physical education. My aptitudes were mainly anything to do with math and abstract thinking. When I was in high school I assisted with a class teaching blind students so I learned Braille, and the teacher asked me what I wanted to do. I said be a flight attendant. [We are both laughing again.] The teacher said "No - why?" I said because I wanted to travel. She said "You can travel anytime, what's the matter with you, your aptitudes are all in math, you could be an engineer!" And I said, "They have lady engineers?" [laughter] So that's where I was in 1959 - "They have lady engineers?"

SC: [laughing] Yep, I can relate.

JAL: I immediately went to school and started studying the new math, which was like playing games for me. But then I got into dance and movement more and my teacher at the time told me I should really think about going to UCLA dance department. So I did. I met Juana de Laban, Alma Hawkins, all these amazing teachers. My thesis in 1965 was about movement as

communication, be it dance or everyday movement or stillness. I was fascinated with how people expressed the same emotion depending on their culture.

So when I started teaching at the college in 1963 I became fascinated with movement, all aspects, then communication, then teaching, observing how people taught. I was intrigued to find that the secondary education degree I received was not so helpful. My techniques of explanation, demonstration, intimidation were not working. I observed this idea that people don't learn on the 'no' - they learn to freeze on the 'no'. They don't take it in. So in 1964 I changed my whole teaching around to teach people on the 'yes' and I saw fantastic results. All of these things led me to work with this psychiatrist with his patients about movement, communication, and emotion and that's where I was.

SC: And then you met Miss Ida.

JAL: And then I met Miss Ida.

SC: I am interested in your observations about her work. What was your experience of the work when you received it from her and when you went through training? How did that feed into all of these perceptions of movement that you've been telling me about?

JAL: Well, Dr. Rolf often taught on the 'no'. [Begins some funny imitations of Ida and we are both laughing.] "What's the matter with you man? No don't do that! Line up - who's got the worst pelvis? Ok, trainees pick - who has the worst pelvis? I will give a session to them." I was an auditor. Ed Maupin was in that class, Will Johnson . . . It was in the 'Big House' at Big Sur. I learned I saw bodies differently from her. Dr. Rolf knew the musculature, the anatomy, and I saw the space. She saw in terms of anatomy and I see in terms of space. When I would say I saw a pelvic tilt on the left she would say, "Yes, that's right, it's a tight psoas, why don't you just say that?"

I also had another role in that first training. I became Dr. Rolf's 'Girl Friday'. I got her groceries, drove to Carmel to drop off and pick up her cleaning, ran errands, kept her schedule, etc., and then between I audited. I say that because at the time I wasn't really a very gracious Girl Friday. I had never had that role and I think I would be much better at it now with life's lessons. I also loved Dr. Rolf and I very much wanted to help her in any way I could, but some of those tasks felt like they were taking me away

from what was important. But, never fear, I connected Rosemary Feitis to Dr. Rolf!

SC: [laughing] Well now there's an interesting little factoid I was not aware of!

JAL: [laughing] Early on, Rosemary used to tease me once in a while and say, "I'm not sure I'm happy that you got me into this." Rosemary really changed things.

SC: When did you find Rosemary?

JAL: In 1971. I taught the first class in a house she was renting, and I introduced them. She was such a gift to Dr. Rolf, their brilliant minds together and what they could achieve. I'm sure one of the disappointments that Dr. Rolf had with me was that I didn't know enough about the world of music, books, people, etc. or the latest artists in classical music, and you know Rosemary would know all of those things. Dr. Rolf and I actually had a very strong bond and I would be a source of entertainment for her. I like to laugh and create humor and she had this wonderful laugh that just changed the energy of the room to the most wonderful thing ever.

SC: With my nature I'd be making every effort to elicit that and I bet you were too.

JAL: Yes, yes. The next training was not until February in Los Angeles. What happened on the last day of that first class, she waited until everyone left then she walked out to the car with me and she said, "I'm not going to take you on." WHAT! And she said, "No, you're just too small, it won't work." And I said in my sarcastic way, "You didn't know this two days ago or last week or six weeks ago?" She said, "I've decided now." And I said, "Well you're wrong." So in the next six months I managed to gain about ten pounds, I went to massage school, and then I was teaching massage at the college, and I became the person who would sign off on Rolfers to complete their massage requirement. I heard she was coming to LA in November 1968. So I walked in to the motel, there were quite a few people around her, and I walked in with my best Rolf 'Line' and my Rolf walk with full payment in a check.

SC: Yep, there it is! [We are both laughing because she is doing this wonderful demonstration of something I used to see everyone in the Institute do back then, which was a rather stiff walk with elbows out, knees straight forward, etc.]

JAL: I handed her my check. This is what she used to do when you finally would get

to her, somebody would pester her and pester her. If it turned to 'yes', this is how she said it: "Okay, Okay, Okay!" So I said, "I take that as a yes." She said, "Yes," so I said, "Okay I'll see you in February."

JAL: The training happened at a hotel right there on Sunset by UCLA in February 1969. Emmett [Hutchins] audited that class. She didn't tell me before, but when I got there she told me that I would do my private sessions (with clients) in another room under the supervision of Dorothy Nolte. She said Dorothy specialized in working with small women and children. On the last day of class she said to me privately, "You know Dorothy has a movement program, perhaps you should do that." Well I had no idea where this was coming from and I said, "Oh is this a new program?" She said, "Oh no, no, she's been doing it for years."

I went to work with Dorothy, we became pretty good friends, and I think I had two sessions with her. Then I called Dr. Rolf and said, "It's beautiful work [I think it was called Structural Awareness] but it's not at all what I have in mind. So you need to tell me what you want. I want to create a program of movement forms that will teach people how to take care of themselves, so they can apply it to their running, their yoga, their fitness, and use it in whatever task they want to do. It's going to apply to all of their life. It's going to teach them ways to use the body in everyday living. So just let me know now, yes or no." Significant pause, then she said "Okay, okay, okay." I said, "What does that mean?" She said "Okay, go create."

As I was putting the program together in either late 1970 or early 1971, Dr. Rolf was going to be in the same vicinity and she came to watch me work with students. I showed her how I had taken her movements and integrated them into things that were being used, like pelvic tilt forward and backward, arm movements, thumbs up thumbs down, etc., which I think may have come from Dr. Rolf's study of Mensendieck work. I created a rather extensive program and in 1971 I trained ten people in that first ten-day class. This created the movement education department for Rolfing® Structural Integration (SI), and as the head of that, I became a board member. Emmett Hutchins and Peter Melchior were training with Dr. Rolf at that time to eventually solo teach the structural trainings.

SC: Can you remember who the students were?

JAL: Sharon Wheeler, Gael Rosewood, Marya Melchior, Faith Hornbacher, Elisa Lodge, Annie McCoombs, Lynn Johnson, Bill Williams, and Douglas Wallace. Others who did the movement certification before I left were Richard Schultz, Heather Wing, Megan James, Elissa Johnson, Mary Bond, Richard Wheeler, Joseph Heller, Linda Krier, Elizabeth McIver, Lynn Blake, Roger Pierce, and many others. By teaching all the movement certifications and teaching movement classes for all Rolf practitioners, I probably had the opportunity to work with three hundred students. I do remember that when I asked Dr. Rolf about her interest in my class she said, "Well, I realize that it will give the wives of the Rolfers something to do and it will promote the work." What! I remember thinking, "Oh, Dr. Rolf, that is not what this is meant to be, this is so much more than that." But maybe that's why she said yes. I don't know, but it showed the attitudes of that era.

SC: When I moved to Boulder in 1972 I was in the process of finishing my Ten Series with Emmett and I had several sessions with the two of you together.

JAL: Yes, I remember you from then.

SC: I was trying very hard to finish all my requirements for training. I wanted to make sure they couldn't turn me down for anything. The movement person I worked with was Marya Melchior and I remember those things you are describing, the arm rotations with the thumb and the small finger, the head rotations, and a series of leg and foot movements that actually changed my entire structure.

JAL: Many people told me how useful it was. I saw that you had to individualize the work for each person and I have taken great pride in being able to teach people about teaching. So as soon as I finished the first class, I was busy changing it to the next piece, and it grew from one week to eight weeks.

I'm so glad Dr. Rolf brought fascia to everyone's attention. I am better at seeing and questioning how fascia can be tugging on everything. Dr. Rolf said, "You should teach seeing." I agreed. I could teach people how to see body relationships and then how to use their body mechanics for doing the work. I created a four-day class, Movement Analysis, and I traveled around from 1971 to 1977 teaching these classes, they were required in the training. There were times when Ida and I were teaching in the same location and I would assist if she was doing

a training class, so I was involved with several of the trainings.

One of the things that pleased me the most was that in the Big Sur house early on, probably 1972, she was sitting next to me in class watching sessions and she plopped her hand in my lap. I started working on her hands and fingers, she had very strong arthritis, which is why her work didn't hurt the same way. She was having everyone use straight fingers, 90-degree pressing in, to do the work, and her fingers, because of the arthritis, couldn't do that. So through the years her work became more 'round', which was good. Here's the piece I wanted to mention. She asked me to stay after class and work with her and I did a whole session on her. Well, I was so honored. I think I did a number of sessions on her when we were in the same location like Florida, New Jersey, some of the other places. I didn't see her regularly. Her son Dick was the person she saw for regular work and I think Emmett later on. I remember one time she gave me a check and I really didn't want to cash it because I just wanted to frame it [laughing], but I needed the money so I cashed it. She did give a nice photograph of her to me inscribed "To Judith Aston – spirit of movement" (see Figure 1). That was very special to me.

SC: What a nice thing.

JAL: As I was doing this work between 1971 and 1976, I was having all these ideas about working with people and their bodies. I began to discover if I could get [practitioners] to incline their bodies [so they] were more angled instead of perpendicular in the work, the tissue would open more easily. I started bringing in all these ideas. The ideas were very well received for the most part because the client experienced less pain and the practitioners less wear on their body, particularly their fingers and knuckles. There were jokes from practitioners saying, "Do I have to give a rebate because I don't feel like I'm working as hard. Are the clients getting their money's worth?" I said, "No rebates, I think it is being more effective." I was discovering all of these things about getting to point A by going into the body just an inch and going in a circuitous route to go through what I now understand is fascia. I figured out a way to spiral through tissue to get to bone. I could work the periosteum. But people wouldn't think they were getting deep work because it didn't hurt as much. I felt because I was working on Ida surely she would have said if she didn't like what I was

doing. But maybe she thought I just couldn't get it, I didn't weigh enough, and she'd just let me be. Perhaps the idea she had early on that you had to really dig to make a change would no longer be as relevant to her now, but they were theories at the time.

SC: When did you decide to go out on your own and why? I think that is what you are coming up to now.

JAL: Yep, that's where we are. I had created certain movement designs, for example that would be useful for the legs, arms, etc., and those were taught. But I kept finding that as I looked at the individual I needed to tailor the movement for that particular body and its specific issues. If someone came in who did white-water kayaking, I would listen to what he did and how he used his body and develop a specific movement for him. Or if a woman had a hysterectomy or C-section, I discovered later that perhaps the surgeon being right-handed or left-handed would affect how the incision was made and how the different layers were sutured together and they would have some extra tissue that was tucked under, etc. I would have to address those specifics with different

spiraling moves at different layers to affect the patterns accurately. I would share these discoveries with the next class, and the work kept expanding.

SC: As it should be.

JAL: As it should be. I was teaching people, for example, my discovery that I don't believe the 90-degree plumb line is accurate to the Earth – I'm sorry Dr. Rolf, I know it's a medical model as well. I deduced that if we are aligned and centered over the malleolus, and that is at 90 degrees, then that would center our weight over the back half of the foot. My quick wit made me think that maybe we were supposed to have an aft foot, and maybe this is the problem. But if we change the plumb line to run through the front of the ankle hinge and use a slightly open stance, then this would distribute the weight of the body more evenly through the front and back of the foot. I should point out that Dr. Rolf's cueing for alignment was to stand with your feet close and straight ahead, knees soft, waistline back, chest forward and up, elbows facing out to the sides, chin in and top of the head up.

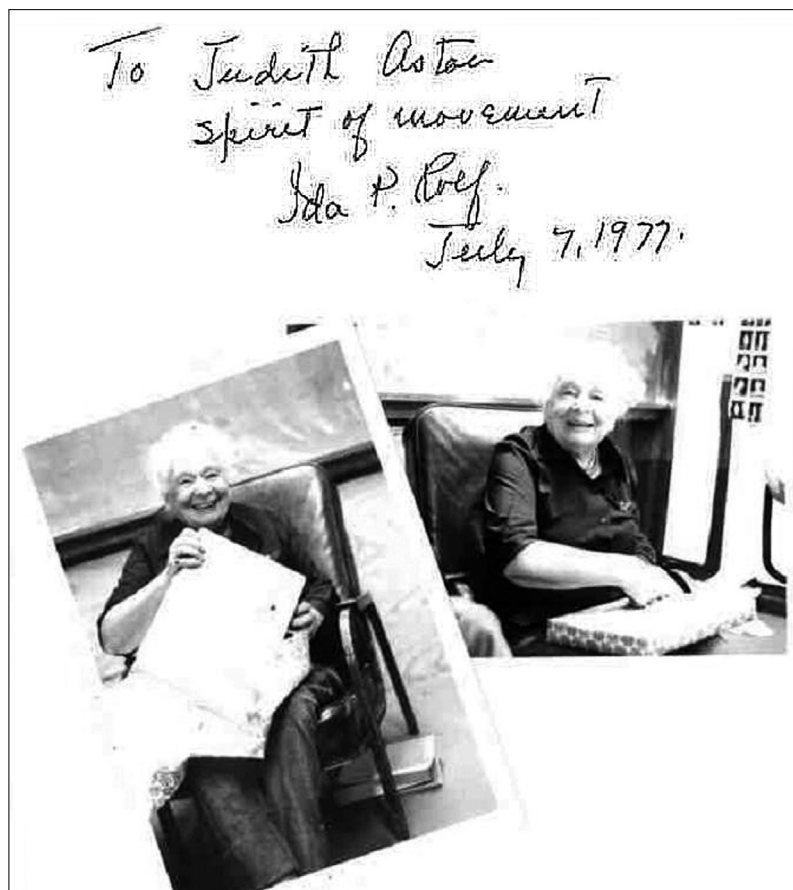


Figure 1: Ida Rolf's gift to Judith Aston.

I began to change the position to a more open stance. When your weight comes slightly forward of the malleolus and centers on the whole foot, you feel less torsion in the tissue particularly around the hips to lower legs. Rolfers would say to me "Heresy! You are actually in danger of getting in trouble now, Judith." And I would say, "Well, just try it and you will feel the difference. Stand and put your feet close together, facing straight forward, centrally aligned over the malleoli and transfer your weight from one leg to the other, and then do the same thing with the feet in a slightly more open stance and you can feel the weight comes forward and the difference in the tissue around the upper and lower leg."

My ideas started expanding like crazy: the way I thought, the way I taught, and exercised. It started changing everything. When I added the idea that the body is supposed to be asymmetrical, well now I was in even bigger trouble. In 1974 I had a session with a young boy who had drowned in a pool, was rescued, but lived within his stiffened body until he was five years old. When I looked at him I immediately saw negative (blank) space behind his neck, on one side, etc. So I ran to get blankets and pillows and I used them to support those spaces. He relaxed somewhat and blinked his eyes as if to thank me. [Then] I started to work and I tried my Rolfing work, stretching, pulling, static contraction, on and on. I tried everything I knew and I felt like he was just getting tighter. I decided to form my hand to match his contracted hand and just listen. As I listened I could feel the tissue start to unwind, and I would follow and it would release, and when I stopped his hand and arm were slightly more open. Again he did the eye blinking, perhaps to say yes. I hoped it was an indication it was helping. It felt as though we were communicating, and we had a wonderful session together with a lot of change.

Sometime later walking by the water in Tiburon looking all about, I stepped into a hole and sprained my ankle. It felt like a bad one. So I tried the above techniques on myself, to honor what is, to match it, and unwind it by going in reverse of the injury sequence. I realized by working with the functional pattern through movement, it changed and neutralized significantly, leaving me with the actual injury instead of the reaction to the injury. It was manageable and I walked home.

By 1975-1976, I was making a distinction between functional holding patterns and structural holding patterns. Functional holding patterns are more easily changed through movement, rest, meditation, etc. Structural holding patterns needed hands-on work to release rather quickly. But in teaching, I was working with people who had not had the Ten Series, and both the students and I could see how much they changed by releasing the functional holding patterns. Why not do that at the beginning of the session so the Rolf knows exactly what is left in the structural holding pattern that needs to be released? I started exploring asymmetrical spiraling as a way of negotiating balance between functional and structural patterns. I remember Dr. Rolf said to me, "Don't have the people you train work with anyone until they have done the ten-session series." People were getting nervous for me.

SC: Because you were flying in the face of current thinking?

JAL: Well, probably. I was not hiding. I was sharing my explorations and discoveries as they came along. In 1976 I organized a rafting trip on the Colorado River with sixteen Rolfers, and the first night I laid down on my little mat with my pillow and I couldn't sleep because I was so uncomfortable. The next night I took all the clothes out of my backpack and used them to fill in all the empty spaces as pillows for my neck, shoulders, etc. and I slept like a baby. I realized this might be happening with clients when they were on the table. Instead of being supported on their side or on their stomach, they were in lying in certain compromised positions that added stress to their bodies. This had me working on positional tension instead of their true body tension. I began to use pillows with clients to support them in their available neutral while they were getting work. So I start teaching this to others and people were appreciating the information. I also developed some pillow designs for people to specifically use for body supports. In 1977 Dr. Rolf had an advanced training for the faculty and someone said (I realize now they were just pushing me), "Judith, show Ida your body supports." I said, "Later," and Dr. Rolf said, "Yes, show me." So I took a deep breath and thought, well here goes.

SC: Into the breach.

JAL: Yes, into the cauldron [rolls her eyes]. I started demonstrating and talking about my

thinking and techniques. I'm watching her and she was looking more and more tense, with a very hard expression. The angle of her head was changing and her triple Taurus was about to charge. She said, "You stop that! You stop that now! Stop pampering the client! I'm telling you if it's not hurting [causing pain], you're not getting it!" End of story. That was it. When she said that, I was shocked that I had missed that bottom line as I had found a way to work so deeply and it didn't have to hurt.

JAL: In 1977 or early 1978, evidently an article came out that I believe was connected to the Humanistic Psychology organization. I say this because I don't exactly know, but I think there may have been a connection as earlier that year I was invited to be a speaker at the Humanistic Psychology convention. I never saw the article. It evidently said something like "Judith Aston, an originating genius, has created soft Rolfing [SI]." The reason I know about it is that I was a board member of the Rolf Institute and head of the movement department, and suddenly the board was having meetings without me and I was called in. The head of the board said to me, "We are all originating geniuses, why are you getting this attention?" I said, "I know nothing about this, I had nothing to do with this. What are you accusing me of?" The head of the board [assumed I had been interviewed, which was not the case]. It was evident that these people gathered at this board meeting because of the article [that I had nothing to do with]. One of the board members said, "Well show us what you do and we'll tell you if it works." I said, "Oh you guys, I know in advance you are not going to like my answer, I would have to train you for you to be able to evaluate it, and I don't think this will happen." It deteriorated from there. There were many tears and many meetings called in the background.

SC: So did you just resign and walk away?

JAL: So here's the thing. I had no plan to move out on my own. That hadn't occurred to me. It was done for me. Dr. Rolf hadn't asked me to change her work, so I had to look at that. Through the spiraling work I was making it less compressive and less painful, but that was not her request. Recently, a Rolfers wondered if because of her biochemistry background she had an idea that you had to sustain pushing in order to 'melt' tissue and change the chemistry of it, and that's the first time I thought about that viewpoint. It was a harsh reality for me that it was what she

wanted me to do, because I was getting such fantastic results with this other way of working. Being small I learned how to use movement and leverage (mine and theirs) to work as deeply as was needed.

SC: With this work you were doing, you were able to get good change as with Rolfing work, that could be demonstrated photographically? And the results were sustainable?

JAL: Yes, not only were they sustainable, but with the movement work they could continue to improve on their own. I was also getting a lot of positive feedback from clients and practitioners about the changes. Depending on what layer is adhered, you may have something else surface next, so it is an ongoing process.

SC: Yes, I understand that. So now here you are swimming in the world outside of the Institute

JAL: Yes, it was ugly.

SC: I have no doubt. Was there some movement to try to discredit your work?

JAL: Yes, and me. A member who was very angry with me sent a letter that should have been personal to me, with many negative destructive statements, and the Rolf organization decided to mail it out. It was very traumatizing. I had to get an attorney and file a suit for slander with a request to retract statements that were being published.

SC: That's unfortunate. One of the most important questions, at least for me, is what have you learned from that? I think that things like that don't just happen randomly, there's a lesson there.

JAL: Always. Always, always. Being alienated from Ida was painful. The 'boys club' of the board members were speaking for her and I felt that she was put in a position of not being able to communicate with me or support me even if she wanted to. I realized later that perhaps she realized she was coming to the end of her time here and needed to make her organization stronger before she was no longer in charge. I realized that after all that had happened, I was creating too much stress for the Rolf organization. For myself, I felt limited to create within the current model of the Rolf paradigm, and if I changed one more thing, it would be a different paradigm.

SC: Was part of the lesson that you had to be independent and stand on your own with your work?

JAL: Well yes. I called her after it all happened and [said] I was sorry it had turned out this way. She said, "Judith, the world is certainly big enough for both of us." I thanked her. But because I was made out to be such an awful person, creating too much upset for Dr. Rolf, I didn't make contact again. When Jim Asher caught up with me in 2007, he said, "You know, Ida used to talk about you a lot when she was near her death." I said, "What? Why didn't you call me?" He said, "Well I thought you weren't speaking to her." I said that a wall had been created by the actions of the board and I didn't feel I could contact her. I would have flown to New Jersey to be with her. It was so sad for me because I loved her so much.

SC: What came next for you?

JAL: From 1976 on I was teaching Aston Patterning®, teaching people from all different kinds of professions. I would help them learn to 'see' and palpate, and I developed a system of notation I called 'body mapping.' I had many rewarding classes with Rolfers. After I left [the Rolf Institute], the movement people I had trained regrouped and formed Rolf Movement.

It was a big lesson for me. I realized I just needed to take a leap of faith and follow what was coming to me. I suddenly felt like someone had taken this cement hat off my head and I couldn't stop my creativity. I was inventing products like shoes, chairs, all kinds of things to help people. By 1983, I had 175 [inventions] I presented to a patent attorney, and he said, "Well I have good news and bad news. I believe you have discovered a law of nature. The bad news is it is really difficult to patent."

SC: My very last question is what are you most passionate about now?

JAL: One of the guidelines for my life has been to listen to things that invite my interest or my skill to help others. Lately the surgeries and mutilation I'm seeing, particularly with women and breast surgery, has sparked me to create a program that will be taught online. Our non-profit is applying for a grants right now to fund the design and filming. Most cancer survivors do not know how much they can reclaim and recover their bodies when they do movement, and even better with bodywork. They usually have some physical therapy after surgery. But one needs to be able to work with the three-dimensional body – I have written and spoken about my theory

of viewing the body in a '360 by 360 degree perspective' – not just the linear view of it. So I'm very excited about this project. I have seen the results from the pilot program. I have about twenty-five projects on my list to get done, so I am winding down my teaching and traveling in order to do that.

I'm most grateful for the curiosity and skills I have been given and the ability to help people in this life. I have always had such appreciation for Dr. Rolf introducing me to the magic of the body, for helping me to heal, and giving me a lifetime of inspiration and ways to help others. Thank you, Shonnie, for your interest and for asking me to share my history within the Rolf history.

SC: Well, Judith, I am most grateful for this wonderful time I've had with you sharing history, and I think this is a wonderful place to end this interview. Thank you so very much.

Judith Aston-Lindereth is widely recognized as a pioneer in the art and science of kinetics for her discovery of the Aston® paradigm and consequent development of Aston® Kinetics. Aston Kinetics is an educational system of movement, bodywork, fitness, and ergonomics that aims to treat each person's body as unique and customizes the work to match. Rather than enforcing physical symmetry, Aston Kinetics seeks to recognize which asymmetries are natural to a person's body and how to maximize their use. Early in her career, from 1963 to 1972, Aston taught movement, physical education, and dance for performing artists and athletes at Long Beach Community College. In 1968, at the request of Dr. Ida Rolf, she developed the movement education program for Rolfing SI and taught this program for nearly a decade. Aston is an author and inventor of an array of ergonomic products and movement programs. She continues to teach Aston Kinetics training and certification courses. For more information, visit astonkinetics.com or contact Aston Kinetics at office@astonkinetics.com.

Shonnie Carson, RN, BS, ANP, BCSI, Certified Advanced Rolfer was trained at the Rolf Institute in 1981. She has studied with most of Ida's original teachers/students. She had a full-time practice in Seattle, Washington for twenty-four years and now practices in Phoenix, Arizona. She has served as a member of the Rolf Institute's Law and Legislation Committee, a member of the IASI Board of Directors, and Vice-Chair of the Certification Board for Structural Integration. She can be contacted at shonnie@mybodyworks.com or www.mybodyworks.com.

An Awakening

My History with Rolfing® SI

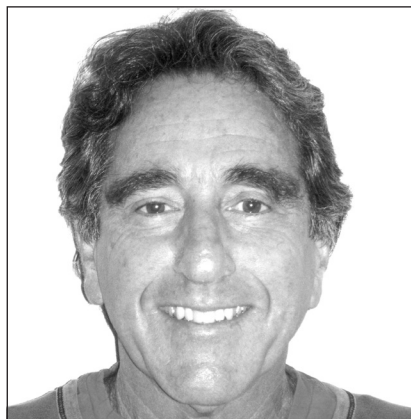
By Harvey Ruderian, Certified Advanced Rolfer™, Craniosacral Therapist, Aston Pattern®, as told to María Cristina Jiménez, Certified Advanced Rolfer

From María Cristina Jiménez: "The best way for me is to just talk and you edit it down. I want to tell the story, drop into the feeling and nuance of the time. I am now sixty-nine years old and practicing for over forty-three years . . ." Thus began my several-hour interview with Harvey Ruderian on January 24, 2016. I listened enthralled to his stories and his journey as he talks to me – a young practitioner – sharing about the old days, creating a picture of the embryology of this work. Thank you Harvey!

The Beginning

I got into Rolfing [Structural Integration (SI)] because throughout my childhood and teenage years I had multiple impacts and compression injuries. Since the age of eleven, I was a performing acrobat and competitive gymnast. I fell and crashed trying to learn new tricks, often on my head. I never broke any bones, just compressed them. My body collected these impacts, and by the time I was in college I was suffering from terrible migraine headaches. I was in constant pain, and kept a vial of codeine #4 in my pocket all the time.

When I finished at UCLA (1969), I entered law school trying to keep my military selective-service student deferment. I was desperately trying to stay out of the army and the Vietnam War, although I was prepared to leave the country rather than participate in US war crimes. Sure enough, they dropped the graduate deferments that year – 1970 – and I was notified to show up at the army induction center for my physical. I immediately went to my doctor to investigate why I was suffering from migraines. Additionally, my first and second fingers on my right hand were numb, as well as my left index finger. I was also suffering from terrible sciatica pain. My neck hurt all the time. We took CAT scans because there were no MRIs at the time, and the scans showed three large bone spurs and floating spicules/boney chips in my neck, and bulging discs in both the cervical and lower lumbar spine. My right eye was partly closed and the right side of my face slightly contracted. The army doctors took one look at my scans and expressed their sympathy and gave me my ticket to freedom: physical deferment from serving in the military. Since I didn't have any actual interest in studying law, I dropped out of law school the next day.



Harvey Ruderian



María Cristina Jiménez

My doctor referred me to two neurosurgeons who wanted to do surgery . . . immediately. I was twenty-three years old. I asked my doctor what could have caused these spurs? The doctor said they were probably caused by inflammation and said, "If I you don't get surgery, it'll just keep getting worse until you become paralyzed." I said "Thank you" and left. This was the beginning of my healing odyssey.

The Healing Journey

I moved up to Malibu and joined an organic biodynamic gardening community. I started doing yoga and joined an Alexander Lowen Bioenergetics group, to try to free up the stuck emotions that might be causing inflammation. I began meditating. I was doing acupuncture. I tried chiropractic and osteopathy. I swam in the ocean every day. I did five-day fasts every month. Did lots of shamanic journeys on LSD and peyote and mushrooms, and all of it helped my soul and changed my inner life, but my body was still hurting.

It was summer 1970 and I was having lunch with Sam Keen (publisher and editor of *Psychology Today* magazine), who I knew through a good friend of his and a political revolutionary mentor of mine, Reverend James Donaldson. Sam was getting [Rolfing sessions] in Big Sur and [told me to try it]. At that time, my guess is there were probably less than fifty certified Rolfers, at the most.

Joe Heller (founder of Hellerwork® SI) was part of the Bioenergetic training I was doing and turned me on to his Rolfer, Hal Fink (now Harold Milton), in Santa Barbara. I got my first session on my fifth day of fasting. It was the most extraordinarily, painfully liberating mind/body experience I'd ever had, beyond what I could've dreamed of. I never had another migraine after that first session. I cried and screamed and vibrated on the table throughout the session. The concept of 'titrate' was definitely not yet a part of the work in those days. Personally, I loved every moment of it. My body was so sore the next day that I could hardly stand up. My lymph glands under my arms were so swollen that I couldn't put my arms to my sides. I hit a temperature of 105 degrees by the third day after that first session and without antibiotics I continued to fast and detox on a master cleanse for the next ten days. After the fourth session I started having energetic awakenings up the spine. I went to the Bodhi Tree esoteric bookstore to see what these 10,000-volt electrical explosions from the sacrum up to the top of my head might be all about. When I meditated flowers would flow out of my third eye. At that point in my life, I had never heard much about *kundalini* energy. I found one book on the subject by Gopi Krishna. In my training, Ida referenced the two *nadi* lines, *ida* and *pingala*, that converge at the ganglion of impar as the seat of the kundalini. She occasionally referenced

metaphysical nuances and subtle anatomy in the training. I have a suspicion she began to drop these conversations in future trainings so as to emphasize the science and not the metascience. Perhaps better for social acceptability.

Rolfing [SI], for me, was an extraordinarily transformative experience, which changed my life and exposed me to a potential of beingness that was truly an awakening. The numbness in my fingers, my horrific sciatica pain, the contraction in my face, all cleared by the end of my ten sessions. Additionally, I had the realization that I had been holding in my neck the deep tensions of fear and terror and anger and abandonment – confluences of belief systems and suppressed emotional expressions collected from family and school and religion and government that I had learned to accept as truth. Growing up I was forced to swallow and digest a lot of information that was not *dharmaic* truth. Over the years, as a structural bodyworker, I've come to appreciate that much of what we are doing is trying to soften the deep gripping – the angst – both emotional/historical and psychospiritual – that is stored in our nervous system, organs, soft tissues, and bones. Our bodies contort to fit, to match all of those psycho-mental constraints. Suddenly I saw with Ida Rolf this visionary who had a system to help liberate the body from all of its history: social, cultural, ancestral, as well as all of the collected compressions and compensations from simply living in gravity.

So this is what it did for me. Being a yogi, I thought of Rolfing SI as a yogic practice. I had the wonderful privilege of driving Ida for many hours over many locations, and [had] conversations with her about various subjects including the evolution of the work. [Through this I came to learn] that while [the work] came from years of immersing herself into the exploration of hands-on impression of tissue and the quantum shifts that happened as she experimented to develop the sequence of sessions we know as the 'Recipe', she also told me that the work came to her through meditation and contemplation and pure insight.

Her son Dick Demmerle was teaching a class in New Jersey in the summer of 1974, in which I reviewed the practitioner training. He taught the entire training not as a Recipe but as a set of concepts, that he said is how he originally learned the work. He would say that the Recipe was designed as a template but the evolution of the Recipe

came out of concepts that became the first, second, etc., sessions as a map for learning. He wanted his students to understand the source of the Recipe. Mostly, nobody in class knew what he was saying or doing – way too advanced for first-time students to comprehend. The students convinced Maurice Paulson and I to hold evening classes and we taught the Recipe behind Dick's back. (He would have barbecued us had he found out!)

The Rolfing Interview and Training

In those days you had to be twenty-six years old to do the training. [Ida] was looking for maturity and commitment. She was looking for people who were already successful at something else and preferably college graduates. You had to go through a notorious interview process. She didn't care about your title. She wanted to meet you directly. She had a selection committee but *she* wanted to meet *you* and she wanted to see your hands.

I was in Taipei studying herbs with my brother when I heard that I finally, after two years, got my interview with Ida. I flew directly to Colorado stopping only in Los Angeles to buy a blue blazer, cut my hair, and shave my beard. I looked a lot different than the hippie picture I had sent in with my application. Jan Sultan later told me that Ida had said right before I came in that we "were only going to take a few minutes before dismissing this next person." When I walked in, six Rolfers were seated behind me: Jim Asher, Jan Sultan, Peter Melchior, Michael Salveson, John Lodge, and Emmett Hutchins. Ida was sitting on a throne-like chair, asking questions probably given to her by her then assistant Rosemary Feitis. Ida asked me, right off the bat – with a somewhat negative attitude – "What makes you think that being a Marine prepares you to be a Rolfer?" I told her I was never a Marine. In fact, I was adamantly against the war and was an anti-war activist in college. I could see she approved. One of the application questions [had been], "What makes you think you have the physical aptitude to perform the demands of a Rolfer?" I [had] answered that when I was in high school, John F. Kennedy – under the President's Council on Physical Fitness – tested all high school boys in the country for their level of fitness using the Marine Corps fitness test. Then they had regional runoffs, and I had the highest score in the country. I even broke the standing Marine Corps

fitness record, but I was never a Marine! Ida said, "That's impressive. Please stand up." She looks my body up and down and says, "Wow, I never would have thought it." Welcome to Ida Rolf!

Ida was looking for people who were going to be Rolfers for the rest of their life; not Rolfers as an adjunct of something else they did. She often said, "I only have a limited time left to train Rolfers. I don't have time for people who can't handle my teaching approach. I don't have time to train anybody who can't handle the rigors of the work for many years to come, because I only have time to teach so many people." She was very clear. Ida also didn't particularly want to train people who were going to set up an eclectic practice. She didn't want Rolfer/Gestalt therapist, Rolfer/rebirther, Rolfer/Reichian Therapist. She wanted practitioners who were dedicated to practicing Rolfing [SI]. At my selection interview, I shared with her that I had participated in Gestalt, rebirthing, bioenergetics, yoga, primal scream, and encounter groups. She looked at me and said, "Well, that is exactly what I am *not* looking for." I looked up at her, paused, and then said from my heart, "Rolfing [SI] is what got rid of my migraine headaches. Rolfing [SI] is what got rid of the numbness in my fingers. Nothing else did. Not osteopathy. Not chiropractic. Not any of the New Age therapeutic modalities. Only Rolfing [SI] healed my physical ailments and now I would like to change other people's lives. I can't think of a bigger honor."

"Thank you Harvey. That will be enough for now. You can leave the room," she said. I began to walk out, stopped, turned around and said, "And I will devote my life to Rolfing [SI]." Ida right then asked me to be a model in her upcoming Big Sur summer [Basic] and Advanced Training. She told me to [in the meantime] study anatomy, and closed with, "Harvey shake everyone's hands." That was special, because I knew at that moment that I [had] passed, but I could tell she also wanted everyone to feel my hands. So that was really cool. Everyone looked at me as I shook their hands as if saying, "Welcome to the family."

I went back to Malibu to write a paper that covered all the systems of the body including pretty much whatever I could find about fascia. Now in those days you couldn't find anything about fascia. There were no books or computers to look up 'fascia'. I had to go to a bookstore in Hollywood (Book Finders) where they

would try to find a book for you, and found one book on fascia in England. That's how little there was on fascia in those days. I got all my books, sat down, and spent the next three weeks writing. I wrote my paper on a typewriter and made carbon copies. I was typing my final draft when a fire came through Malibu and burned my house down, as well as all my books and the paper. I lost everything I owned at twenty-six years old, yet all I could think of was that I needed to get this paper done in the next couple weeks! I called Dick Stenstadvold – the [school] director [at that time it was called the Guild] – and told him my story. He said, “Well Harvey, that’s a lot better than the dog ate it.” We laughed and he said, “Harvey, what I want you to do now – with no books – is write the paper.” I took walks. I wrote. I meditated. I wrote a poem to Ida (circa 1973):

Primrose

*Rolfing [SI] tunes, as it tones,
the body, so that less static muffles
the energy of love from manifesting
from a place of scarcity toward an
abundance. Where there is no need,
but desire, which pours itself an
endless cup of dry wine.*

*Rolfing [SI] is an instrument of sweet
divinity shedding its light on those
who ask, and the self-affirmation
which already knows there’s
nowhere to go and nothing new to do –
so let’s do something different
and you reach out for more.*

*And Rolfing [SI] sharpens your speed
and accuracy while traveling thru
time and space. The minute little tiny
subtleties which travel from the navel
to the sun as mankind’s inner core
and outer armor, kiss and die and
kiss again. And sleeping serpents can
again blow their fire without being
crucified for loving.*

By the time I arrived in Big Sur for the summer class of 1973, Ida and I had discovered that we had a very dear friend in common. Additionally, her son, Dick Demmerle, and I became immediate good friends. I often was invited to dinner. First week of class, a leg of lamb, Ida’s favorite dish, was being passed around the table on a silver platter with vegetables. At that time I was being a vegetarian. When the platter got to me I took some vegetables and began to pass the platter when Ida said, with her

green-blue turquoise hawk eyes, “Harvey are you a vegetarian?” Everyone got quiet at the table. I knew right away there was only one right answer and it was “No.” Before she gave me the chance to answer, she politely, but firmly, told me that she did not think that combining essential amino acids from different sources could make a protein molecule strong enough to be able to withstand and endure the rigors of being a Rolfer over an extended period of time. Obviously, what she was saying was “I don’t train vegetarians.” I answered, “Ida, as an Armenian I was weaned on lamb. I love lamb.” So I took the lamb. Then she went on to say, “I need your commitment Harvey. In order to train you must promise me that you will not be a vegetarian.” Ida was 100% committed to her purpose. That’s masterful. That is why there is Rolfing [SI] today. She wasn’t trying to be nice . . . or not nice. She liked me plenty, but she had a higher calling. She was inviting me to be a part of something very special. That day I stopped being a vegetarian and found a special teacher.

In the practitioner class I, and others, had beards and/or long hair. One day she gave a talk before the seventh-session class and said, “I don’t care if you want to wear your hair long or have a beard, but let me put it this way, I need to see your cheeks. We need to see the change in your jawline and in the back of your neck.” She left it at that. And you walked away saying and thinking, “I believe she said we need to shave!”

A special Ida story happened with my dog, my white Belgian Shepherd, Shane. Someone shot him full of birdshot in his rear, probably a disturbed Malibu neighbor. About a year after removing most of the shot, his back legs stopped working. He could barely walk. I brought him to Big Sur during the 1973 summer class. Turned out Ida loved dogs, and horses. Ida and Dick worked on my dear friend. The two of them worked on him like a dance, a four-handed orchestra; no words, two Zen masters. I was worried he would bite them, but Ida and Dick reassured me that Shane would know that they were trying to help him. About fifteen minutes into the work, Shane, who could barely walk when he came in, walked around the back of the couch, jumped over the couch, and spritely walked up to Ida and Dick and just started licking them. He did what a dog does when he is joyously saying “Thank you.” I asked Ida if I could pay her and she said, “Yes, you can pay me

by promising me that you will study dog anatomy and that you will work on dogs.” During my next ten years of working in Malibu, people regularly brought their dogs and I worked on them. It was an interesting learning to work on animals. While they certainly learn protective mechanisms, they do not seem to carry the weight of grief and sorrow, the abandonment and longing, the resentment and fear and distrust that we see walk into our offices. So the change happens almost effortlessly.

Ida was a master. True masters are not known for their niceness. When I think of Ida, I think someone who is a tough lover; she was tough love. She said, “We are going to walk out into a world that has never heard of Rolfing [SI]. We will have people against us, and you will have results that are threatening to PTs and chiropractors and osteopaths and orthopedists, but actually, we are working in a whole other dimension. We are not doing fix-it work.”

The Work: Listening

Ida would say that Rolfing [SI] in its purest form is not found in books but it is in the deep art of listening and seeing. There’s a beautiful saying: “Be still and listen. Don’t even listen, just be still. Don’t even be still. Just be.” Ram Dass used to say the paradox is that when you find a master – a true teacher– you have to learn everything and practice everything s/he says without question or compromise, day after day, year after year, and if the teaching is true, the practice disappears and all you’re left with is your knowing; and the knowing comes through listening, and listening comes through being. Ida, along with a strong influence from Judith Aston, taught me a practice that eventually ‘disappeared’ from formulaic to non-formulaic. She modeled the courage to deeply listen to bodies.

My personal experience informed that the potential of this work includes the possibility for transmutation. A year after I got a physical deferment from the army, I was called back to get re-evaluated. I went back to the doctor to get new CAT scans and there were no bulging discs, no spurs, no bone chips. My spine was completely rejuvenated. The doctor – who was the Chief of Internal Medicine at Cedar’s [Cedar’s-Sinai Medical Center] – said it was remarkable. I told him about my adventures in the alternative healing culture of that time, especially emphasizing Rolfing SI. He said, “Harvey, talk like that is very embarrassing for a

college graduate. Sometimes spontaneous healing happens and we don't have any explanation for it, but for sure you will get yourself in trouble if you keep engaging in those voodoo practices."

I believe that the Rolfing SI I received in 1971 was the catalyst to reintegrate the physical, gravitational realities of life in my aching body with my more subtle energetic bodies; that it was the integrative convergence of the physical and subtle bodies that created a quantum shift in my 'being' and allowed for a 'spontaneous healing' of the dense boney spurs in my neck. My early Rolfing journey drove me through the physical mythology of my underworld – my social rage, familial hypocrisy, my personal impotence – facilitating [my finding] the courage to express the voice that was me, and to expand my personal commitment to nature, to humanity, to love. There were moments in that Rolfing process where the time-space continuum seemed to disappear and a critical mass of physical and subtle energetics allowed the causal to express itself as a transmutational healing.

Rolfing SI is potentially a practice in which transmutation is possible if you hold that possibility in your own being. Transmutation comes out of beingness. That's the depth of possibility through which we can potentially learn to listen when touching bodies. Firstly, you want to learn to use your hands to shape and match to the layer and tempo and direction of the tissue – usually with a three-dimensional impression and/or distraction around and through joints. You work with the sequence around which you get a quantum change. The important piece is to learn to assess through palpation, as you're working, moment to moment. Then you want to learn to integrate and blend. That's what Rolfing SI is.

Miraculously, the body tissues, organs, bones, etc. have an embryological memory – which helps us in our work, especially when the compensatory holding patterns are functional. Structural holding patterns and structural limitations/lesions/fixations that are the result of injuries/birth/traumas, etc. and have seated themselves in tissue change (adhesions, shortenings held by scar tissue, etc.) often require us to work with more impression and a lot more intention. That's where Rolfing SI really has its place. Eventually, when you palpate tissue you want to learn to listen to tissue motility: to listen and distinguish the various layers

and dimensions of energetics and fluid and tissue and how they communicate with each other. As you learn to match and shape to inherent motion, you step into the energetics of the fluidic body. It's at this layer of listening that you often find that the direction of an energetic strain pattern is different than the direction of the tissue strain. The tissue might be holding a strain pattern in a direction and layer different than the force vector held in the fluid body. You want to learn to organize these vectors and tissue strains such that the fluid motility and the tissue strain pattern synchronize as one harmonic expression of grace.

So what we call 'indirect work' means we work in the direction the tissue takes you, whether it's the direction of the grain of the tissue, or direction of motility, or down into a deeper level of listening which is the potential of beingness. Being is where you step out of the direction of motility manifesting from the fluid into the tissue, and you step into the presence of a pure energetic matrix. That energetic matrix is the embryological organizing principle of the body. When you match the tissue grain with the fluid motility and then with the underlying energetic matrix, tissues not only organize, but they organize in a way that contains a deep energetic ground substance, a primordial ground substance that stabilizes the structure through this amazing and mysterious organizing principle often referred to as the Breath of Life. Listening from a deep place of stillness, this organizing principle presents with a wave-like motion that emerges, in my experience, from outside the body, particulates around the midline of the body, and then moves back out again. When you listen from that depth of presence you will, in a very real sense, organize the deep functional holding patterns that are the angst of our everyday life, integrating one's own deep nature of self with the egocentric world we live in. What potentially emerges is an alchemical harmonic convergence and re-patterning, of learning to negotiate and communicate from love in a world that is mostly based on fear. The *Course of Miracles* reminds us that "love is letting go of fear."

One day after class in Big Sur in 1973, Ida asked if I would drive home with Dick as she was too tired and would prefer to stay the night at the classroom house. That evening as I lay in a bed very close to the front door, I awoke to a sensory feeling of

terror that made my hair stand on end. A very dark energy blob came through the closed door and floated straight down the hallway to a room where Ida would have been sleeping, turned around, and returned to exit out the closed front door. Totally freaked out, I woke up Dick and explained what I had witnessed. He explained to me that there were very dark forces that that did not want Ida to successfully present this evolutionary work to the world of light.

I'm forever grateful [for this work] . . . Thank you Ida for having a 'love of purpose' that transcended [any] fears.

Harvey Ruderian studied political science and economics at UCLA (1965-1970) and was certified as a Rolfer 1973 and as an Aston Patterner in 1983. He began cranial studies in 1985 and has studied with John Upledger, DO, Hugh Milne, DO (Visionary Craniosacral), and Scott Zamut (biodynamic craniosacral). He began visceral manipulation training in 1988 and has studied with Jean-Pierre Barral, Frank Lowen, Didier Prat, and Alain Gehin. He maintains a full-time practice in Santa Monica, California and lives in Malibu with his wife, dog, two cats, and fruit trees.

María Cristina Jiménez is a Certified Advanced Rolfer and a yoga teacher (ERYT 500) who has been teaching yoga since 2001. She was born and raised in San Juan, Puerto Rico. She's worked extensively with – and is deeply influenced by – Integral Anatomy's Gil Hedley and the great Bonnie Bainbridge Cohen and her Body-Mind Centering® work. She regularly mentors with Rolfers Jan Sultan, Benjamin Shields, and Harvey Ruderian, and has also mentored with Mary Bond and Bruce Schonfeld. She is training in craniosacral therapy and visceral manipulation. She completed her Rolfing certification in 2013 and has a thriving bodywork practice. In addition to her public yoga classes, María Cristina has contributed in over thirty-five different teacher trainings and immersions all around the Los Angeles area as well as nationally. She is known for her spiritual anatomy workshops, which help make anatomy accessible, relevant, and poetic.

Popular Ruts

Fascia Revisited

By Jane Eliza Stark, MS, DOMP (Canada)

Editor's Note: I first heard about Jane Eliza Stark from Rolfer™ Ron Murray. In looking into her book, Still's Fascia, and communicating with her, I thought that her work on fascia, its fluidity and contiguity, would be of interest to Rolfers, who have long been interested in osteopathic thought. Here we present an article she wrote, originally published in Thinking: A Review of the Sutherland Cranial Academy of Belgium [Volume 12, January (2011), pp.18-19] and reprinted here (lightly edited and with additional images) with permission. Following this article, we have an interview with Stark conducted by Ron Murray, and then a commentary on and review of her book.

"Popular Ruts" certainly seems like an odd title for an article about fascia, however, the phrase is an apt summary of how fascia is commonly understood today. Ensuring our logic and practice does not fall prey to the popular ruts of our time is fundamental to osteopathy today.

The term 'popular ruts' has its origin in the depressions or grooves or ruts created by the wheels of covered wagons (see Figure 1) as they traveled across the sandstone terrain of the American Midwest. As wagon after wagon headed westward during the 1800s, each successive passing of a wheel enlarged the rut. This process continued until the ruts were so unavoidably large that each subsequent wagon wheel was obliged to travel within the confines of the same rut. Some of these depressions were so deep and so permanent that they remain visible today, 150 years later (see Figure 2).

The problem with ruts lies in the fact that, not only are they easy to fall into, but, more importantly, they are extremely difficult to get out of. Unavoidably drawn into a rut and then trapped there is exactly how A.T. Still viewed the traditional medical teaching of previous millennia. He wrote (Still 1897, 285), "Since the days of Aesculapius [Greek God of medicine and healing] the delusion has flourished that man must swallow medicine to rid himself of disease." Still accused the medical system – educators, practitioners, and even patients – of using oral medicine to superficially relieve symptoms; they were all, in his opinion, in the same rut . . . a very, very deep one.

The deliverance of a community from entrapment in rut-like thinking requires a paradigm shift. Copernicus did this, displacing in the minds of Earth's inhabitants their unquestionable belief that planet Earth was the center of the universe. Still



Figure 1. Covered wagon from the 1800s. Photo by Verne Equinox (Own work) [CC BY 3.0 (<http://creativecommons.org/licenses/by/3.0/>)], via Wikimedia Commons.



Figure 2. Large wagon-wheel ruts preserved in sandstone are still visible in the American West. Photo by Ken Lund [CC BY-SA 2.0 (<https://creativecommons.org/licenses/by-sa/2.0/legalcode/>)], via www.flickr.com/photos/kenlund/66695096.

faced a similar challenge – he was the sole proponent of his model of medicine, amidst a sea of inflexible thinking and behavior. In an environment of fierce opposition, Still developed a physical model and mechanical approach to the cause and treatment of disease, incorporating minimal use of drugs and surgical intervention. Upon this approach, he founded the American School of Osteopathy in order "to improve our present system of surgery, obstetrics, and treatment of diseases generally" (Still 1897, 168).

Recognizing himself to be a solitary voice raised in opposition to the rigid medical paradigm of his era, and having himself traveled westward in a covered wagon in 1836 (Still 1897, 51), it is not surprising that Still was drawn to the words of Robert Harris, a Kirksville resident who said, "only few men allow themselves to think outside of popular ruts" (Still 1897, 127). This phrase, lamented Still (1897, 127), ". . . was the phrase of all phrases which gave me comfort and support when men rejected the truth and did not accept it."

W.G. Sutherland was also conscious of the difficulty that large groups have in maintaining flexibility of thought, a phenomenon he referred to as "orthodox grooves" (Sutherland 1962, 13). (Note the similarity of the metaphor to that used by Still.)

Can thinking outside of popular ruts advance our conceptual and practical approach towards the all-pervasive tissue known as fascia? Rut-thinking has certainly been reinforced by how we study fascia, i.e. through anatomy atlases and cadaver dissections. Neither of these mediums offers the "living picture" of anatomy, an image that A.T. Still urged his students to acquire (Still 1899, 13, 42; Still 1902, 9, 89). Atlases offer two-dimensional images with little textual description. Moreover, virtually all the fascia has been omitted in these images in order to reveal the underlying important structures. Cadavers, meanwhile, are completely devoid of fluid.

A four-pronged rut seems to exist with regard to the osteopathic conception of fascia.

1. There is an excessive concentration on the fibrous aspect of fascia, and thus a relative disregard for its other important components – the fluid, the cells, and the matrix – best described together under the term 'liquid matrix'.

2. There is a preoccupation with its continuity, versus its contiguity.
3. There is a predominant focus on the dense, regular category of connective tissue, rather than the loose connective tissue.
4. The practice of elongation as a modality of release, rather than the providing of spatial separation (and thus fluid flow) between layers.

How was this rut reinforced? Over the last century approximately twenty significant articles on fascia were published in the American osteopathic literature (see Additional Bibliography). They are not experimentally based; instead, they are all anecdotal in nature. When summarized, they fall into four categories:

1. Articles that emphasize the importance that A.T. Still placed upon fascia.
2. Articles that discuss the physical characteristics and properties of the fascial tissue, including its continuity.
3. A majority of articles, describing the anatomical and physiological details of fascial tissue.
4. A few articles specifically discussing fascia's fluidic or liquid aspect.

Based upon these articles, the osteopathic profession has, as have many other professions, concentrated on the continuous, dense, regular, fibrous composition of fascia, attempting to stretch, release, unwind, manipulate, or normalize it.

Established theory dictates that human collagen fibers align themselves along lines of stress. Applying this information, it seems logical that, if a fascial tissue is assessed as restricted in a particular direction, this indicates that the tissue has been subjected to too much force in that direction. Treatment is usually focused on addressing the origin of the excessive force, the effects of the force (i.e., the restricted nature of the fascial tissue), or both.

Realistically, however, connective tissue, including fascia, is too intricate a tissular system to operate under the simple premise that mechanical stress causes collagen fibers to align themselves; this statement oversimplifies the entire process. In fact, the very existence of fascial tissue represents ongoing interactions and reactions among nonlinear complex sets and subsets of systems and environments, processes that

began operating shortly after conception and that continue operating, even while the patient is lying on your treatment table. Fascia exists as the dynamic interaction of its constituents (water, fibers, matrix, and cells) and its environment, which, when combined together, create a tissue that is greater than the sum of its components.

Fascia responds to a whole array of internal and external environmental stimuli, including pressure gradients, tension fields, nutrient (inorganic and organic) availability (in the liquid matrix) and assimilation, vascularization, as well as neural stimulation or lack thereof. It reacts to the addition and withdrawal of mechanical, chemical, thermal, pharmacological, electromagnetic, and even emotional stimuli. Finally, if water is absent, the only sure reaction is cellular death; none of fascia's purposeful reactions can take place, including the production and arrangement of its fibers.

The biochemical reactions between water and phospholipids which serve to reinforce the integrity of cellular membranes must also be considered. Fascia's thixotropic nature is a product of the constant interaction of water with the macromolecules (proteoglycans and glycoproteins) of the matrix. [Some osteopaths have even hypothesized that this process is necessary for the operation of the primary respiratory mechanism (Lee 2001, Gabarel and Roques 1985)]. Most of the body's biochemical activities, including growth, tissue repair, cellular respiration, hormone production and transport, the immune response, the inflammatory response, the resorption of metabolic waste products, as well as every neural impulse, require a fluid medium for their operation.

The above enumeration of fluid function highlights the significance of the rehydrating nature of fluid, as it reaches areas of compromised fascial tissue, including not only the fibers, but also the liquid matrix. In light of all this information, why then are practitioners still trying to release fascia and other aponeurotic tissues through mechanical methods primarily focused on the fibers, methods that sometimes cause the wringing out of the fluids?

Scientific evidence indicates that the tensile strength of human fascia lata tissue was recorded in 1931 as 7,000 pounds per square inch. It was found that the fascia could be elongated by loading it, but that it quickly returned to its resting length once unloaded (Gratz 1931). More recently,

crural fascia from five unembalmed human limbs was examined (Stecco et al. 2009). The researchers reported that the mean thickness of the crural fascia was 924µm; that it was composed of two to three layers of "collagen tissue bundles," each having a mean thickness of 277.6µm; that each of these layers was separated by a layer of loose connective tissue with a mean thickness of 43µm – a thickness undetectable by the unaided human eye. Finally, the researchers reported that the fibers of each layer of the crural fascia were oriented at a different angle from those of the previous layer.

While fascia is indeed continuous, a seldom examined property is its contiguity. While the term 'continuity' is usually reserved for the end-to-end linking of tissues, 'contiguity' refers to the overlapping of tissue layers in an interior to exterior (deep to superficial) orientation, or vice versa. On repeated occasions this author has had the opportunity to dissect the tissue of freshly (one to four hours) killed deer. When examined visually, the complex nature of the contiguous fibrous layering is immediately apparent. In fact, the contiguous layering of connective tissue in the region of the thigh, unlike the previously given example of the crural fascia in humans, appears to be composed not of two to three, but of almost countless, layers.

These contiguous layers can be easily teased apart using a scalpel. Some layers are so thin that when a single layer is lifted from its underlying layer, it appears to break apart, losing its integrity like the film of a soap bubble (see Figure 3). Of even greater significance is the nature of the connections between overlapping layers: similar to the above findings on crural fascia, the contiguity of these layers is reinforced by loose connective tissue. Thus, as one fibrous layer is lifted off from its underlying layer, a stringy mass of fibers resembling Christmas angel hair is exposed – the loose connective tissue (see Figure 4).

Unlike angel hair, which is dry, loose connective tissue is primarily a liquid matrix. It is permeated with fluid due to the water-attracting and water-binding properties of its macromolecules (see Figure 5). Unfortunately, confirming this observation is very difficult because the moment the layers are separated, the tissue dehydrates. Gas bubbles appear as the integrity of the tissue layers is mechanically



Figure 3: A single layer of fascial tissue from a deer, three hours after death. Photo © Jane Stark, 2009, used with permission.



Figure 4: The 'angel hair' look of the fibers in the loose connective tissue layer; fascial tissue from a deer, not long after death. Photo © Jane Stark, 2009, used with permission.

disrupted, opening a previously closed system and altering pressures (see Figure 6).

However, from this author's personal observations, when two contiguous layers are left unseparated, their combination of fluid and fibers remains intact and can be investigated. The arrangement appears to have a twofold mechanical purpose. It allows the superficial layer to glide very easily (through a confined range) over its underlying layer. The fluidic aspect allows the gliding, while the fibers delimit its range and direction of excursion.

Two observations arise upon further examination of this contiguous layering: 1) the more superficial the layer, the more excursion it has; and 2) each layer appears to have a preferred direction of excursion, one that is usually different from that of the layer underlying it. How then is it possible to elongate a unit of tissue, such as the iliotibial band, if it is composed of numerous layers, each of which appears to have a differing preferred direction of permitted motion?

Having revisited all these details of the complex nature and operation of fascial tissue, it may now be practical to add to the accepted view of fascia as a continuous layer of dense fibrous connective tissue – the perspective of fascia as liquid matrix. It is possible now to re-examine elongation methods in light of the idea that they may actually serve to wring out fluid, instead of facilitating its uptake. By combining scientific research with observation of fresh tissue it is surely possible to produce a more productive and appropriate

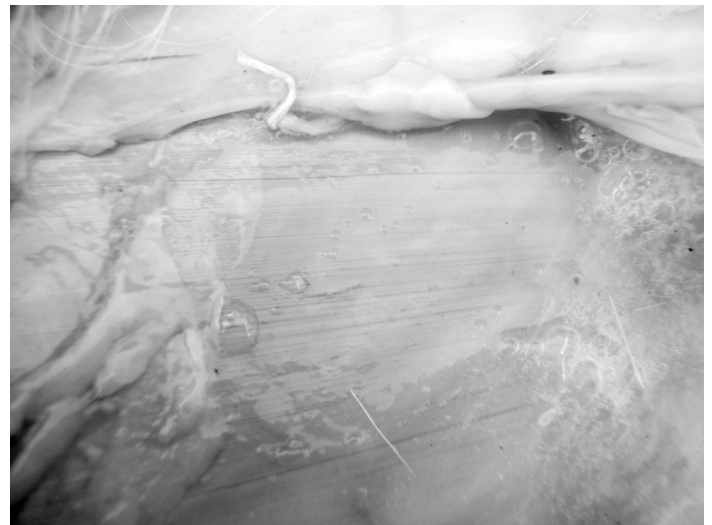
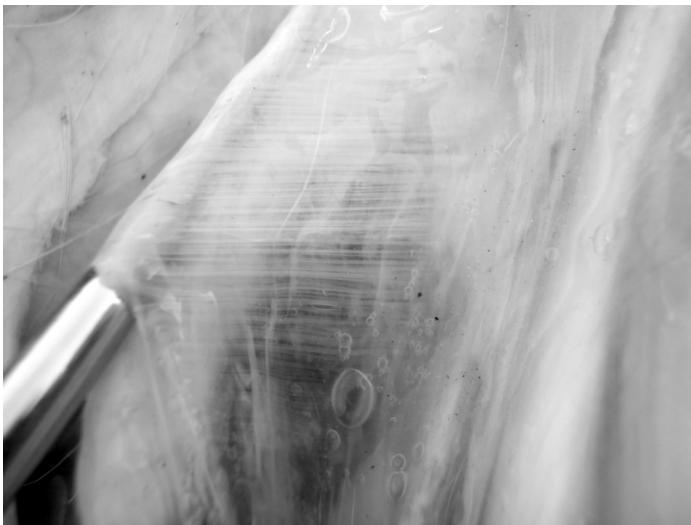


Figure 5. The fluid environment of dense connective tissue (in a deer, shortly after death). Photos © Jane Stark, 2008, used with permission.



Figure 6. Gas bubbles in fascial tissue from a deer, forty-five minutes following death. Photo © Jane Stark, 2008, used with permission.

alternative to the purely fibrous approach. This new approach would include the drawing or attracting of fluid toward loose connective tissue, with the intent of suspending each contiguous fibrous layer of dense tissue within the liquid matrix environment provided by the spaces within loose connective tissue. Is the idea of concentrating on the fluidic nature of fascia new? No! Sutherland suggested it in 1953:

- “The fascia! Even the fascia is water, even the bony tissue is liquid . . . water . . . fluid . . . Fluid!” (Sutherland 1953, 290)
- “. . . You will find space between [the lines of the fascia] if you have the vision to look in between. A microscope powerful enough to see the space between.” (Sutherland 1953, 295)
- “When the tide comes in and the waves roll over that rock [comparing the spaces within fascia to the spaces between the layers of a rock], you will find it [the rock] crumbling into sand . . . Sand!” (Sutherland 1953, 295)

Sutherland’s ideas no longer seem to be reflected in the fascial treatment practices of currently practicing osteopaths. Qualitative research conducted in 2001-2003 demonstrated that an international sample of experienced osteopaths and osteopathic physicians, having a total of over 1,200 years of clinical practice between them, did not seem to consider the fluid aspect in the treatment of fascia, even though several identified fascia as having a

fluidic or flowing or liquid aspect to it when in a healthy state.

In personal interviews with thirty-six osteopathic practitioners (Stark 2007, 194-198), each having twenty or more years of experience in a manual-based practice, only a few discussed the fluid aspect when asked, “How do you know when your fascial treatment is successful?” While some dismissed the idea of being able to separate fascia from any other tissue and, thereby, any attempt to treat it individually, those who did discuss specific fascial treatment mostly judged their success by observing less tension and more symmetry, motion, mobility, and motility. There only two or three (of thirty-six) mentions of changes in fluidity, the quality of the liquid matrix, circulation, nervous activity, or lymphatic status as indicators of a successful fascial treatment (Stark 2007, 206-209, 346-348). The most fitting response to the question “How do you know when your fascial treatment is successful?” (Stark 2007, 194-198) was, “You know when the fascia has imbibed fluids the quality of the fascia has changed because it has recovered fluid quality” (Stark 2007, 347). Also emphasizing the fluidic importance of fascia is a 2006 article entitled “The Effects of Manipulation on Ligaments and Fascia from a Fluids Model Perspective.” The author, Thomas Crow, DO, FAO wrote, “When you feel the flow come through the dysfunctional area, your treatment of that area is complete” (Crow 2006).

These two statements certainly reinforce the salient point of this article, which is to appreciate the loose connective tissue which supports the contiguity of the dense fibrous tissue layering of fascia, its fluid aspect, and to consider the fibers as residing within a liquid-matrix environment upon which their integrity, longevity, and usefulness depends.

Investigating and acknowledging our own rut-like thinking is a difficult exercise, potentially as overwhelming as coming to terms with a round planet Earth after centuries of knowing it to be flat. Yet such paradigm shifts have been accomplished in osteopathy, beginning with A.T. Still. This review offers us the perfect forum in which to think outside of popular ruts and to revisit our understanding of fascia from the perspective of a liquid matrix.

Jane Eliza Stark is a 2003 graduate of the Canadian College of Osteopathy (CCO), where upon graduation she received the Andrew Taylor Still Award for the most representative thesis on the advancement of osteopathy in philosophical or sociological research. In 2006, she received the Andrew Taylor Still Foundation award for her contribution to the advancement and recognition of osteopathy in Canada. She serves on the faculty of the CCO and the Collège D’Etudes Ostéopathiques. She has a master’s degree in clinical research administration and is the director of research for the CCO. She is recognized internationally as an osteopathic historiographer, author, and lecturer on osteopathic history and on the biographies of Still, Sutherland, and Littlejohn. She is a workshop leader on the fluidic approach to treating connective tissue and has lectured or taught in ten countries. She will be giving a seminar on the History of Osteopathy in November in Toronto; see <http://foundersdayweekend.ca/Seminars/Seminars%20Description/> for information.

Bibliography

- Crow, T. 2006. “The Effects of Manipulation on Ligaments and Fascia from a Fluids Model Perspective.” *The AAO [American Academy of Osteopathy] Journal* September 2006:13-19.
- Gabarel, B. and M. Roques 1985. *Les Fasciae en Médecine Ostéopathique*. Paris: Maloine.
- Gratz, C.M. 1931. “Tensile Strength and Elasticity Tests on Human Fascia Lata.” *The Journal of Bone & Joint Surgery* 13:334-340.

Lee, R.P. 2001. "The Primary Respiratory Mechanism Beyond the Craniospinal Axis." *American Academy of Osteopathy Journal* 11(1):24-34.

Stark, J.E. 2007. *Still's Fascia: A Qualitative Investigation to Enrich the Meaning Behind Andrew Taylor Still's Concept of Fascia*. Pähl, Germany: Jolandos Verlag. [Editor's note: Jolandos Verlag is continuing to print a German edition of this book; an English edition should be forthcoming in the U.S., please contact annehoff@mac.com for more information if interested.]

Stecco, C., A. Porzionata, A. Stecco, and R. De Caro 2009. "Anatomical Study and Tridimensional Model of the Crural Fascia." Paper presented at the Second International Fascia Research Conference, Vrije Universiteit, Amsterdam.

Still, A.T. 1897. *Autobiography of Andrew Taylor Still with a History of the Discovery and Development of the Science of Osteopathy*. Kirksville Mo: self-published by A.T. Still.

Still, A.T. 1899. *Philosophy of Osteopathy*. Kirksville, Missouri: self-published by A.T. Still.

Still, A.T. 1902. *The Philosophy and Mechanical Principles of Osteopathy*. Kansas City, Missouri: Hudson-Kimberly Publishing Company.

Sutherland, A.S. 1962. *With Thinking Fingers: The Story of William Garner Sutherland*. Kansas City, Missouri: The Cranial Academy.

Sutherland, W. 1953 (January 9). "Liquid Light." Included in *Contributions of Thought: The Collected Writings of William Garner Sutherland, D.O., Pertaining to the Art and Science of Osteopathy Including the Cranial Concept in Osteopathy Covering the Years 1914-1954*, A.S. Sutherland and A.L. Wales, Foundation SCT, Eds., Portland, Oregon: Rudra Press, 1971/1998, pp. 289-296.

Additional Bibliography

Significant Articles on Fascia in the American Osteopathic Literature of the Past Century (in reverse chronological order)

Crow, T. 2006. "The Effects of Manipulation on Ligaments and Fascia from a Fluids Model Perspective." *The AAO [American Academy of Osteopathy] Journal* September 2006:13-19.

Typaldos, S. 1994. "Introducing the Fascial Distortion Model." *AAO Journal* 4:14-18, 30-36.

Becker, F. 1975 (Feb). "The Meaning of Fascial and Fascial Continuity." *Osteopathic Annals* 3(2):8-32.

Greenman, P.E. 1975 (Feb). "Fascial Considerations in Treatment of the Head and Neck." *Osteopathic Annals* 3(2):34-42.

Cathie, A. 1974. "Consideration of Fascia and its Relation to Disease of the Musculoskeletal System." *AAO Yearbook* 85-88.

Cathie, A. 1974. "Fascia of the Body in Relation to Function and Manipulative Therapy." *AAO Yearbook* 81-84.

Magoun, H.I. 1970. "Fascia in the Writings of A.T. Still." *AAO Yearbook* 159-168.

Snyder, G. 1970. "Embryology and Physiology of Fascia." *AAO Yearbook* 147-158.

"PCOM Class of 1969" 1968. "The Clinical Importance of Fascia," A. Cathie and R.W. England, Eds. *AAO Yearbook Selected Papers* 1968: 87-103.

Erlingheuser, R. 1959. "The Circulation of the Cerebrospinal Fluid Through the Connective Tissue System." *AAO Yearbook* 77-87.

Snyder, G. 1956. "Fasciae - Applied Anatomy and Physiology." *AAO Yearbook* 65-75.

Hitch, S. 1954. "Malalignment of the Sternum and Fascia Strain." *Journal of the Osteopathic Cranial Association* 1954: 23-30.

Page, L.E. 1952. "The Role of the Fasciae in the Maintenance of Structural Integrity." *AAO Yearbook* 70-73.

Hoover, M.A. 1951. "Importance of Fascia." *AAO [American Academy of Osteopathy] Yearbook* 55-72.

Arbuckle, B.E. 1947 "Reflexes." *Journal of the American Osteopathic Association* 46(7):405-407.

Becker, A.R. 1947 (Feb). "The Fascias." *Osteopathic Profession* XIV(5):13-17, 36, 38.

Denslow, J.S. 1947 (Feb). "Soft Tissues in Areas of Osteopathic Lesion." *Journal of the American Osteopathic Association* 46(6):334-337.

Kauffman, C.H. 1944. "Physiologic Basis of A.T. Still Technic." *The Osteopathic Profession* 12(2):17- 20, 48, 50, 52.

McConnell, C.P. 1939 (Dec). "Fundamental Fragments: IV Fascia." *Journal of the American Osteopathic Association* 39(4):204.

Kerr, H.E. 1936 (May). "The Role of Fascia in Osteopathic Problems." *The Journal of the American Osteopathic Association* 35(9):418-420.

McConnell, C.P. 1928. "Studies in Osteopathic Pathology." *The Journal of the American Osteopathic Association* 28(3):167-170.

Millard, F.P. 1923 (Mar). "Fascia-Tension-Light." *The Journal of the American Osteopathic Association* 22(7):402, 405-406, 417-418.

Fascial Fluidity and Contiguity

An Interview with Jane Eliza Stark.

By Ron Murray, Certified Advanced Rolfer™, Osteopathic Manual Practitioner (Canada) and Jane Stark, Osteopathic Manual Practitioner (Canada)

Ron Murray: You're an expert on fascia, and your book *Still's Fascia* is being reviewed by a Rolfig® Structural Integration [SI] instructor. [Editor's note: Andrew Taylor Still was the founder of osteopathy; the book review appears on page 38.] Is it your thesis, or is it a book?

Jane Stark: It's a new edition of my thesis in book format.

RM: How can Rolfers get their hands on it?

JS: It's rather hard to get. The current publisher is in Germany. Why would Rolfers want to read it?

RM: Your book is about fascia in the osteopathic tradition, and osteopathy is part of the lineage of Rolfig SI. Ida Rolf trained with osteopaths, and she was heavily influenced by them. A huge chunk of Rolf's work could be considered to be about fascia, depending on how you want to interpret 'fascia'. For this interview, I would love to hear whatever you would be willing to share about the questions you asked osteopaths for your thesis, as well as some of the answers you received.

JS: Interesting. Regarding the work I do, I synthesized it from everybody in osteopathy I've spoken with and everything I've read from Still. Still didn't really tell you in any detail how he treated the fascia. For fibrous fascia, he merely wrote that he rubbed it, to heat it up and to bring circulation to the area. For serous fascia, he would lift it, because he reasoned that most of the serous fascia was being dragged down by the weight of the organs. The serous fascia includes the peritoneum and the mesenteries. The mucous membranes include all kinds of membranes. Still likely referred to a classification system presented by Xavier Bichat in the 1802 book *Treatise on Membranes*, which was translated into English in 1813. This system was mentioned again in the 1840s in a book written by Johannes Mueller – a physiology text we know that Still owned. So Still classified the fascial tissues as 'membranes' and also as 'fascia'. The mucous membranes Still spoke of were, in fact, of various histological classifications as we know them today. Today, we refer to mucous



Jane Eliza Stark



Ron Murray

membranes as epithelial, not connective, tissues. Nevertheless, Still often talked about mucous membranes and the plexus of nerves that supply those membranes. But after two years, 4,000 hours, and 900 pages of research on this matter, I discovered that Still tended to interchange the terms fascia and membranes, and he really didn't care that he was doing so.

Considering these concepts, I tend to treat patients through a fluidic approach. I know the fibers exist, I know the cells exist, and I know the matrix exists. But I'm really working a fluidic approach to the connective tissue, because you don't have fibers unless you have cells, you don't have cells unless you have a matrix, and you don't have a matrix unless you have fluid. There is no point in *attacking* the fibers –

sorry Rolfers – because that doesn't make sense! The fibers don't respond favorably with stretch. When you try and lengthen them, they reinforce themselves. So why not improve their environment, allowing them to float or to imbibe? Well, they don't actually imbibe fluid, but they do and they must exist within a fluid environment. The more you rub, the more you *scrape*, the more you pummel, the more you aggress the tissue, the less fluid you have there. Consequently, the fibers are not functioning at their optimum level. So I look at it between the lines, if you wish, or as William Garner Sutherland [DO] would say, at the fluidic aspect.

Another concept to consider is the idea of fascia as a named entity from end to end, from head to toe – as all one piece of tissue that we have to name for no other reason than for communication. I'm not so interested in the *continuity* of fascia from end to end, but instead how each fascial layer relates to the layer below. This is the *contiguity* of fascia. Notice the difference between 'contiguity' and 'continuity'. Contiguity is very important, because each layer needs to glide in relationship to the layer below it.

RM: Do all these layers have names?

JS: Not really. You can't see these fascial layers because they are so extremely thin. I'm going by my memory here, so I hope I have the names and the figures correct, but if you look at the work of the Steccos, they found that the visible fibrous connective tissue of the human leg consists of three layers – two that are each approximately 273 micrometers in width, with an intervening loose connective tissue layer (containing the majority of the fluid) of 43 micrometers in width. The interesting thing is that the 273-micrometer layers can be seen with the naked eye, but the 43-micrometer layer cannot. If you can't see it, you don't draw it. You can't draw matrix, and you can't draw fluid, but you can draw fibers. So we've been indoctrinated with fibers because we can see and draw them, even though it's really the layer underneath that you have to work with.

What was fascinating for me was that in my dissection of the leg of a recently killed deer [dead for about sixty minutes], I found that there were far more than three layers. In fact, there were more layers than I could keep track of, each so thin that it was practically transparent and virtually invisible. [Editor's note: see the images

in Stark's article "Popular Ruts: Fascia Revisited" on page 30 in this issue.]

RM: So how do you perform this work?

JS: With kind of a suctioning action almost on the skin. Rather than *pushing, pulling, shoving, dragging, scraping* – in other words, aggressing – I make a space with my hand, allowing the fluid to flow from areas of high pressure to the area of lower pressure where my hand is. At least that's the mental image I have when I'm working, though I have no proof that it works this way. The work is so gentle that patients actually have fallen asleep while I treated their iliotibial band with my technique – or, as I would prefer to say, with the technique that I've synthesized; whether it's originally mine, I don't know. Nevertheless, that's what I do. So my approach is fluidic. The fibers barely exist for me. And a key concept is that of contiguous layers, versus one layer in continuity.

RM: I don't have the list of questions you asked the osteopaths in your research, but can you share some?

JS: The most interesting question was, "What does healthy fascia feel like?" I didn't define 'feel', and I didn't define 'healthy'. Whether they all assumed the same meanings for those words, I'll never know, but none of the osteopaths asked me to provide definitions. Their responses ranged from "you can't touch the fascia, only the surgeon can touch the fascia" to "every time you touch the patient, you are touching the fascia" to "you can't divorce the fascia from anything else in the body." I discovered that every one of the thirty-seven osteopaths interviewed had a different answer. I could have clumped the answers into groups, but it would have been like a disco ball. If you had only six sides on the disco ball, you had six different answers. If you made more sides on the disco ball, you got more different answers. In other words, nobody was agreeing.

If I were answering the question "What does healthy fascia feel like?" myself, I would want to first ask, "What does it move like?" – in other words, how does it react to the natural waves and motions of the body, like breathing? I think that's the most important question to answer. You can't put your hand on it and expect it to answer you. You have got to give it a test. If I touch you, how do you react? You might say, "Hello! How are you? Do you want something?" But I might react by saying,

"Help me! Get off me!" Or the fascia might have no reaction at all.

RM: When you say "give it a test," do you listen, or do you induce with your hand?

JS: I don't think anybody can ever listen because if your hand is on the patient, you're touching the nervous system. In touching the nervous system, I'm touching the fascia. Am I getting a fascial reaction or a nervous system reaction? I don't know that answer, but this is part of a theoretical model I'm currently working with. For practical purposes, the test comes down to, "Can I feel a motion in the fascia?" The only way you can feel a motion is to have a motor contact with it. And I don't mean to push it. But if you look at haptics, which is basically the study of touch, you'll find that every contact is always first a motor one; you can't have a sensory contact without the motor contact first. So I'm asking if there is a sense of movement. Such a sense doesn't have to be rhythmical; it may respond to breathing, it may respond to the osteopathic concept of the primary respiratory mechanism, or it may involve a combination of the heartbeat, circulatory pulsations, muscle tonus, and other factors. The key point is to determine whether the fascia is able to react to underlying body motions, or is it stuck like a piece of wallpaper to the underlying tissues?

RM: When you work with fascia, do gravity and posture matter to you as a practitioner?

JS: Posture absolutely matters, but what's the biggest force on posture? It's gravity. And once you pass a certain tipping point in your posture, gravity has got the upper hand. So I work with gravity, though probably not consciously. I look at posture all the time. I even do experiments with plants, trying to get them to stand up straight. I've found that unless you're at the equator, you can't get a young plant to stand up straight because the sun is never directly overhead. The plant always leans toward the sun. So as soon as I see it lean toward the sun, I turn it around the other way, but before I know it, it's leaning in the sunward direction again. I'm trying to catch it right in the middle. But the point is, I think that posture really has a strong influence on the health potentials in our patients.

RM: There was a question you asked the osteopaths about vitalism.

JS: Yes, the question was, "What do you feel is the relationship between fascia and

vitality?" The problem is that you and I may mean different things by 'vitality'. A student at the college [Canadian College of Osteopathy] did a qualitative thesis on the meaning of 'vitality'. She found that it was like the story of the blind men and the elephant – we were all probably talking about the same thing, but our definitions varied because of tangible and intangible elements. So I don't know how to answer that question unless you can tell me what you mean by vitality. And then the readers need to know what you mean by vitality. And I might not agree with your definition.

For me, vitality pretty much means that there is life inside the body – that there's an *oomph*, that the tissue can convey to you that it is alive and hopefully kickin'. Yesterday, I visited an elderly person in hospice care, and I placed my hands on his arms. Other than feeling warm, I couldn't tell that he was alive. I placed my hands on his legs, and other than feeling very warm actually, I couldn't tell that he was alive. But his chest was still going up and down, and I could see the blood vessels in his neck filling and emptying. Yet there was no *vitality* in the tissues of his extremities, and it was clear that death was near. And, in fact, he died about two-and-a-half hours later. To me, it felt like his vitality was slowly leaving the periphery and housing itself in the center just to keep the heart and lungs going for as long as there was still something there.

So back to fascia and vitality – the fascia is going to move, there's going to be a noticeable movement, a response to that inner *oomph*. It's the life force – what people have been pondering for hundreds of years. "What is life?" It's that question we always come down to. What is life? What keeps us alive? And how do you know you're fully alive or when you're tipping toward death. I don't think it's the be all and end all in fascia; it's in the body, it's in all parts of the body. But the fascia is certainly one of the areas where this life force expresses itself.

RM: I have a Rolfing SI-related question. As I understand Rolf's bigger question or goal, it was, "What happens to the energy fields of human beings when they are in alignment in the greater field of gravity? What happens to the evolution of the human being?"

JS: Of the individual in his own lifetime? That's pretty simple, that's a no-brainer question for me. The more your body aligns itself in gravity, the less muscular

tension you need to use to hold yourself upright in space. If you're off center and you don't do anything to correct it, you're gonna tip over. But your body automatically keeps you from tipping over by making corrections through muscle contractions. As soon as you make a contraction, you're creating a compression. The compression typically involves longitudinal structures – the vertebral segments. But within the contraction, you also have arteries, nerves, veins, and lymphatics – so you are also restricting fluids. And you're using energy to hold yourself up – and to counteract the actions of compression on your vertebrae, nerves, arteries, veins, blood, and other fluids. The energy you're using to make the contraction is being taken away from the energy you could use to function, such as the energy needed to maintain the automatic systems of your brain, your digestion, your breathing. Energy can't be created or destroyed, it's only transformed somewhere else. So if you are using it to hold yourself up in space, you could be keeping it from going where it really needs to be – maintaining or restoring your health.

RM: Any other thoughts you have?

JS: Remember that I don't have a complete picture of the Rolfing philosophy, but I think we [Rolfers and osteopaths] are going for the same goal. The Rolfer may be concentrating on the fibers. I want the person straight, in the sense that I want him to use the least amount of energy he can to maintain himself in space. Given that the state of his tissue maybe never reaches my ideal, it is a matter of optimizing his potential. So I just do it, I think, in a much softer way, because if I give him the fluid, he will begin to autocorrect himself. And I don't know myself what his correct position might be.

RM: Do you have any thoughts on so-called tensegrity?

JS: I'm a mental moron with tensegrity. I've been taught it at least five times, been taken by the hand to structures and been told, "that's a strut . . ." But I can't stand it, unless you had biotensegrity, because the human body is not tensegrity, it's 70% to 80% fluid. So I'd rather not talk about tensegrity – I'll not contribute anything of importance. I don't consciously pay any attention to tensegrity because I don't think about the fibers.

RM: Yes, for me tensegrity's big blind spot is that it left out fluid hydraulics. There are

sacks of water and it never really considered that, at least as I understood it.

JS: There's so much pressure dynamics from fluid, I don't know how you can ignore it. I got so fed up reading about tensegrity without fluid that when the fluid model [biotensegrity] came out, I wasn't too interested in reading it. But it's just a mental block for me more than anything else.

RM: Do you have any thoughts on Robert Schleip's work and the more modern fascia research, and the Fascia Research Congress?

JS: I had teaching conflicts with all three of the Fascia Research Congresses, so I could not attend. But, believe it or not, I've known Robert since 2004, when he was a Rolfer living in Germany. I had just finished my own thesis and he had gotten a photocopied copy of it from somebody. He met me in Germany when I was teaching there and wanted to know more about it. He hadn't gone into his PhD yet, but he was more interested in what I had done than any osteopath was. At that time, Robert had a lot of information and experience to share with the profession as well as the academic world. But you know that academics really talk among themselves, so as I recall Robert explaining it to me, it was difficult to get the attention of academics because his primary credential was that of a Rolfer. I recognize that bias as well. Whether he had already intended to get a PhD or not, I'm not sure, but now that he has his degree his voice is a recognized part of the scientific world.

I think it was he and his partner in Ulm who discovered the myofibroblasts in the fascia around the organs and in the visceral ligaments and mesenteries. Still had been saying that for a hundred years, but here came the proof that mesenteries could contract and react under neural influence. As far as I know, nobody had brought that to the attention of the people who worked with those kinds of tissues before. So I really like what Robert did. I haven't been following his career, and I don't see him very often, but I did take a course in Montreal from him, and I found that everything he taught, I didn't teach, and whatever I taught, he didn't teach. So we completely complemented one another as far as "What is fascia, and what can you do with it, and what do you have to take into consideration when you are doing things with it?" He's also the only instructor I've had who can take a purely scientific paper that is abstract in every way – meaning it seems to have no direct application

for those of us who use our hands on human tissues—and make it have a direct connection to not only our work, but to how we perform our work; really, from bench to bedside. He can do that. He can do it for osteopaths, I suppose for Rolfers, for massage therapists, for bodyworkers of any kind. So we need more Roberts in the world.

RM: Thanks for your time. I hear your book is getting a rave review in this issue of the Journal.

JS: I'd love to come to the U.S. to teach a course to Rolfers if people are really interested in a fluidic approach to fascial treatment. [Editor's note: contact annehoff@mac.com if interested.] I do think we take the same approach, [though] whenever you ask Rolfers what they do, they say they can't tell you about it, and you have to take the ten sessions to find out. But in the little bit I've seen, you take crooked people and try to make them straighter.

RM: Well, there's more to it than that. I'll fill you in!

Jane Eliza Stark is a 2003 graduate of the Canadian College of Osteopathy (CCO), where, upon graduation, she received the Andrew Taylor Still Award for the most representative thesis on the advancement of osteopathy in philosophical or sociological research. In 2006, she received the Andrew Taylor Still Foundation Award for her contribution to the advancement and recognition of osteopathy in Canada. She serves on the faculty of the CCO and the Collège D'Etudes Ostéopathiques. She has a master's degree in clinical research administration and is the director of research for the CCO. She is recognized internationally as an osteopathic historiographer, author, and lecturer on osteopathic history and on the biographies of Still, Sutherland, and Littlejohn. She is a workshop leader on the fluidic approach to treating connective tissue and has lectured or taught in ten countries. She will be giving a seminar on the History of Osteopathy in November in Toronto; see <http://foundersdayweekend.ca/Seminars/Seminars%20Description/> for information.

Ron Murray studied at the Rolf Institute® completing Unit 1 in 1985, Basic Training in 1988, and Advanced Training in 1996. He graduated from the Canadian College of Osteopathy in 2003. He is a Loren Berry Method Instructor since 1990 and a professor at the Canadian College of Osteopathy since 2006. He also teaches workshops (see his website <http://osteoron.com>). He can be contacted at osteoron@hotmail.com.

A Review and Commentary on *Still's Fascia*

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

Editor's Note: Jane Stark will be giving a seminar on the History of Osteopathy in November in Toronto; see <http://foundersdayweekend.ca/Seminars/Seminars%20Description/> for information.

Attempting to distill Jane Eliza Stark's book *Still's Fascia: A Qualitative Investigation to Enrich the Meaning Behind Andrew Taylor Still's Concept of Fascia* (Jolandos Verlag, 2007) into a simple overview is like trying to paint the most elegant sunset with a one-color palette. Impossible! Stark's book, which served as her graduate 'thesis' from The Canadian College of Osteopathy, is a masterpiece of rigor and research. It is also exquisitely referenced, leaving no 'pebble' unturned. There are 387 pages with double columns of print on each page. Additional material was omitted due to publishing considerations. *Still's Fascia* is a work of superb magnitude. I have to admit that initially I was intimidated by the sheer volume of her inquiry. However, as I committed to its reading, Stark's writing imbued Dr. Andrew Taylor Still (the founder of osteopathy) with a multidimensional reality before my eyes. His brilliance, fortitude, and commitment to discovering natural approaches to wellness are a story to be revered.

Volume 1 of the book is a thorough tome on the life and thinking of Still (see Figure 1). Initially, Stark delves into the essential character of Still. She identifies four essential traits: purpose-ness, human-ness, cognition-ness, and spiritual-ness. Yet, Still's essence goes "deeper than these characteristics . . . the Still-ness of Andrew Taylor Still" (Stark 2007, 58).

Still's life and early practice as a physician on the bloodied fields of the Civil War, his devotion to extensive study and learning of medicine, his life and learning with the Shawnee Indians as a young boy, his involvement with the Masons and spiritualism, and his pull to treat the whole person are all part of the initial image Stark conveys. He was an exceptional individual possessing a relentless drive to understand the complexity and vitalism of living systems. In spite of criticism from the medical profession, poverty, being run out of towns for his beliefs and practices, as well as horrific familial losses, he carried on.

One of Still's initial writings dealt with the interconnectedness of bones and the functioning of the body as a whole. This intellectual orientation to the nature of 'wholeness' appears to have been influenced by the writings of Emmanuel Swedenborg on spiritualism, fascia, and membranes. However, Still's work with fascia was not limited to the writings of the day but garnered through hands-on dissection of the animals he gutted and studied in the wilds. Not only does Stark review Still's concepts of fascia, she also identifies a precise chronology of his writing, revealing the evolution of his thinking about fascia as essential tissue that places it well within the philosophy and practice of osteopathy. Through this unremitting pursuit emerges Still's understanding that no system works in isolation from fascia.

Although Still does not write exclusively on fascia, it was the framework, the matrix in which all of Still's ideas of the body's physiological processes of conception, growth, birth, construction, demolition, and of death took place. Further it was evident that in Still's view of the functioning of the human body, no part of the body held more importance than any other part (Stark 2007, 127).

Still's instinctual knowledge of the body as a complex system was revolutionary for the time. Although not naming 'complexity' in his theories, he noted that fascia with its interconnectedness to all other systems of the body, including the environment, defined what today we would call a 'complex system'. Essential to the functioning of a complex system is the harmony brought by unobstructed flow.

Stark (2007, 127) highlights five 'governing laws' in Still's writing; he believed these were immutable laws of nature, given by the creator:

- "the connected oneness of the fascia
- the dynamic flow of fluids through and within the fascia
- a force that was responsible or driving the fluids

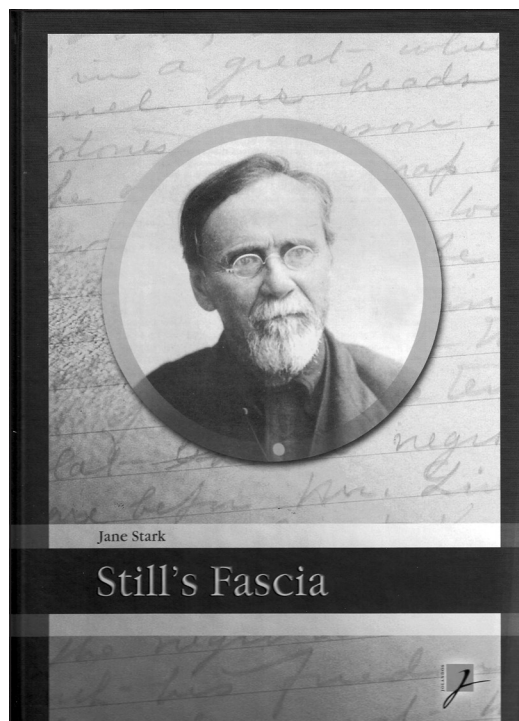


Figure 1: A.T. Still from the cover of Jane Stark's book *Still's Fascia*. Printed with permission of the publisher, Jolandos Verlag.

ELEMENTS	QUALITY	MANIFESTATION	APPROACH
Material body or physical being or manner.	The matter, the physical substances of the body such as belts, pulleys, levers, i.e. bones and their attachments. The physical machinery. The engine of the body.	Matter	Mechanic
Spiritual being in a vitalistic sense or physiological sense.	The principle of action, irritability, sensibility, contractility. The arteries, veins, lymph, nerves, etc., which primarily carry the vitality. The biochemical or genetic secrets of the body.	Action	Vitalistic
Being of mind or spiritual being in a religious sense.	The directing principle that orchestrates the body and gives action, directed purpose or motion.	Motion	Spiritual
Soul, the Indweller, the spirit of man in a spiritualistic sense.	The truth of life beyond the grave.	Spiritual Substance?	Spiritualistic

Table XI. Still's View of Man: Elements, Qualities, Manifestations, and Osteopathic Approaches

Figure 2: Still's view of Man (Table XI from Stark 2007, 135). Reprinted with permission.

- feedback systems to monitor the fluid flow
- a mechanism to alter the flow"

For Still, the symptoms that an individual presented allowed him to apply specific mechanistic adjustments allowing the *vitalistic life force* to flow. He felt the key was to create harmony, particularly through the unobstructed movement of the fluids. He wrote: "What is harmony but health . . . It [health] takes perfect harmony of every nerve, vein and artery in all parts of the body" (Stark 2007, 128).

Although fascia has been the darling of groundbreaking research over the past few decades, I appreciated threading through the early discovery of its function in health according to its pioneer investigator. Still wrote about the universality of fascia and discussed it in connection with both the plant kingdom and animals; for example, "The life of the living tree is in the bark and superficial fascia . . . and the life force acted through the fascia of man and beast" (Stark 2007, 133).

Throughout Stark's book, there are charts in which she clarifies elements of Still's understandings with regard to various qualities, manifestations, and osteopathic approaches. An example is her Table XI, Still's view of Man (see Figure 2).

The carryover for me into a Rolwing Structural Integration (SI) practice is in

the ability to hold all the elements of complex systems and dimensions of man within a session. Stark also investigates Still's concepts according to mechanistic, vitalistic, and spiritual views. These aspects were native to working with the complex systems of man. In reading both quotes and the research synopsis of Still, familiar understandings from Rolwing training are linked to their origin. In 1897, Still was describing fascia as a "kind of lubricant, which together with synovial membranes, permitted one muscle to glide over, under or around others and not irritate the harmony by friction" (Stark 2007, 138). Sound familiar?

Throughout chapter four: "Concerning Fascia," Stark elaborates on the three views Still held about fascia: mechanistic, vitalistic, and spiritualistic. With each view she researched the evolution of his thinking and cites applicable quotes that showed the shift as Still's understanding progressed.

According to Still's *mechanistic* view, all complex systems must have structural characteristics. Fascia as understood by Still was matter, material and tangible (Stark 2007, 138). Still recognized that fascia functioned primarily as a medium or conduit for the passage of nerves, vessels, blood, lymph, and glands. He also recognized fascia as the interface with the environment.

His *vitalistic* orientation cited the elements of "life force, magnetic or electric flow,

cerebrospinal fluid, brain fluid, lymph chyle, pancreatic juice, acids, alkalies, oils . . . lubricants and solvents" (Stark 2007, 139). His vitalistic view again cites the harmony of flow to be essential to health in complex systems.

Stark (2007, 140) cites the following five quotes as exemplary of Still's vitalistic orientation:

- "In the fascia is all the soothing and vital qualities of Nature."
- "It gives nourishment to all parts of the body."
- "We think we prove conception, growth, and causes of all diseases to be in the fascia."
- "By its action we live, and by its failure we shrink, or swell or die."
- "But the fascia is the ground in which all causes of death do the destruction of life."

Still's *spiritualistic* view emerged from both his Christian orientation as well as his interest in the Spiritualism movement that gained popularity in the nineteenth century. Stark details the meaning behind his spiritualistic orientation, showing that Still believed in a life force as a principle that was imparted to man by a supreme being – God. For him, "fascia seemed to be the union of the spiritual with material. This idea was carried one step further adding the idea that the mind with a lowercase

STILL'S VIEW	CURRENT TERMINOLOGY
Connected Oneness	Unity Complex System
Mechanistic	Mechanical or Structural
Vitalistic	Physiological or Functional
Spiritual	Spiritual

Table XIII. Still's View of the Body and Current Terminology

Figure 3: Still's views of the body and current terminology (Table XIII from Stark 2007, 169). Reprinted with permission.

'm', which was the portion of the Mind of God, was the necessary connecting link between the body and the spirit – or motion in a vitalistic sense. Thus the statement, 'the soul of man with all the streams of pure living water seems to dwell in the fascia of his body', represented the union of body, motion (or spirit) with mind, Still's triune nature of the body" (Stark 2007, 156).

Stark (2007, 153) cites a number of quotes that illustrate Still's deep devotion, spiritual beliefs, and reverence to a Creator – God and Nature. Here are a few chosen words:

"That powerful life force that is bequeathed to man and all other beings, and acts through the fascia of man and beast."

"It [the fascia] is the house of God, the dwelling place of the Infinite so far as man is concerned."

"[Life] . . . the highest known principle sent forth by nature to vivify, construct and govern all beings it is expected to be the indweller and operator, and one of the greatest perceivable and universal laws of nature."

Stark concludes Volume 1 of her book with a reminder to the reader that although Still was well read with regard to the study of medicine and physiology, he "credited no scholars or texts for his ideas but rather his introduction to fascia came through observation. As a young boy, he hunted, dressed, skinned and butchered animals for hides and food. With no books to guide him, it was proposed that Still did not strip away

the fascia in order to reveal the underlying organs, muscles and vessels . . . instead he was exposed to fascia and membranes in their most natural state, shortly after death" (Stark 2007, 164).

The preceding overview has focused on Volume 1 of Stark's published thesis. Volume 2 records questions and conversations with osteopaths regarding their understanding and application of 'Still's fascia' in their modern osteopathic practice. Similarly well researched and reported, she conducted thirty-seven interviews addressing the question: "How are Andrew Taylor Still's concepts of fascia understood, in particular his philosophical and spiritual concepts, and utilized in a manual based practice by experienced Osteopaths?" (Stark 2007, 169). Figure 3 shows the expert manner in which she delineates Still's view with current terminology.

In drawing conclusions, Stark recognized that an exact fit between Still's views and modern osteopathic thinking could not be made in a one-to-one comparison. Because of advances in physiological understanding in the past century, many of the vitalistic views can now be explained. She also found that current interpretations – such as fascia being holographic, or that it holds memories – could not be placed in one of Still's three assessments.

I found Stark's questions and the responses she collated provided a thorough exploration into the orientation, treatment, and understanding of the osteopathic community. Her questions are relevant

to contemporary research on fascia and the manner in which Rolfers™ view and engage it. Some of the questions she posed could ignite a fruitful conversation within our community. For example:

- "What does assessing the fascia tell you?"
- "How do you know when you are touching the fascia?"
- "What does healthy fascia feel like?"
- "How do you perceive fascia?"
- "Have you found that all your patients need fascial treatment?"
- "What is your goal when you treat fascia?"
- "How do you know when you have been successful?"
- "What do you feel is the relationship between fascia and vitality?"

Based on this extensive interviewing, Stark summarizes the responses of each osteopath. She also inquired as to their current understanding and reading of Still's ideas with the question: "Have you continued to read his writings or study his work?" (Stark 2007, 176). This question could easily be asked of practitioners in our community: Do you read Dr. Rolf's words?

Conclusion

My attempt to write an overview of *Still's Fascia* that imparts well-deserved accolades and tribute to the brilliance of Stark's inquiry has inevitably fallen short. However intricate and time-bound the reading of her thesis was for me, it was a revelation of the root and origin of some of Rolf's ideas. I came away with a fuller understanding of the mind of Still, who investigated and lived by an understanding of fascia's multidimensionality as a dynamic element in the health of man. Rolf contributed greatly to this understanding as she brought forward the work of Rolfing SI into the human potential movement of the 1960s and 1970s, highlighting uprightness in the field of gravity through engaging this mind-blowing fascial network.

Carol A. Agneessens, MS began her study at the Rolf Institute® in 1981. Since then she has cultivated a life-long inquiry into the nature of the body and its multi-dimensionality. Over the past fifteen years she has been exploring the field of human embryology and

the movement of formation. As a member of the Rolf Institute faculty since 1993, she weaves the understanding of these formative processes into her classes. Carol also teaches courses in biodynamic craniosacral therapy.

Bibliography

Stark, J. 2007. *Still's Fascia: A Qualitative Investigation to Enrich the Meaning Behind Andrew Taylor Still's Concept of Fascia*. Pöhl, Germany: Jolandos Verlag. [Editor's note: Jolandos Verlag is continuing to print a German edition of this book; an English edition should be forthcoming in the U.S., please contact annehoff@mac.com for more information if interested.]

Stark, J. 2013. "A.T. Still's Fascia." Lecture at Hidden Treasure Research Conference at Sutherland Cranial College of Osteopathy. Video available for viewing at www.youtube.com/watch?v=SLD7gm_xT84.

The Ankle-Lean Sequence

By Jeffrey Maitland, Advanced Rolfing® Instructor

Recently, I stumbled upon a surprisingly effective intervention sequence that facilitates establishing horizontality in the body. I call it the 'ankle-lean intervention sequence'. It does not look anything like our Tenth-Hour technique, and it is not meant to replace it. The ankle-lean sequence is much more global in its application and affects. Metaphorically, it is like loosening horizontal barrel straps. It is safe, simple, easy to apply, and highly effective. It works well at the end of a session, especially when you want to see more fluid coordinated movement. Don't be afraid to experiment. It can be applied almost any time to anybody, but seems to work best with responsive clients – as do most of our techniques.

I am still trying to figure out why this particular intervention sequence works so well. Some of the more consistent results you can expect to see are enhanced verticality, more coordinated movement, core lengthening, owning one's space, and an enhanced sense of belonging here. I am interested in seeing what results other practitioners observe. After you have experimented with the ankle-lean intervention sequence for a while, if you are so inclined, please send me a description of your discoveries (jmaitland@cox.net).

How to Establish Horizontals

Let's take a moment to visualize the horizontal planes with which we will be concerned. Imagine cross-sectioning the body into a stack of horizontal discs. Each disc is a horizontal plane. Now imagine each disc is connected not only above and below, but also throughout the body. As a result of this connectivity, you can readily see how order-thwarters anywhere might disturb the integrity of the body everywhere. It only stands to reason that working with these large horizontal planes should have a profound effect on the body.

Before you apply this intervention sequence, perform a thorough assessment across the five assessment categories (also known as the taxonomies). Note where the major order-thwarters are and in which taxonomy they appear so that you can clearly recognize the results of your efforts. Be especially attentive to how your

client walks before and after applying this technique.

1. You can begin with any horizontal plane, but I like to begin with the diaphragm. Sit on your Rolfing bench and ask your client to stand in front of you (see Figure 1). With your palms facing the floor, place your fingertips on each side of the thorax just a bit above the diaphragm. Instruct your client to keep the front of his spine long. Ask him to lean slowly and gently forward at the ankle joint, surrendering his weight bit by bit into your fingers. Your client should not be experiencing pain, and you should not be exerting much effort. Ask him to continue leaning into your fingers until you feel yourself connected with his structure. Do not try to take a lot of weight into your fingers. The idea is to take just enough weight into your fingers to connect with his structure via the horizontal planes of his body. When you attain some level of balance and connection, just stay where you are and do nothing. Wait for his body to respond. Wait for the dance of the tissues, their softening, their release, their 'horizontalization' and orthotropic elongation as his body appropriates the next available level of order.

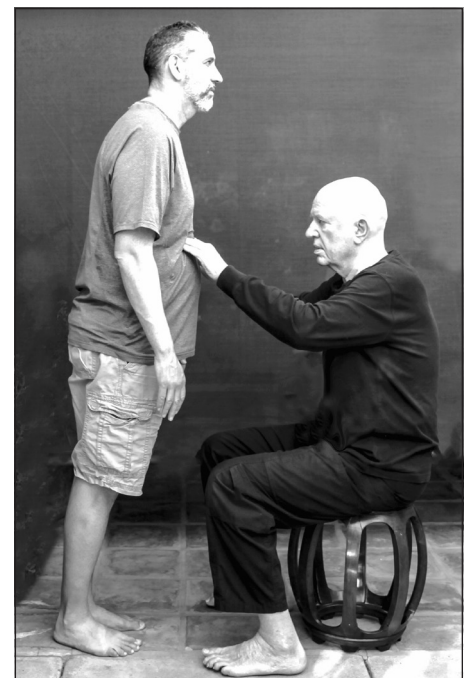


Figure 1: Ankle-Lean Intervention.

2. You may have to give more support and guidance to neck positioning when the client is leaning forward. If your client is having trouble managing his neck while forward-leaning, allow him to first find his optimal balance when standing. Instruct him to slowly and consciously move the back of his head back (posteriorly) just a bit. At the same time move the top of the head up (vertically). Take the newfound balance into forward- bending at the ankles. (I believe this neck technique comes from Mabel Todd.)
3. Step back and ask your client to walk. Assess the results. How has his rib cage changed? How did the sleeve respond? How did his body as a whole respond?
4. Choose another horizontal plane. For example, place your fingers on his thorax a bit above the horizontal nipple line and complete the process.
5. Choose another horizontal plane – say just below the clavicles – and complete the process.
6. Apply the same technique in the abdomen or to the psoas. To work with the psoas, you employ the same technique but with a different placement of your hands. Rest your hands on the iliac crests and place each thumb on a psoas. Instruct your client to lean forward at the ankles taking his weight into where he feels the pressure of your thumbs and complete the process.
7. Apply the same technique to the back. Instruct your client to turn his back to you. Pick a horizontal plane. Use the same placement of fingers on the back as you did on the front and ask your client to lean backwards at the ankles, slowly bringing his weight on your fingertips. Complete the process.
8. Perform ankle-lean at least five times in five different places and assess after each intervention.

There you have it. Within ten to fifteen minutes of applying this technique, I predict that you will be thoroughly astonished by the results. Why and how this technique works so well, I will leave to your speculation. I will also leave it to you to discover the common results among clients. The more you connect with the whole body through the horizontals that are circumscribing the body, the more effective you become.

Jeffrey Maitland, PhD, has spent most of his adult life deeply investigating the mystery of existence, Zen practice, philosophy, and the nature of healing. He is a Certified Advanced Rolfer™ and Advanced Rolfing Instructor, a former tenured professor of philosophy at Purdue University, philosophical counselor, energy healer, and an ordained Zen monk. Maitland has published and presented many papers on the theory of somatic manual therapy, Zen, philosophy, and Rolfing Structural Integration. His research, articles, and book reviews are published in numerous professional journals. He is also the author of four books, three of which have been translated into other languages. They are Spacious Body, Spinal Manipulation Made Simple, Mind Body Zen and Embodied Being: The Philosophical Roots of Manual Therapy. He lives and practices in Scottsdale, Arizona.

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THE ROLF INSTITUTE®

5055 Chaparral Ct., Ste. 103
Boulder, CO 80301
(303) 449-5903
(303) 449-5978 fax
www.rolf.org
info@rolf.org

ROLF INSTITUTE STAFF

Christina Howe, Executive Director
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AUSTRALIAN GROUP

The Rolf Institute
5055 Chaparral Ct., Ste. 103
Boulder, CO 80301
USA
(303) 449-5903
(303) 449-5978 fax
www.rolfing.org.au
info@rolfing.org.au
membership@rolf.org

BRAZILIAN ROLFING® ASSOCIATION

Dayane Paschoal, Administrator
R. Cel. Arthur de Godoy, 83
Vila Mariana
04018-050-São Paulo-SP
Brazil
+55-11-5574-5827
+55-11-5539-8075 fax
www.rolfing.com.br
rolfing@rolfing.com.br

EUROPEAN ROLFING ASSOCIATION E.V.

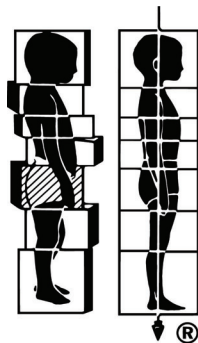
Laura Schecker, Executive Director
Saarstrasse 5
80797 Munchen
Germany
+49-89 54 37 09 40
+49-89 54 37 09 42 fax
www.rolfing.org
lore.junginger@rolfing.org

JAPANESE ROLFING ASSOCIATION

Yukiko Koakutsu, Foreign Liaison
Omotesando Plaza 5th Floor
5-17-2 Minami Aoyama
Minato-ku Tokyo, 107-0062
Japan
www.rolfing.or.jp
jra@rolfing.or.jp

CANADIAN ROLFING ASSOCIATION

Beatrice Hollinshead
PO Box 1261 Station Main
Edmonton, AB T5J 2M8
Canada
(416) 804-5973
(905) 648-3743 fax
www.rolfingcanada.org
info@rolfingcanada.org



Rolf[®]Institute[®]

of structural integration

5055 Chaparral Court, Suite 103, Boulder, CO 80301

303-449-5903 • info@rolf.org • www.rolf.org