

Ask the Faculty

Rolfing® Structural Integration and Healthcare

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A: What is the relationship between structural integration and traditional health care? To answer this question we confront our historical ambivalence and ambiguity about our work: ambivalence about who we are as practitioners; ambiguity around what it is that we do. What makes our work traditional? What makes our work non-traditional or distinctively different?

It's a puzzle: to the casual passerby, we apply hands to soft and bony tissue. We claim to affect things in the domain of physiotherapists, osteopaths, chiropractors, and even orthopedists. Is this comparison and apparent similarity apt? How do we wish to be perceived? Do we want to be categorized with physicians? When we have clients who also see medical professionals, we notice an important conceptual difference. The medical field offers a paradigm of *treatment*. Rolf steered us away from the idea that we treat people, telling us we are not, in fact, therapists. She insisted we are educators. It's accurate to say 'body educators' – we coax forth the body's latent intelligence. This is not a trivial point. Medically trained practitioners don't think in terms of patients' bodies needing better *information*. We don't hear physicians or physical therapists speaking about how to improve the ingredients to motor control as manifested in posture and movement. People who come to see us have usually not heard medical professionals use words like coordination, conflicted motor pattern, pre-movement, eccentricity/palintonicity, or self-regulation. During intake, clients tell us the names of their problem body parts. We rightly get the impression that traditional/medical models are *mechanical* models of dysfunction: an 'identify and fix the part to relieve the symptoms' approach. This isn't wrong; it's the medical point of view. How might we characterize something different from a mechanical model?

Rolf had the chance, almost a century ago, to discern the difference between mechanical and *systems* approaches. In the 1920s and 1930s, holistic forms of thinking achieved popularity in the scientific world. Rolf conceived her work during a time in which 'systems views' of biological activity gained influence. Systems models posit that looking at parts can obscure a bigger picture. When we look at the big picture we ask different questions; we start, as Rolf put

it, from a different premise. Medicine plays a vital role. Parts need attention and medical models have their place. However, there is essential value in practitioners who offer a model, and a means, to help people function more intelligently, especially if they find little useful or lasting remedy from traditional fields. We have been educated to think about body systems holistically.

A concise example can be gleaned from an article I wrote for an earlier issue of this journal. A PT referred a man with trauma to his pelvis; he had undergone two surgeries to correct the source of his pain. The PT, who had worked with this individual continuously for several years, is skilled and intelligent. When I watched this new client move, it was obvious that his attention was directed toward control of his anatomy. He was working diligently to manage the 'parts', to make the right things move in the correct shape. Missing was a broad spectrum of skills to organize or reboot normalized movement. Missing were simple things like: a reasonable sense of weight and how this weight translates into support; perception of spatial orientation that translates into support; capacity to allow automatic governance to orchestrate his movement; evidence that fascial touch was used to differentiate his sensory and motor maps. The PT had done diligent work – but within a paradigm in which body parts are assessed as too weak or too strong, or incorrectly positioned. It's a mechanical model: what we often called a 'body-as-soft-machine' model. Structural integrators offer an *information* model – a *system* model – that posits that when a body behaves poorly, it's often not the fault of bad parts. Rather, it's the result of blocked intelligence and faulty information. Blocked intelligence and faulty information are remedied through a *process* of differentiation and integration, in which a system organizes, learns, and anchors more intelligent motor activity.

The good news is that structural integrators occupy a niche in which soft/bony tissue manipulation and positioning don't have to become a limiting focus. We work within a field of inquiry that holds more complex and holistic questions about why a person does not spontaneously heal. To articulate this viewpoint, in words that are accessible, is a challenge – but hardly an insurmountable one. Words that do justice to Rolf's work are, moreover, less prone to imitation. We have the chance to offer clients a new perspective, a refreshing perspective. We offer a different model for those seeking new answers to a range of nagging physical and psychological issues. We have the opportunity to confront our field's historical ambivalence and ambiguity about who we are and what we do.