Rolf Movement®
Faculty Perspectives

Taxonomies, Vectors, and Neglected Spaces

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This column addresses four topics: the first is another look at the taxonomies subject – how the Rolf Institute® of Structural Integration (RISI) organizes our work into categories of assessment, intervention, and departments of education, and how it works in practice; second, we take a look at a perceptual approach that uses vectors; third, a brief introduction to the problem of missing space, physiological and phenomenological; and finally we touch on the delicate matter of the energetic dimension within our work. The theme that ties these four topics together is an ongoing inquiry about how we define, prioritize, and teach the work.

The discussion has specific relevance for faculty and students who wish to better define the role of movement in learning and doing structural integration (SI). At the RISI this work is called Rolf Movement work – more usefully defined as the *perceptive*, *coordinative*, *expressive*, and *psychobiological* dimensions of Rolfing® SI. From a "body as movement system" (Frank 2008) point of view, current taxonomic definitions of Rolfing SI pre-judge any discussion about educational priorities since discussion begins with the premise that there are faculty and trainings that are "structural" and faculty and trainings that are "functional." This column continues an inquiry into the usefulness of this premise; the goal being to further nurture holistic education in RISI trainings.

Topic One: Structure and Function

This author proposed drawbacks to the current RISI taxonomies: structural/geometric, functional, psychobiological orientation, and energetic in an article (Frank 2012) that proposed the replacement of "structural" and "functional" with more meaningful terms. The proposals represent a movement-oriented view and link to premises about how Rolfing SI training is conceived. Jeffrey Maitland (Maitland 2012) took up the discussion with kind appreciation and amiable corrections to some of the logic and semantic underpinnings of the earlier article. Still, Maitland did not address how the taxonomic categories affect educational priorities. The current article focuses this issue further, and clarifies as well what appeared to be a misunderstanding of the author's comments about the energetic taxonomy.

The Structure Question, Take Two

The word "structural" in the context of "structural integration" promises the world that SI evokes *lasting* shifts in a client's patterns of behavior – posture, ease of movement, life view, etc. Lasting change is a feature of our work. Secondarily, biomechanics, the study of anatomical structure and function, is also fundamental to this process and could be termed "structural." But biomechanics is not strictly the province of education in fascial mobilization. Rather, it's equally essential to matters of perception and coordination.

The primary meaning of structure – work that concerns long-term patterns, as opposed to work that is palliative or for repair of injury – is the crux of the issue. When we use the word "structure," in the sense of how patterns change slowly over time, physical-tissue properties are

one component of the structures that bind us, but no more or less so than the motor patterns or perceptual or psychological patterns that bind us. We are creatures who somehow become bound. We aspire to become unbound. Structural integrators assist people to recover their freedom to function gracefully in gravity. Structural integrators approach structure in a variety of ways. Maitland (2010, 166, 60), in describing a Zen approach to the body problem, refers to "a profoundly awake, *unencumbered activity of feeling*" that is possible "by transcending the fixations of ordinary thinking" of what he elsewhere terms the "I-am-self." This is not so far away from SI.

Let's drill further into how the word "structure" gets used at RISI. When we make an assessment or an intervention, do we call it "structural" because we are primarily looking at how various categories of tissue express limitation? Or do we call it "structural" because it is an inquiry into the many reasons a person is shaped the way he or she is, so patterns can change in a way that lasts? And, is there, in some instances, built-in presumption that physical pressure on fascia is the more likely avenue for lasting change – the more "structural" one? To be clear: the value of fascial mobilization is not being questioned. It is a fantastic method to help unlock patterns, especially when used by practitioners who embody the work. The author is an enthusiastic advocate for, and user of, fascial mobilization. The question is, rather, do we have evidence that in any given situation fascial mobilization is necessarily the more "structural" approach – the one that has the more lasting effect? Can anyone prove the general case? And, regarding the other sense of the word "structural": is fascial mobilization the approach that requires a greater degree of anatomical specificity? Again, it's debatable. What we do know is that human beings, and their postural habits, are complex. Let's ponder this complexity through an example.

Hypothetical Clinical Example

An athletically active client has knee pain, and a family history of knee failure due to lifestyle and genetic factors. She comes to a Rolfer to receive the Ten Series. The client experiences fascial mobilization as welcome relief, not only from the knee pain, but other aches, pains, and restrictions of movement that have bothered her for years. She exclaims after session one, "Where has this been all my life?" Over the course of the series, the practitioner uses a variety of interventions including: "indirect" joint mobilizations at the knee; fascial mobilization to restore differentiation and adaptability in the feet, lower leg, hip; and explorations to improve adaptability in the upper center of gravity, etc. – a "soup to nuts" offering. Each fascial manipulation includes education in sensing bony articulations, initiating movement from support, and using spatial orientation to enhance palintonicity; to name a few. The client learns that she can sustain sensory receptivity in the feet in order to push, economically. She learns exercises for knee stability. The client learns what it means to evoke change in coordination. The client learns to allow stillness and notice moment-to-moment shifts in sensation and awareness.

Late in the series or, maybe a few months after, the client reports a flare-up of knee pain. The client is understandably discouraged – things were going so well. We don't like these bumps in the road, of course, but they do reliably occur. How does a practitioner meet them? Is it possible to meet the client freshly, noticing what presents now, so something unexpected might reveal itself? How do we teach this?

During this particular visit, the client learns what turns out to be the next lesson: she anticipates knee loading by tensing slightly in the hamstrings and the extensors of the foot. She is now, for whatever reason, ready/able to be curious about this lifelong pattern. Starting from what she has already embodied and learned, she now feels the move from sit to stand in a new way – while imagining femoral independence from the tibia. The client practices this movement slowly. As she presses her femur against the practitioner's hand in the moments going from sit to stand, she rebuilds the motor map of knee extension. Her knee remains less compressed during the movement. The client learns to recreate this movement so she can do it at home: lying supine she learns to imagine the calcaneus expressing a down arrow of intention and the femur an up arrow of intention prior and during flexion and extension of the knee. The practitioner coaches the movement so the client finds ease in the exercise. She learns to use her eyes to help interrupt the former pattern of co-contraction at the knee. The client anchors the new postural preparation – she considers how this new way of moving, from sit to stand, contrasts with her family pattern. She finds a way to be okay with it, and to appreciate the value of the former pattern.

Bottom line: the practitioner gets "lucky" – it's a good day. The client goes home and begins to build a better relationship to the event we call knee extension, one in which there is new clarity about the joint and the manner in which we learn to pre-move in helpful and not so helpful ways.

The Structure Questions, Again

Which of the events in the previous example are more "structural" and which are more "functional"? If we say that the fascial mobilization is more structural, do we know that that is the case? Did fascial episodes, within the package of interventions, lend more to the new equations in the brain? Did the fascial work offer more to stabilize the knee than the coaching of pre-movement and self-care? Did one intervention require more understanding of joint mechanics than the other? Will anyone claim to say for sure? Most of us aren't fond of uncertainty. We often assert certainty in situations where we *wish* we had it. But, is Rolfing SI a craft built on certainty? With time and good fortune we may be able to make general assessments built on statistical data. New data may inform our choices in practice. These questions don't have simple answers. In the meantime, what is important is that we endeavor to evoke and invite structural change in all the ways our craft is able.

There is a further question: What does it mean to step back a moment, from logical determination, and meet a client openly, free of what we "know" from the past? What's important in the example is that a motivated client and an open-minded practitioner found a successful outcome – together. Two people went through an exploration within a taxonomic spectrum, all conceived to evoke postural improvement and better stability under demand – for the long haul.

A bigger question follows: how will RISI continue to improve and enhance what it teaches and how it teaches it? It's helpful (Maitland agrees) to take care with how we use language – specifically our definition and use of the term "structure." Do the terms "structural" in contrast to "functional" really assist students to understand the complexity of postural change? Or does the term "structural" sometimes insidiously suggest priority toward manual pressure; to move something physically with our

hands? Maitland asserts the notion that structure and function are two sides of the same coin. Why would we assume that we know, a priori, that posture is limited more by an apparent tissue issue as opposed to another component of structure?

Let's restate the structural/functional taxonomy issue more directly. There are two major aspects of structural education: one primarily aimed at mobilizing tissue and one more concerned with evocation of perception and coordination – both of these approaches accomplish differing degrees of long- and short-term change. Both involve touch. Both of these approaches lead to both structural (long-term) and functional (short-term) adaptation. Both of these approaches often move seamlessly back and forth to solve immediate and long-term challenges for the client. Revised language removes barriers to learning.

Topic Two: Vectors

What is a vector? A vector is a force with a direction. The fields of physics and mathematics define vectors this way, represented as arrows. How do vectors fit into SI? They're relevant because the part of our brain that conceives movement appears to "think" in vectors. In order to throw or catch a ball, the brain has to anticipate the force and direction of the object and where it will end up at the crucial moment of contact. Our brain uses vectors to stand up. The brain does all this without using math or other symbols. How does the brain do it? We don't yet know. But we can reliably demonstrate that it does so, and the usefulness of the metaphor. One can experience the brain's receptivity to vectors. We can learn to throw and catch; we can improve economy of function over time when we support the brain with the language it likes to hear.

In the previous example, in which a client learns to "unlearn" conflicted habits of knee movement, the client is taught to use arrows of imagination in the session and for self-care. We can call imagined arrows of directionality "vectors," or "vectors of imagination." They represent the ability to imagine a direction in space, which can be learned relatively quickly. Vectors have a directional component, and a force component. The force component is the clarity and strength of one's imagination. Like bodybuilding, our brain can improve the strength of its imagination over time, especially if we learn in a way that is interesting and successful. Unlike going to the gym, however, each client needs support to discover how a vector arises in his or her own meaning and perceptual system. This is where we, as practitioners, meet clients in their moment-to-moment curiosity and availability.

One direction brings immediate improvement. Two or more directions are better. When vectors are evoked in opposing directions, the body behaves like it's eager to respond, to express palintonicity. All bidirectional vectors link to foundational bi-directionality – of weight and space, of up and down. Imagined vectors are a way to shift pre-movement and help restore normal coordination and posture. Vectors are a subset of tools to recover lost or missing access to spatial relationship, a key component for integrated function in gravity. Vectors represent a form of not-doing: we don't do vectors; we allow the vector to do the work in the non-conscious processes of the brain. This brings us to the topic of missing space.

Topic Three: Erased Space

Let's consider two forms of lost capacity to perceive our full range of peripersonal space; that is, lost capacity for the brain to register areas of space around the body. In both cases, the body loses important bearings for postural integrity and function. One form is lost space at the physiological level – *physiological spatial (space) neglect* – meaning the body has physiologically lost the ability to process/receive some dimensions or areas of space around itself. It can be caused by stroke, for example. Another form of missing space is referred to by Godard (2009-2012) as phenomenological space neglect. This form of lost space is not the result of a physiological problem. Rather, someone acquires an inhibition, a block to the available information about some part of the surrounding space. Since structural integrators aren't brain surgeons, it is primarily to this latter form of space neglect that we can offer help: *phenomenological space neglect* is potentially plastic to our interventions, to the tools within the SI scope of practice.

What causes phenomenological space neglect? Many things, but let's start with very simple examples to get the sense of it. Imagine you see something very unpleasant, so unpleasant that your body makes a reflexive choice to avoid seeing it ever again. Can you imagine that? In an actual event, you might instantly acquire an inhibition to the space formerly occupied by the unpleasant sight – without realizing you have done so. A direction or quadrant of space becomes, effectively, dimmed or erased. Or imagine you see something that is highly attractive. You might keep looking for it (subconsciously) long after it has gone away, with the residual effect being a "leaning" toward the side of interest with a corresponding diminution of availability to the opposite direction. This "leaning away" or "leaning toward" is happening around us more than we suppose. Although it might not cause the body to lean physically, nonetheless the perception of space is changed. Other common causes for shifted spatial perception include injuries involving collisions with moving objects, auto accidents, and family dynamics, to name a few.

Why does this matter to structural integrators? We care because we want to evoke postural change. What shapes body posture? A significant influence on the shape of our bodies is the shape of the space we imagine around our bodies. We live in space shaped by our patterns of perception. Some of the ways we build a personal version of space are described by Godard in the interview "Phenomenological Space, 'I am in the space and the space is in me'" (McHose 2006). Godard introduces a view of the invisible forces shaping the human body, and its posture and movement; invisible templates through which we perceive space and anything in it.

The relevance to SI is especially clear when we observe asymmetries of posture that correspond to asymmetries of perception. An example is idiopathic scoliosis. We notice a relationship between the way one side of the body is willing and able to move forward while the other side expresses hesitation in subtle or not-so-subtle ways. We may then notice the difference in how one eye allows the world in, while the other eye blocks the world to some degree. By testing the client around issues of how objects are sensed on one side versus the other, or by tracking a client's capacity to push or reach into space on one side or another, we can begin to build an interpretation of what the client's spatial map looks like, and we may find there are "holes" in that map. Our non-conscious mind reacts to these holes and adjusts movement and posture accordingly.

The examples offered are simplistic. The actual stories behind people's phenomenological space neglect and the manner by which some clients can begin to gain lasting shifts in their spatial perception – and consequently, their posture and function – are more complex. Still, at any stage of SI education, students can start to observe perceptual variations as they examine asymmetrical posture. It's wise to introduce this experience early since it enlarges the possibilities for finding plasticity of form beyond viewing form as held only in the tissue. And it's important to point out that when mobilizing fascial tissue the client's spatial map will shift, at least temporarily, even if we don't know we are doing so. Tissue work changes the spatial map. It's a two-way street.

Topic Four: The Energetic Question – An Inquiry

Maitland's (2012) article implied that this author advocated retirement of energetic work in his proposed retirement of the taxonomic term "energetic." This was not the proposal. What was proposed, and what is needed, is that "energetic" work within Rolfing SI be better defined. The term "energetic" can mean many things. How might we discover terms that tell us more specifically that which is energetic? Could there be a careful inquiry into what energetic means specifically for SI practitioners?

The author has been the grateful recipient of therapies in which, to the casual passerby, nothing happens. Nothing is visible. Those moments have sometimes been life-changing. What are they? Could there be some struggle with this question? Could there also be some struggle with the question: how do these interesting dimensions of work assist postural evolution in the gravity field?

Let's reflect on implicit qualities to good SI: simple listening presence; an absence of reactivity, demand, and judgment; open attention and empathic resonance; stillness. These qualities often release inhibitions in ways that all the things we do, do not. Is energy work predicated on "not-doing?" If so, how might we talk about this? Fundamentally, freed from patterns of inhibition, the body often heals itself – gravity is the therapist. Is this an ingredient to what has been termed "energetic" work? Maitland (2010, 174), in *Mind Body Zen*, offers insight into not-doing and therapeutic resonance, both of which function as the practitioner steps out of the way. He says, "Central to the fourth way [what might be termed "non-dual" healing] is the practice of zero (or unification with the client) in which healing is the result of the healer's *orientation* [italics added] rather than the application of technique or intention." Orientation is fundamental to SI – it's essential to our work (Frank 2010 and 2011).

Bottom line: Energetic work by any other name would feel as sweet. Terms other than "energetic" might fit more meaningfully and respectably within a contemporary model of SI, one that the larger world can relate to. How does work, invisible to the lay observer, relate to conventional models of postural health and performance? How can "not-doing" be modeled and given consideration? What is the role of imagination? (Frank 2010) What shifts occur in client/practitioner relationship in moments of shared attention? Can subtle phenomena be linked to models of biology, physics, or psychology, as are the other parts of the SI package? A working definition would help find the right places to put "subtle phenomena" within the Rolfing SI curriculum.

Whatever the many "system to system" communications that occur between practitioner and client, human beings respond positively to sincere listening and curiosity. Within a resonant field of connection flows the potential for change. A variety of healing traditions purport to codify this potent connection. Each system has its own idiosyncrasies and language. Is there something not particular to any one tradition?

To circumscribe a system or multiple systems of subtle phenomena with the term "energetic" fosters the notion that energetic activity is somehow a separate matter from what we do already. Without calling it "energetic," what is it?

There is an understandable surge of interest about learning and teaching this as-yet-to-be defined category of material at RISI. What needs to happen to ground the conversation, to notice and name the broader phenomena that underlie various methodologies and tools? How do we honor the depth and nuance of Rolfing SI that's here already?

The Space of RISI Education

This column, among other things, introduces the topic of space neglect. Space neglect is another inconvenient element to the "structure as tissue" equivalency that has lived, implicitly, in SI since its origin. "Structure" is a tricky term, a term that eludes attempts, in our field, to establish causal certainty. That keeps SI interesting, if sometimes frustrating. A goal of redefining structure is to invite consideration of the manner in which structure is discussed and defined to students in Rolfing trainings. The broader our appreciation of how physical, perceptive, coordinative, and meaning structures live within us – and the more we have a chance to embody them, to bring these concepts alive in a personal and sensory manner – the more we listen broadly to client posture and movement. As this broader quality of listening is integrated into Rolfing training, it's more likely RISI graduates will offer leadership within the SI field of the future.

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