TONIC FUNCTION -

GRAVITY ORIENTATION AS THE BASIS FOR STRUCTURAL INTEGRATION

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Tonic function and structure

Tonic function is the name for a model of structural integration developed by French dance professor, researcher and Rolfer, Hubert Godard. Tonic function links structural integration to current scientific research and historical studies of movement and development. It is an attempt to demystify gravity's language and, by so doing, improve our capacity to make meaningful and lasting changes in people's lives.

The physical tissue work of structural integration addresses the way fascia has molded our shape and posture. The condition and distribution of fascia tells us much about the body's history—how a person moved or was moved. The fascia also tells us a story about other aspects of structure, the other forces that shape function. In addition to physical structure, the tonic function model posits three other structures: perceptual structure, coordinative structure, and meaning structure. When we address perception, coordination and meaning, as with the physical version, structure means something the body doesn't change casually. These tendencies aren't meant to shift easily because these structures assure our identity and our survival. They are automatic and predictable, and thus can be depended upon to deliver us from harm, and help us catch our food.

However, the structural integrator is hired to help shift some of these patterns of function, patterns that are causing discomfort and dysfunction. What allows these patterns to change?

Tonic function and pre-movement

When we move, movement has already taken place. Premovement is the tonic organization of the body to prepare for movement. Tonic organization gives movement its meaning, its intent. Independent of tonic organization gesture is ambiguous. Premovement is what we hope to see in body reading.

In the moments preceding a movement, the body orients itself in two ways: with a sense of support or weight; and

to a sense of space or what could be termed 'other.' This "pre-movement" determines what happens next. We think we can change someone's coordination or behavior, but this can only happen if we first address, and effectively shift, pre-movement. After the movement starts, it is too late.

Examples of pre-movement are more abundant than examples of movement themselves. For each movement, the largely automatic preparation that happens first can have numerous variations. Some forms of preparation may illustrate, however.

If I throw a ball, what happens before I throw? My body may drop a little, sink into the sense of ground in the legs and feet. I may, without conscious awareness, amplify my

sense of weight and mass. I may take in the weight of the ball itself. Conversely, my attention may reach out to the spot far away where I am aiming my throw.

My body may subtly but perceptively rise in the chest, lengthening in the neck. I may sense the space behind me, into which the throwing arm will reach way back.

We begin to notice pre-movement once it is brought to our attention. Each segment of the body can orient differently. Integrated

function requires that I have adaptive capacity of premovement, and be oriented in both ways—to weight and to space. Balanced and adequate orientation to weight and space results in optimal body function with economy of force and fluidity of execution. Part of the practitioner's job is to employ these principles and engender optimal pre-movement. How does this work in practice?

At each stage of an intervention, we may encounter any of the four structures. In each structure we encounter the client's orienting preferences. We will use the example of a client pushing with her foot against a wall. At a perceptual level, the capacity to allow impression through the foot will be in direct relationship to how the person has made orientation to weight and how that person has inhabited a world of inner sensation versus a world of

outer orientation. At a coordinative level, the capacity to let impression from the foot guide the ensuing push tells us about the chain of muscle recruitment that is typical and customary for that person, and which will vary by tonic organization. At the meaning level, we find out what postures, static and kinetic have been permitted by the person's culture, upbringing and other influences, once again reflecting orientation to gravity.

We are used to the idea that fascia is mutable. When we address the ingredients of pre-movement, we may find mutability in the other three structures, the same way we can find mutability in the fascia.

As with all movement interventions, some will be slow and contemplative and others will be fast and dynamic. Often, a slowed down learning moment can later be triggered in the context of normally paced activity. During side lying table work, as an example, I may ask my client to push against the wall with her foot.

Before the client pushes her foot against a wall, she needs to allow herself to let in the impression of the wood against her foot. She needs to notice the flow of sensation and the building of perception before pushing. In this moment of pre-movement, the organization of the push is changed. The recruitment of muscle motor units will be more efficient and have an accompanying sense of lower effort because of the change in perception. The change in perception is allowing a change in coordination. Habitual coordination is inhibited by fresh perception.

As the client stands up, if she allows the impression of the floor to replace the sense of the wall she had when lying down, the gait may reorganize. The coordinative structure for gait has, for the moment, shifted. Motor unit recruitment may be similar to that seen while the client was on the table.

As she moves through space with modified gait, this function will be allowed or inhibited by the meaning structure within her. If the gait brings her into a changed relationship with gravity, perhaps bringing the upper center of gravity farther forward in relation to plumb line; perhaps with changed attitude of head and so on, her meaning structure will determine if that arrangement is acceptable. Meaning structure answers the question, "am I allowed to be moving like this in this context?"

New movement, coming from shifted fascia, perception and coordination, needs time to be noticed. The question, "is

this ok?" needs time. The chance to feel the shifted perception, practicing the new movement and feeling an expanded range of possibility should be explored enough so the client can start to imagine the new movement somewhere in her daily life.

Tonic Function and gravity orientation

All four structures share the body's gravity response system. This is helpful. It ties the elements of structural integration together. We begin to appreciate Dr. Rolf's insistence on thinking about gravity, but not just for better stacked blocks. We can learn to see gravity organization as a system wide event in every person and we can learn to see this event by comparing styles of organization.

Gene Kelly and Fred Astaire offer us contrasting examples of pre-movement orientation. In the movie, Ziegfield Follies, we have a chance to observe the two great dancers dancing the same steps side by side. What you see is that Gene Kelly goes down to go up. He is primarily a weight orientation 'type.' Fred, on the other hand, goes up to go up. He is space or "Other" orienting.

Gene gestures from a strong sense of himself, independent of Fred and the stage set they are on. Fred gestures with maximum consideration of his relation to Gene and to the space around them. If you watch their eyes looking into the distance, Gene isn't convincing. His eyes point out but they don't reach out. Fred makes us feel he can really see something in the distance. Gene can jump higher because he uses the ground to go up. Fred looks like he flies and is effortless because he has such a strong relationship with space.

Are they purely one orientation or the other? No. They both have a balance of weight and space orientation. They had to have some of both, as do we all, to function well. However, in the pre-movement you can observe a strong preference for one orientation, one style of preparation to move.

There are many movement tests one can apply to show orientation preference. Like all tests, they can quickly reduce our view of a person to a type. Typology isn't a step forward. Used as a guideline for body reading, though, we can open our eyes to premovement and in the process, learn a lot about gravity orientation and how it is the underlying principle to changing human function. When we know the preference we know something about what feels like resource to the organism. We can support the

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person in starting from their sense of resource, in making sure their adequate felt sense of resource is the basis for change.

When we see orientation as the background to gesture and movement, we see a story behind the movement story. The same system that rights us so well if we slip on the ice also activates inhibition if a gesture or a posture is deemed inappropriate by our psyche. It is the same gravity system that oversees the fine coordinative control we need to remove a splinter from our hand. Gravity organization creates a potential of action, a prediction of what can occur next based on pre-movement. Gravity organization is the background for our sensory organization as well.

When I look with my eyes, do I reach out to examine what is in the room, or do the sights of the room come to me? When I listen, does my hearing system scan, in a sense reaching out to the sounds around me, or do the sounds come to my ears, allowing me to take them in? When I touch, do I take in what I am touching, into my hand, arm and spine, or do I touch that other thing or person, bestowing on the object the dominant sense of being touched? Reaching out is part of space orientation. Letting the world come inside me is part of weight orientation. My sensory organization is a part of my gravity orientation and part of what takes place in pre-movement.

We must be oriented before we move. In fact, we must be oriented before we can perceive. We can't turn it off. Gravity response is a primitive and dependable part of the brain and nervous system. We are greatly supported in our mission to assist in the integration of human structures when we allow ourselves to read and speak the language of gravity. Dr. Rolf admonished her students to remember that gravity is the therapist and that, "We do not sense gravity, but we do adjust to it. We must." Therapy happens when our body's gravity responses are congruent with our actions. We may not sense gravity, but we can sense and observe our body's response to it. We can become aware of the omnipresent gravity response in all questions involving improvement of function.

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