

Body as a Movement System – Part 2

How Do We Express the Rolfing® SI Story to the World and How Might the Taxonomies Better Reflect the Story?

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Abstract: The initial success of structural integration (SI) came from a focus on fascial mobilization and an explanation that fascia is plastic. Modern science points to the brain and the postural system as being the plastic part of the equation, and this has led to improved interpretations of Dr. Rolf's emphasis on gravity and posture. The author proposes two places for reexamination of the Rolfing® SI narrative: retool the manner in which SI is described to clients, students, and the listening public; and retool the organizational model for classifying dimensions/models of assessment and intervention – what became known as the 'taxonomies.' With improvements in how Rolfing SI is described, we may envision a future in which it better distinguishes itself from second-paradigm therapies. This article builds on "Body as a Movement System, A Premise for Structural Integration" published in this journal in June 2008.

What's the Future of SI?

Does SI have a future? Fascial mobilization and myofascial release techniques likely do have a future: they are attractive and continue to spread in the body-therapy world. But does Rolf's vision of SI have a future? Does the Rolf Institute® of Structural Integration (RISI) have a future? Rolf's work is about much more than fascial mobilization. SI evokes postural evolution – changes in posture toward what could be considered 'normal.' Improvement in posture means improvement in motor control, or coordination. When we stand up with greater length and, at the same time, greater ease, we express an improvement in coordination, an improvement in being, and, at the least, greater efficiency. Further, the psycho-emotional benefits of SI set it apart from generic myofascial release. Do we communicate this effectively? How will we convey our story in a manner that does justice to the depth and complexity of the work we offer?

Who Answers the Phone?

How does our profession represent itself? A potential client calls a practitioner: "How might you help me with my back and hip pain?" The practitioner answers, "I will systematically mobilize your fascia

in specific places in your body that have become fixated. As the fascia is freed up, your body can stand up more easily because it isn't pinned down by fascial restrictions."

Is this a structural integrator speaking? Perhaps. These days, it could also be the voice of any one of the many massage therapists who have taken deep-tissue or myofascial mobilization courses taught by structural integrators, massage therapists, or physical therapists. Once upon a time, Rolfers owned this territory: we had the newest technology on the block and were the ones who delivered the (exciting) news about fascia. One way or another, technology leaks into the culture and irreversibly becomes part of the public domain. Rolf's institute is a victim of its own success. We could declare victory – Rolf's mission was successful – and that's the end of it. But is that the true story?

Fascial mobilization remains a fascinating and mysteriously powerful tool to unlock body issues, including conflicted patterns of motor control. There are sound reasons for it to continue as a prime tool for somatic therapy, at various amplitudes of pressure. Fascial work can calm or excite, arouse body awareness, and relieve tensions. It's great to be a fascial manipulator. But is it necessary and sufficient to define SI, and

is it even prudent to talk about fascial mobilization "aligning the body?" Is the old message sufficient to enable SI to survive as a distinct profession in the coming decades? More importantly, what elements of Rolf's mission are the most important to survive, other than the fascia-as-plastic one?

Consider again: a potential client calls and asks: "How might you help me with my back and hip pain?" Suppose the practitioner mentions, over the course of the call, the following: "Most chronic musculoskeletal problems are the result of faulty coordination. Your body works to stand and walk and at the same time it works hard to limit itself. Your body works against itself as you stand or meet any of the activities you wish it to do. A body with chronic tension is like a car with the brake and gas pedals welded together. When you push on the gas to move, you unwittingly also push on the brakes. This conflict makes for chronic tension in the joints. Therapies that relax your muscles or reset your joints are temporary because your body recreates the problem over and over.

"The path out of this dilemma is a comprehensive approach that restores normal coordination. We do this with a combination of tools that speak to your motor control system: deep touch in the fascia that restores differentiation of your body maps; careful attention to the way you prepare to move, and practice with those pre-movements in slow motion; a set of perceptions (body-mind awareness) that liberates the body to move more intelligently; and self-care exercises for you to do at home that recreate the restored coordination you experience in your sessions. You will get a comprehensive package of education that helps your body move as human architecture is designed to. Accidents, overuse patterns, overwhelm, and trauma – these events evoke coping strategies in the body's motor control patterns. That's a good thing, but outlives its usefulness. Our job is to undo those quickly learned, but not so easily dropped, patterns – to make a lasting restoration of normal coordination. That is SI, an integration of all the elements that constitute posture and movement. An integrated body feels better because it moves as nature intends it to: when we are challenged, we feel the simple joy of a body that lengthens to meet the challenge. An integrated body lengthens in response to demand rather than becoming stiffer and shortening."

Do we present our message this way? The vocabulary of the RISI specifically, and SI in general, begs for revision. The work will not survive as a holistic proposal without an improvement in how it is described.

The Old Message

Our old message is suspect. Robert Schleip skillfully captures our dilemma in his 2003 article on fascial plasticity.¹ We are on shaky ground with the old gel to sol model. We are on shaky ground to claim that any of our fascial mobilizations do what we say they do other than provoke messages in the mechanoreceptor links to the brain. The medical world has had its doubts for some time. Fortunately, we have the language and the research to support something new, as the second phone conversation illustrates.

If we drill into RISI thinking, language usage sits on shaky ground. How we describe our work is important. How we categorize the different components of our work has consequences. If our profession is to continuously innovate, the description of what we do and what we teach needs reexamination. Do our words make sense?

Dimensions of SI: Classification (Taxonomy) of Models

Taxonomy means a system of classifications. Within any particular taxonomy are taxa (plural of taxon) that are the different units and sub-units within the system. There's nothing particularly holy about the word taxonomy other than that it's used traditionally in science, especially in biology where forms of life divide into kingdoms, phyla, families, species, and so on. Taxonomic language was introduced at RISI in the 1990s by Jeffrey Maitland, an Advanced Roling Instructor, author, and philosophy professor who makes frequent contributions toward order and logic in the RISI vocabulary. Among his contributions is the introduction of the word *palintonus*, from the pre-Socratic philosopher Heraclitus.² Palintonicity, the sense of dynamic bi-directionality, is a central experience of SI and one of Maitland's constitutive principles; it links our work to an age-old observation about harmony with gravity – it takes us forward.

Another concept that Maitland proposed was the organization of our work into different taxonomies: Structural/Segmental, Biomechanical, Functional, Psychobiological, and Energetic. Maitland's

taxonomies are a way of acknowledging the complexity of SI as a whole-being event; multiple taxonomies represent multiple dimensions of who we are.³ Taxonomies were introduced to do justice to the various dimensions of human evolution; to encompass the complexities of evolution Rolf considered part of SI. Further, a practitioner might well consider these dimensions as he/she intervenes with a client. The taxonomies acknowledge the breadth of the SI proposition. This was a step forward in mapping our work.

Maitland mentions, in a 1996 article, that when you fill in the taxonomies with the various specific taxa – things we do, measure, or look at, like spinal mechanics, models of walking, or models of neurological integration to mention a few – the greatest number of taxa fall into the functional taxonomy. The 1995 RISI faculty meeting determined that the majority of what structural integrators do belongs to a functional taxonomy.¹ It's an interesting observation, but perhaps an inevitable result of a flawed premise: that structural and functional are separate taxonomies, that these terms usefully distinguish dimensions of the work. In 2012, the taxonomies reveal need for revision. It is appropriate to take a second look and see what makes sense today.

What's a Structure?

The word 'structural,' as in the term SI, can be interpreted two ways: structure can mean a collection of parts that makes up a whole; structure can also mean function that persists over time – a system produces predictable functional behaviors according to its structure. "What are called structures are slow patterns of long duration, functions are quick processes of short duration" – Ludwig von Bertalanffy, the father of general systems theory, made this observation in 1952.⁴ This is the modern view regarding complex systems such as biological systems – like, say, people.

The structure 'as assembly of parts' definition associates SI with professions like bridge repair, auto body services, or orthopedic surgery, where a practitioner is skilled at putting parts (back) together according to specifications. This offers an attractive self-image – it elevates structural integrator to the rank of people who re-align parts, as opposed to those who palliate symptoms. At first blush, it's a step forward from first paradigm to second

paradigm. But the more modern definition takes Roling SI into the future while the old one anchors it to the past. To quote Maitland, "The body is not a soft machine."⁶ The body is a biological system event, not parts that react (exclusively) according to physics. To treat a complex system, so it improves functionally over time – so it changes *structurally* – we want to go beyond repair (second paradigm) and work in what Maitland and Sultan posited as a third paradigm approach – holism.^{7,8}

SI makes lasting changes in terms of posture and movement patterns – even psycho-emotional patterns. Patterns of behavior change and often don't revert. In fact, they often continue to integrate and improve. That's a product characteristic. RISI marketing has always emphasized lasting change. We don't just palliate symptoms; rather, we make structural changes. In that sense we do have some overlap with orthopedic surgery, but unlike orthopedic surgery we help people with the software part of the equation, which is every bit, if not more, important to successful adaptability. We work with post-surgical clients so they actually use repaired or replaced parts in harmony with the whole-body system.

Are We a Stack of Blocks?

The RISI's 'Little Boy Logo' shows a person as a stack of blocks. It's good advertising certainly. Our education emphasizes the way in which anatomy shifts spatial positioning as people undergo the work. So 'structural' can also mean the portion of our work in which we think keenly about bone position and notice and treat fascia in various ways. 'Structural' can denote the aspect of our work in which we think about anatomy and the mechanical properties of anatomy. However, this view is not limited to work that pushes on fascia.

To return to the context in which the taxonomies were introduced, it's true that the word 'structural' in Maitland's use of the taxonomy of 'structural/segmental' is an accurate descriptor of this aspect of our being. We can experience ourselves as being a physical body, a segmental physical body. We can change our experience of this structural/segmental body in somatic work such as Roling SI. So far it works – two uses of the term 'structural' and each clearly delineated. When we apply the term 'structural' to taxonomies of clinical practice, the logic breaks down in a manner that is not immediately obvious.

The current RISI taxonomy, as a template for dividing up what we teach, limits the intelligence of what is taught, and the work that flows from it. More specifically, the taxonomic labels give the impression that the 'real' event is mobilization of tissue rather than revival of native movement intelligence. Why? The error follows because the assumed definition of 'structure' or 'structural' reverts to bridge repair. It's reversion to "body-as-a-soft-machine" thinking, which leads to education that fragments the holistic nature of SI. The public loves the body-as-a-soft-machine message because it's familiar; but it's not holism.

Structural/segmental and functional taxonomies were introduced to differentiate between doing Rolfing SI work that is 'structural' versus 'functional.' At first blush this offered a satisfying way to think about components of the work. It created a way to delineate the 'movement' domain (which lacked for definition) from the domain of fascial mobilization. The domains can be distinguished but there is no meaningful division between structural and functional in styles of intervention. When one mobilizes fascia, the new story – the more scientific story – is that we are communicating with the sensorimotor brain, helping these parts of our biology improves choices for movement. Our segmental quality doesn't change at a bony level. One has the same number of bones before and after a session. What changes is the body's capacity to behave in a more segmental manner. It's not accurate to call fascial mobilization a 'structural intervention' as contrasted to a 'functional intervention.' When we assist a person with her pre-movement by, for example, bringing attention to a weighted-sense in her feet before she stands up, is that a functional intervention as opposed to a structural one? Not if that intervention leads to a lasting change in posture and ease of function. The measure of a structural change is a reliable change of function over time.

It's amusing to hear the question, "Do I see a structural issue or a functional one," as part of a body reading assessment. The question behind the question is really, "Will I get better change from mobilization of tissue, or mobilization of other dimensions of the client's being (such as perception, coordination or meaning)?" The second question has merit. The first question is a faulty choice. A practitioner learns to feel the complex matrix of dimensions that body

shape represents. (And we don't necessarily know the answer to these questions until after we do the work.)

Does manual pressure on fascia make changes that last longer compared to coordinative interventions that produce a lasting improvement in, say, core stability? Or is pushing on fascia more structural because of the amplitude of the touch, and the touch (strong or soft) necessary to change coordination ceases to be structural because of lower amplitude in the touch? When fascial touch changes the quality of movement, is that not functional? If the quality of movement or posture doesn't change, what good is it? The specific use of language – dividing structural and functional – is misleading. Rather, the two interventions are both functional and structural at the same time. That is why our professional title has the word 'integration' in it.

Improvements in movement and posture, and the psycho-emotional benefits that accompany them – these changes are *structural* because they last. Structure means something that functions in a certain pattern over time. What started as a proposal to look at the dimensions of a person's being became categories of intervention that Maitland acknowledges are overlapping. But categories can become impediments to designing ways for people to learn the work.

An inconvenient truth is that it typically takes longer to teach students to make perceptive and coordinative interventions than it does to teach fascial mobilization. It's inherent to the task. The level of embodiment required is greater. At the same time, it is even harder to learn if the image in a student's mind holds that structure is affected by fascial mobilization because it's the bricks and mortar part of the work, while function is fine-tuning – an add-on. Function is the whole point.

An example: A client in her mid-sixties comes in for SI a year after bilateral knee replacement, preceded by multiple toe surgeries. She has done standard physical therapy. She isn't moving well and has lots of discomfort, trouble climbing stairs, and so on. A skilled massage practitioner refers her to SI after months of massage, cranial work, and emotional support. The SI includes healthy doses of fascial mobilization, including some that is strong in amplitude. Along with the fascial work

is vital work with usage patterns in which structural change occurs in her posture and strategies of movement and dynamic self-care: the client learns to feel her coordinative change and understand it; and then practice it on a daily basis. Structural change allows her to walk and shovel snow and take large dogs on lead along icy trails. She finds joy in doing these things. The test of our work is whether months and years after we do our manipulative work the client is better than when she left our office. This was Rolf's goal and claim. We may not always rise to this level of success, but if and when we do, that is something worthy of being called SI.

Godard's Four Structures Tonic Function Model

Godard proposed four structures that influence human posture and movement: physical, coordinative, perceptual, and psychological.⁹ This was another step forward in our use of language. Each of these structures satisfies the requirement that over time it contributes to predictable behaviors and postures. Godard's scheme helps remind us that we aren't dealing with bridges or car bumpers. Structure and function are two sides of one coin, and fascial mobilization is but one method for shifting any of these four structures.

Biomechanics and Psychobiology as Taxonomies

Let's look then at our three other taxonomies: biomechanical, psychobiological, and energetic. The biomechanical taxonomy is relatively clear. It is a point of view that looks at the physical laws of the body. We need to understand these relationships to appreciate the way the parts operate. Taxa include joint manipulation and skeletal variation to name a few. It's not a finished science. Debate continues about biomechanical models of different parts of the body.

The psychobiology taxonomy is relatively clear as well. It speaks for how psychology is intrinsically interwoven with biology. It helps us see how, for example, coordinative change can be governed by the meaning of a movement, and how meaning can change as coordination changes. Our biology finds its foundation in the potency of orientation, especially gravity orientation, in reviving psychological security and stability. The psychobiology taxonomy

acknowledges that Rolfing SI work affects one's subjective experience in ways that can permit/optimize integration. Psychobiology encompasses skills for self-regulation and skills related to therapeutic relations.

How could we ground the four taxonomies discussed thus far at the RISI? How do categories of intervention make sense as categories of education? The RISI could have a biomechanical or manual manipulation department. It could have a psychobiological department, or include psychobiology within a department that includes perception, coordination, and expression – a view embraced by some of the Rolf Movement instructors.

However, to talk about a structural (Rolfing) faculty versus functional (movement) faculty is bad use of language. Would it be better to speak about fascial- or tissue-mobilization faculty and perceptive/ coordinative faculty? It's not perfect. Fascial mobilization changes perception and coordination, and is often an efficient means to do so. Focusing on coordination and perception, at the RISI, assumes competence in fascial mobilization and therefore involves that tool as well. Certainly teaching coordinative work requires a well-differentiated embodiment of anatomy and biomechanics. Where then to compromise?

Retire the Terms Structural and Functional as Taxonomies

If the RISI retired the structural and functional taxonomies (along with structural faculty and functional faculty), and substituted for them the categories 'manual mobilization taxonomy' and 'perceptual/ coordinative education taxonomy' we would move a step forward. The words would refer to what actually happens, and note a difference of emphasis – a difference in emphasis between two approaches to the structure/function holism.

What Does 'Energetic' (Taxonomy) Mean?

There is a fifth element to consider – the so-called 'energetic' taxonomy. Energetic work, whatever it is, acknowledges that often the 'not doing' aspect of our work is highly, if not supremely, potent. Important work occurs; the name is unfortunate. Energetic taxonomy, as a label, runs into trouble as soon as you try to think about it or use

it. And how do we link energetic work to posture and coordination?

As with the other taxonomies, we can describe a dimension of our being as 'energetic,' dimensions such as: a description of metabolic activity; or of the subjective sensory experience of flow, wave motion, bioluminescence, transpersonal resonance; or a measure of electromagnetic activity; or the conscious awareness of extrasensory perception. There are many options. This dimension is vital to a holistic picture of who/what we are. When we use the term 'energetic' to describe a category of intervention, however, what are we saying? What does the word tell us?

The energetic domain, like the domains of structure and function, is confusing as a category of intervention. Does our work become more energetic when our hands don't touch the client's body? Does our work become less energetic when our hands are on the body? Does our work become more energetic when we do it vigorously or when we slow down and enter a meditative state? The term has a provisional placeholder for a discussion of the evolutionary potential of our work. However, the phrase, 'energetic taxonomy' of intervention spawns confusion until words are found to explain it. Our work has an energetic dimension. What is it?

Chinese medicine posits that there is *ch'i* (energy) that flows through the body and there are techniques for assessing the state of this energy – is this something important to investigate? Is it essential to posture and coordination and within our domain? Some practitioners use off-body assessment or they work with clients at a distance. There are interventions that posit a sacred space or an energetic geometry or template to the space the work takes place in, or that acts as a force on our physiology. Some practitioners consider the various forms of craniosacral therapy to constitute energetic intervention.

There are specific practitioner skills involved in energetic categories of work. Ray McCall, Advanced Rolfing Instructor, says, "The idea of 'getting out of the way' is central to energetic modalities. The role of the practitioner seems to be to act as a reference between the client and the 'information' that creates, that accomplishes the healing. Goethe called that information the *Ur-phenomena*. It is often referred to as the blueprint. The challenge is to

perceive the blueprint as alive, dynamic and creative rather than as a static platonic ideal."¹⁰ How do these activities fit with SI? McCall states that following SourcePoint[®] interventions he observes an improvement in contralateral movement in clients.¹¹

McCall highlights the notion of what could be termed 'non-personal intelligence.' We assist people to allow this intelligence to operate. In this sense, energetic work is not far away from inherent movement intelligence (that resists an exact location, physiologically) – the 'movement brain' idea.¹² Presumably, what McCall refers to as the blueprint is not located in the body at all, necessarily; nonetheless, it points to a sense of agency apart from client or practitioner – thus the point about 'getting out of the way.' The positing of inherent intelligence shows up in Rolf's insistence on gravity as the therapist. Gravity is invisible but palpable. Is it part of what we mean by energetic? How do these observations affect a discussion of categories?

Much of what we call the energetic taxonomy might be categorized along with interpersonal communication and perception. Non-reactive presence is a dimension of psychobiology, as are many forms of listening to an organism's being. Some of what we call energetic work might be the way in which practitioner or client integrates sensory (or extrasensory) perception so it can become a 'known' experience, or inform non-conscious processes such as brain mapping, for example. As a diagnostic taxonomy, off-body assessment might also belong to a perceptual taxonomy, as extrasensory perception. Esoteric spatial geometry, conscious or non-conscious, is a form of orientation. Biology is founded on orientation, the act of finding spatial location in one's context. SI is interwoven with the study of orientation and its relation to coordination. Biodynamic craniosacral education addresses orientation (spatial and interoceptive) as well.

Comparisons aren't proposed here to trivialize energetic phenomena, or reduce them to mundane or simplistic explanations. Categories, or taxonomies, aren't explanations – they're a way to see relationships between parts of a larger system. A category of intervention is, in part, a look at the skill sets/embodiment necessary to be effective. Skills of embodiment are the core of somatic education.

Why Examine Word Usage?

Why labor over words? On the basis of these words, we will be defining what we do to the world, and what to prioritize in the education of practitioners. The RISI curriculum will change over time: innovation is necessary to stay relevant. As curriculums change there will be debates about what is important and what is not; what's truly Rolfing SI and what's not? The argument is appropriate. It's a dialectic never finally answered, an ongoing inquiry into "what is this work about?" Questions will reoccur: what helps, and why does it work – what is the truest expression of our tradition, in this decade, or this century? As we hold this inquiry, iteratively, might we examine the premises of the debate? What is it we do? Maitland's principles and taxonomies are attempts to answer this question.

As the second phone call example illustrates, one way of representing our work is as a package of educational interventions that span multiple dimensions of a person's being, dimensions continually assessed through the lens of posture, a particularly incorruptible parameter. Posture spans complex levels of being, from gravity orientation all the way to abstracted meaning making.

Our Message, Our Model: What's Takes the Work Forward?

Our work is complex and multifaceted. SI is a profession that has much to offer the world. Our message becomes more plausible as we consider fascial mobilization as an important, still mysterious, component that most probably assists in sorting out motor control and autonomic regulation, rather than physically adjusting the tensional cables of the body represented as a flag pole. Our message needs to emphasize the educational nature of the work. Education empowers clients to regulate their lives. Education is an ongoing inquiry into how people learn.

Our message is distinct and refreshing in the marketplace if we speak about structure and function as dimensions of people's experience rather than two styles or techniques of intervention. Lastly, energetic taxonomy, as a label, obscures the investigation. Retire it as taxonomy of intervention while preserving it as a descriptor about one's experience.

Reexamine what is it that arouses passionate interest in what is termed the 'energetic work.' Find descriptors that define that style of work in a way that plausibly links to a model of coordinative change – to posture. Once linked to posture and economy of movement, assessments of effectiveness become possible.

Endnotes

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Yielding

Engaging Touch, Presence, and the Physiology of Wholeness

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Nothing in the world is as soft and yielding as water. Yet for dissolving the hard and inflexible, nothing can surpass it. The soft overcomes the hard; the gentle overcomes the rigid.

Lao Tzu, *Tao Te Ching*

Overview

For over ten years, we have been exploring the first developmental movement known as 'yield', as originally described by somatic innovator Bonnie Bainbridge Cohen in her Body Mind Centering system. This article combines contributions from both Hiroyoshi (Hiro) and Carol. Hiro's contribution and insights into working with this gentle approach for shifting structure, movement patterns, coordination, and perception are documented through client photos and an understanding of cellular biology and the

extracellular matrix. Carol explores yield in the context of embryology and movement awareness. This article presents a brief synopsis of our collaboration.

Yield is the first developmental movement. Often misunderstood as a passive surrendering or a 'doing nothing,' yielding is in fact an active coming into relationship and is the fundamental movement behavior underlying all others. Take a moment and recall an image of an infant resting securely on her mother's chest. Sense the very tangible contact between them. There