

Beyond the Recipe:

Process-Oriented Rolfing®

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The soul of man with all the streams of pure living water seems to dwell in the fascia of his body. When you deal with the fascia, you deal and do business with the branch offices of the brain, and under the general corporation law, the same as the brain itself, and why not treat it with the same degree of respect.

Andrew Taylor Still, 1899

We often hear it said that Rolfing is a process – not an event. Orientation to process is perhaps a hallmark of “holistic” practice. But there are degrees of holism. Rolfing by the Recipe is holistic in the sense that considers the structural context of local symptoms and addresses the entire body; and goes one step further by interpreting the body in the context of gravity. What’s more, with the development of the Principles of Rolfing Intervention, we have a paradigm for the work to retain its holistic aspect and at the same time be non-formulistic. Rolf Movement Integration carries the work a step further with its focus on function and the “Circle of Being”, which recognizes the need to integrate the mental, emotional and spiritual aspects with the physical. Still, the holism of Rolfing is limited in that it does not formally address other dimensions of context (although in practice, many Rolfers do take them into account). For example, just as we are continuously exposed to the gravitational field, we are also exposed to social and cultural fields. But neither the

Recipe nor the Circle of Being explicitly considers them, although they do affect the fascial structure.

The process of Rolfing takes place within the larger process of the client’s life. Given that these larger processes, in turn, take place in contexts having dimensions that Rolfing does not explicitly consider, how thoroughly can the Rolfing process really integrate into the client’s larger process? This kind of integration requires a style of work that opens space for these other dimensions of the client’s process, while still strategizing each session or series according to the Principles.

STRUCTURE HAS MANY LEVELS

Imagine that you — as the “therapist” of the Golden Gate bridge — are responsible for ensuring its safety.¹ As you “read” the bridge, you first observe its general shape and configuration. In a static analysis, you might perceive the bridge as a network of tension and compression forces. If the ba-

sic design is sound, you could then inspect particular physical components. These might include deck truss bracing and framing members, cables, support tower columns, welds, and anti-corrosive coatings. If a single truss member is corroded, a local fix will be sufficient. But if many members exhibit significant corrosion or other conditions reducing their load-bearing capacity, the bridge is prone to sag and twist; thus, the overall state of the truss members is a structural property, and any intervention must be strategized accordingly.

To a holistic engineer, addressing deck truss torsion apparently arising from widespread member degradation would require more than rebalancing opposing forces to accommodate their reduced load-bearing capacity. It would require asking why the members were degrading in the first place. If the answer were “age” – degradation commensurate with the lifetime of the bridge and assumed material properties of the steel – the engineer might reinforce or replace the members. If actual live loads were in excess of design loads (think sports or repetitive stress injuries), one might reinforce existing members or add more of them (make it stronger) – or reduce the live loads by restricting the traffic on the bridge (rest). But what if the condition were rooted in a change in chemical properties – say, an increase in the kind or quantity of corrosive chemicals in the air or water (think metabolic changes)?

Carrying the thinking further, what if the corrosion of the members – although it exists – is not the cause of the twisting at all? Perhaps a shift in prevailing currents has compromised the foundations of the support towers, which in turn has altered the position of their columns? What if an earthquake has affected the abutments into which the cables are anchored? Focusing only on the truss members would not solve the problem; it would merely yield a “blind fix”. To go beyond blind fixing, you would have to look beyond the forces of tension and compression within the bridge itself. This is because anything that substantially maintains or influences the configuration and behavior of the bridge or its parts should be considered structural.

Similarly, we will better integrate our clients and avoid blind fixing if we recognize factors that substantially maintain or influence the configuration of the fascia and other corporeal structural elements. This

means we should look beyond the balance of forces in the fascial net and at least recognize restrictions in levels of structure other than the fascial "stuff". We all know this, but the traditional presentation of Rolwing excludes any systematic way to account for these other levels.

The goal of this paper is to offer some suggestions in this regard. First, we describe at least some levels of structure beyond the fascial that ought to be considered. Then, we offer some basic rules which, if followed, should increase the likelihood that our work will touch upon these other levels.

LEVELS OF STRUCTURE

Coordination

Do you want to have an American pelvis? —

Ida Rolf, to a Chinese woman

In the 1960's, Nobel prize-winning biologist Konrad Lorenz described in the motor cortex a precise representation of the physical body and its functional properties.² Since then, further research has supported his view;³ and it is now commonly accepted that our brains not only "map" our bodies, but also that the brain works actively to maintain body shape congruent with the map. In the Rolwing community, the close relationship between the fascial structure and the motor cortex has been explored by Hubert Godard in his work on "Tonic Function", and by Robert Schleip.⁴ These brain functions are indeed structural. As Peter Schwind has commented, "working with an anaesthetized body is like working with a flat tire"; a Rolfer will be more effective by recognizing that the inner representation is affected.

During sessions, we know the inner representation has changed when the client experiences major proprioceptive shifts. For example, clients often "find" body parts or regions previously absent from their awareness. Or, the client might have to re-map a relationship, like the woman who exclaims, "After all the work you just did in my shoulders and neck, I can't find the holes for my earrings without a mirror!"

The structural importance of the inner representation might also shed some light on

the phenomenon that body shapes differ with geography. For example, a Brazilian girl whose favorite place is the beach might have "learned" the anterior tilt and posterior shift of her pelvis to conform herself to a culturally desirable pattern. Once the learned attitude is established in both her fascia and her brain, it becomes "structural". At this point, it is difficult to distinguish mechanical structural preferences from neurological ones. The Rolfer's hands will treat the fascial issues; but unless the neuromotor component is addressed and the client gains an understanding of how the fascial preferences arose in the first place, she is likely to revert to her old pattern. In this sense, "*Rolwing is not a manipulative technique. It is a system of education.*"⁵

Emotions

Most Rolfers would accept that muscle and fascia can "hold" memories and emotions from the past. So naturally, clients sometimes experience emotions when longstanding fixations in fascia, joints or viscera are released. Often, clients seem to experience a combination of relief and sadness upon finding space that was lost long ago. On the one hand, because emotional habits are structural, fear or avoidance of emotions can lead to reversion to habitual postures. On the other hand, the client's recognition of the correlation between physical and emotional structures can both enhance the physical changes and prevent reversion. But for the client to gain that recognition, it is important for the Rolfer to be alert and open to the emotional level. This means recognizing the importance of this "non-concrete" structural component. At the same time, we must treat emotions as just one aspect of structure, and not amplify them or overestimate their importance to the whole. This, in turn, requires Rolfers to have some degree of openness to and understanding of their own emotional processes.

Autonomic Nervous System

If you don't reach the nervous system, you haven't got it.

Ida P. Rolf

The balance of tone in the fascial system corresponds to the balance between the

branches of the autonomic nervous system. Chronic sympathetic dominance generates hypertonic skeletal musculature, shallow breath, decreased peripheral circulation and inhibited peristalsis; whereas chronic parasympathetic dominance generates joint and tendon inflammations and increased muscular effort to overcome air flow resistance into the lungs. As demonstrated by the work of Jeff Maitland and John Cottingham,⁶ Rolwing improves the balance between the sympathetic and parasympathetic — although this often happens accidentally, rather than systematically. We would prefer to get these results based on our understanding of the ANS and in furtherance of structural goals, rather than by mere chance.⁷

Biosociology

We are not truly erect, standing; we are only on our way to being erect. This is a metaphysical consideration. One of the tasks of the Rolfer is to speed up this ongoing process.

Ida P. Rolf

We humans use our bodies — including our fascial structures — to convey to each other non-verbal social messages. Our ape ancestors lived in social groups for eons, which suggests that body language is much older than verbal language. Only recently has the behavior of our closest ape relatives in their natural environments become the subject of scientific research — particularly by Jane Godall and Frans de Waal.⁸ The apes' body language — in terms of both intention and meaning — resembles some human behaviors, and their body language is readily understood by humans. Thus, humans carry not only the "reptile brain", but also what we might call the "ape brain" — at least in respect to our communication and social behavior.

The manner in which a particular person might use structure as a means of communication is not necessarily congruent with optimum upright posture. Therefore, if we ignore body language, we might miss — or

misinterpret — structural issues related to it. For example, if a client cannot look straight into the eyes of others, changes induced by Rolwing will challenge more than the client's fascial system. We should at least entertain the possibility that structural or functional characteristics might have social meaning for a particular person, and consistently include body language in our assessments and strategies. Although we might observe repeated correlation between particular structural issues and meanings in persons from similar cultural milieus, we must not forget that the semantics of body language do vary among different cultures.

Sense of Self

*The way you walk through
the room is the way you
walk through life.*

Vivian Jay

A mentally healthy person has internalized a definition of self. Erik H. Erikson has shown how this sense of self relates to self-esteem and independence, and influences the ability to find love and work in society.⁹ Part of self-identity manifests as a clear "felt-sense" in the body. Discussion about what establishes the sense of self has evolved from the purely philosophical into more concrete and neuroscientific realm. Neuroscientists Antonio Damasio and Vilaynur Ramachandran have been extensively exploring this question recently, and postulate that one thing that establishes "self" is its specific embodiment; in other words, the "self" always relates to its imagination of its particular body.¹⁰ If the felt sense of the body is altered, the person can temporarily feel strange or unnatural. But as Myron Sharaf, one of Wilhelm Reich's most brilliant pupils, used to say in his workshops, "If it feels unusual, it could be healing".¹¹

The physical changes induced by Rolwing present challenges to the client's physical self-identity, which can in turn affect sense of self in other contexts. We must be aware of the potential scope of the challenge and be prepared to try to help the client to accept and then resolve any discomforts, (such as fear or pain of growth) and then integrate the insights into other realms. At the same time, Rolwing presents a great op-

portunity because, on the physical level, the client's sense of self can be quickly and strongly challenged.

Energy

We use the term "energy" here to describe the intensity — or energetic density — of metabolic processes. A person's overall energy level can also be called "vitality" or "life force". It is that which both drives and enables a person to strive for success, to cultivate himself, to move, to enjoy some form of art, to play, to love and to have gratifying sex — and to create something that will last beyond his own lifetime. Energetic density is clearly affected by mental and emotional states. For example, energy is greater in an engaged, happy person than in an alienated, sad one. But it is also strongly influenced by the functions of the hormonal, immune and neurological systems; e.g., the degree of flexibility in the musculature is related to metabolism, which in turn depends on these other systems.

Biologically, greater energetic density is generally a good thing; but this is not necessarily true socially. Psychologist Alice Miller has made a convincing case for the proposition that the more vital, independent and expressive a child is, the more the child's social environment tends to compel the child to suppress his own vitality.¹² This suppression can manifest as physical or psychological tension or withdrawal, as well as psychological dissociation. Perhaps its influence on the whole structure can manifest as "withdrawal-diseases", such as back, neck or shoulder pain, arthritis, asthma, allergies, fibromyalgia, bruxism, hypertension, sexual dysfunction, and many others — which often produce our clients' presenting complaints.

As much as Rolwing might address the fascial and functional aspects of tension or withdrawal patterns, the patterns are unlikely to resolve completely unless the client adjusts the balance between the demands of the social environment and individual needs. In such cases, lasting structural changes are less likely without behavioral changes.

GUIDELINES FOR PROCESS-ORIENTED ROLFING

How, then, can Rolfers address levels of structure beyond the fascial level? Although we are not neuromotor chemistry experts,

psychiatrists or spiritual mentors, to truly integrate our clients' physical structures, we can and should recognize and acknowledge levels of structure beyond fascial balance and neuromotor function. What follows are some guidelines for how to do so within the scope of our practice as Rolfers.

POR Rule 1: Let the Client Define the Goals of the Process.

Ideally, the client is the captain, and the Rolfer is only the navigator — at least by the end of the Rolwing process. Often, clients appear in our offices expecting us to fix them. With these clients, the first challenge might be to enroll the client as a partner. Authority and responsibility must be with the client at least by the end of the series, if not before. After all, only the client himself can heal or grow. Nevertheless, the Rolfer can and should help the client to form appropriate goals, reasonable expectations and responsibility for his own process.

This requires a certain humility on the part of the Rolfer, who must not yield to the temptation to take on the role of a "guru" or "magic" person. We must understand that some clients will encourage us to take that role as a way to justify their own passivity or reluctance to take responsibility for their processes.

POR Rule 2: The Process of Structural Change is Self-Revealing.

Of course, a plan is a good thing to have. But we should be willing and prepared to abandon our plans for good reason. Any living organism — including a Rolwing client — has an idea of what it ought to be like, and will defend that idea. A Rolfer cannot impose change, but only educate the client to its possibility and offer an invitation for growth. And growth cannot be precisely planned because life — if it is truly alive — is full of surprises. Start each session by asking yourself, "What wants to be done here and now?" Observe which of the many issues in the client's multi-level structure presents the most obvious restriction, in the sense that addressing it will bring the client's whole being to a higher level of function. The client might reveal the answer on any of several levels: by a fascial strain, an incomplete movement pattern, autonomic changes, body language, or clear verbal expression.

One potentially important clue is "resistance." In connection with psychoanalysis,

the concept of “resistance” was originally developed by Sigmund Freud; but Wilhelm Reich perceived the importance of “working with resistance”.¹³ Because Rolfing induces changes that challenge the client’s self-perception, it can produce resistance. In the context of Rolfing, resistance might manifest as voluntary muscle contraction contrary to the intention of the work; last-minute cancellations; devaluation of the Rolfer; pain symptoms with the message that the Rolfer is making them worse, or that the client is afraid of what might happen next; collapse into suffering; escape into drugs or frenetic activity; inability to recall what was done in the previous session or failure to do the homework; or fear of being stronger, freer, happier, or more successful or even erotic. Resistance is not necessarily an obstacle; it is a sign post toward progress if it helps the Rolfer to perceive the next step in the growth process. What’s more, if the client becomes aware of his resistance, it will help him to hold the work.

POR Rule 3: Balance Support and Challenge.

When Alfred Adler — one of Sigmund Freud’s most famous students — was asked how to raise children, he replied, “There is one ultimate thing: the best that can happen to a child is an obstacle that he can barely crawl over.”¹⁴ This is commonly interpreted at the psychological level, but one might ask whether Adler’s structural/functional metaphor should better be taken literally.

Adler’s insight certainly applies to Rolfing. On the one hand, Rolfing with lots of stimulus, challenge and even pain — but little support — might gratify clients who long to feel anything at all. We call this style “Sado/Maso-Rolfing”. On the other hand, Rolfing with lots of support and little challenge might gratify childlike or the burned-out clients. We call this style “Cradle-Rolfing”. Although either style can produce happy clients, both might yield only limited structural results.

The history of Rolfing shows a trend away from the first style toward the second — perhaps corresponding to changes in society as a whole, or perhaps arising from our desire to escape Rolfing’s reputation for being rough and painful. Nevertheless, our work should include the element of challenge. Not only does it enrich the process, but also retains a key attribute of Ida Rolf’s own style. She and Moshe Feldenkrais both

were demanding of their clients.

*I don’t need a friend who
nods when I am nodding.
My mirror image does this
much better.*

Goethe

POR Rule 4: In Addition to Integrating the Results of the Work into Gravity, Integrate Them into Functional and Social Contexts.

Were fascia the only component of structure, table work alone would suffice. But because it is not, it is crucial to bring the client off the table and into the world. We need to help the client integrate the table work not only into the gravitational field, but sometimes also into social and relational realms. Of course, we should teach the client to maintain the release of restrictions in gravity; to feel newly acquired internal and external space and deepening of the breathing; and to recognize the sensations of letting go into gravity through the pelvic floor and into the feet while at the same time allowing upward lift. Here, sitting, standing and walking can be much more than evaluative tools. Made part of the session, they become every bit as important as the table work.

At the same time, we can acknowledge and support expressions of uneasiness, feelings or fears that physical and proprioceptive changes might induce — e.g., fears of losing control or standing solid, of feeling ugly because of having a belly, of unaccustomed sexual feelings from letting go of the pelvic floor, of vulnerability because of an open chest, and countless others.

Here, it helps to allow time at the beginning and end of each session — and at the end of the series — for verbal integration. We are creatures of language, and verbalization helps us to concretize and “own” our experiences. It can also help the client to integrate his physical experience with other layers of his being, and to assume responsibility for his own process. Finally, verbal integration can be used to bring closure to a Rolfing series. For the Rolfer, this requires considerable skill and practice, but care in listening and mirroring is a good start.

IS POR STILL ROLFING?

Rolfing could become extinct in either of two ways: by adhering to narrow orthodoxy, or by incorporating too much and losing any defining border. We can find the balance between these extremes by generalizing Ida Rolf’s ideas while remaining grounded in the traditional work. Although Ida Rolf recognized that “comprehensive recognition of human structure includes not only the physical person but also, eventually, the psychological personality — behavior, attitudes, [and] capacities”,¹⁵ many Rolfers see “structure” only as the facial net. This view limits both understanding and efficiency. We believe that the concept of structure is made more powerful by considering factors other than fascia, while at the same time keeping the focus on the physical body moving in gravity (and — by the way — with inertia, which will be the subject of another article coming soon.).

If we say, for example, that the legs are congruent with the spine, we are speaking the language of classical Rolfing. If we add that this fascial structure is congruent with the client’s pattern of walking, we incorporate the language of Rolf Movement Integration. But with Process-Oriented Rolfing, we can go further, and discuss *as elements of structure* factors contributing to the client’s formation or maintenance of fascial patterns, such as learned postural and functional configurations, self-definition, body-language, emotional habits, and demands of the social environment. Then we can say that the fascial structure is congruent with the client’s behavior, as well. Although many Rolfers consider these things already, this approach should be systematically investigated.

NOTES

1. The discussion that follows is derived from modern Systems Theory, which addresses stability conditions in complex systems. As in traditional Chinese medicine, concepts of “cause and effect” have limited applicability. In Systems Theory, “structure” means that which is quasi-stable in an “ordered chaos” system, such as the human body. “There is no such thing as cause and effect. There are patterns of co-existence.” Ida P. Rolf 1977, as quoted in *Rolf Lines*, Nov/Dec 1988, p. 7.

2. Lorenz, Konrad, *Über tierisches und menschliches Verhalten*, Piper 1964.

3. For example, in a recent issue of *The Journal of the British Medical Society*, neurologists reported brain scan research with experienced meditation practitioners. The part of the brain that holds the inner representation was inactive during meditation, which might explain the subjects' reported experiences of "leaving space and time". For reference, contact zorn@rolfing.de.

4. See, *Talking to Fascia – Changing the Brain*, Rolf Institute, Boulder, Co., 1994.

5. Ida P. Rolf, as quoted in *Rolf Lines*, Spring 1992, p. 62.

6. Cottingham, John, et al.: "Effects of Soft Tissue Mobilization – Rolfing Pelvic Lift on Parasympathetic Tone", *Am. J. Physiology*, vol. 68(3), 352 – 356, 1988 .

7. For some basic ideas how to balance the Autonomic Nervous System, see the article entitled, "Rolfing, Stress and the ANS", published in Portuguese in the April and June 2001 issues of *Rolfing Brasil*, and in German at www.RolfingB.de/stress.htm.

8. See their work concerning the behavior of chimpanzees, gorillas and bonobos , e.g., Jane Goodall, *Chimpanzee Family Book*, North-South Books, 1997; Dian Fossey, *Gorillas in the Mist*, Houghton Mifflin, Wilmington, MA, 1988; Frans de Waal, *Chimpanzee Politics, Power and Sex Among Apes*, Johns Hopkins University Press, 1998.

9. Erikson, Erik H. , *Identity and Life Cycles*, International University Press, Madison, CT, 1967.

10. See, e.g., V. Ramachandran and S. Blakeslee, *Phantoms in the Brain: Probing the Mysteries of the Human Mind*, 1998.

11. By memory from Adjo Zorn, who has attended several workshops taught by Myron Sharaf.

12. Miller, Alice, *The Drama of the Gifted Child*, Harper Collins, New York, NY, 1996.

13. Reich, Wilhelm, *Characteranalyt.*, S. Fischer, Frankfurt, Germany, 1976.

14. Adler, Alfred, *Vom Umgang mit Sorgenkindern*, S. Fischer, Frankfurt, Germany, 1930/1979.

15. Rolf, Ida P., *Rolfing: Reestablishing the Natural Alignment and Structural Integration of the Human Body for Vitality and Well-being*, Healing Arts Press, Rochester, VT, 1989.