

Integrating the Structure of Structural Integration: A Visual Model for Professional, Conceptual, and Biopsychosocial Coherence

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Abstract

People and professions are both systems and integrate according to similar principles. Therefore, understanding and application of the principles by which systems organize can help the SI profession become more coherent, resilient, and better-integrated with society. Defining core concepts such as “structure” and “integration” in modern, relatable, science-based terms is a necessary step in this process. Previous efforts to define these terms are examined, a visual model that attempts to synthesize them is proposed, and applications of this model are explored. This article is based on a transcript of a presentation titled “Integrating the Structure of Structural Integration: A Visual Model for Reconciling Fascia-centric and Neuro-centric Explanations of Our Work” delivered by the author at the IASI Symposium, April 28, 2018, in Vancouver, WA.

I find it ironic that we’re so good at integrating people, yet we struggle to integrate as a profession. We’re disintegrated from within—from long-standing rivalries between schools to more current divides around which body tissue or system is our favorite. We’re disintegrated from the outside world to the point where most people think a structural integrator is a sort of engineer or, if they have any familiarity, have heard it’s a form of painful massage.

Despite this public relations problem, the vast majority of our profession doesn’t support the institutions that are designed to help us integrate with the outside world. There are several thousand structural integrators in the world, but only a few hundred are IASI members or have taken the exam for the BCSI credential. Some have earned the credential, but don’t display it. IASI and CBSI both struggle to find volunteers.

Despite our historical tensions, we’ve managed to

make it to the point that SI is a somatic profession with a professional organization and a legitimate board certification. Lots of money and countless volunteer hours have gone into building these institutions which are designed to help us integrate with the outside world, and if we don’t support these organizations that could all go to waste—but I believe there’s hope. We had this heyday in the 70s, and our time will come back around but we have to be here and ready for that. Momentum is in our favor; we must take advantage.

People and professions integrate by the same principles

Human beings are systems and professions are systems; we can apply the same principles by which we help people find more resilience through better-integrated structures to help our profession find the same. A system is comprised, in the most fundamental sense, of an organizing principle and

boundaries. Considering professions as a system, professional organizations *should* provide organizing principles and boundaries that facilitate our integration with the social and legal realms. For our profession IASI and CBSI are those organizations, but—even though support has been increasing over recent years—many of our own practitioners and schools still don't fully support them. We're denying ourselves the organizing principle and boundaries which could allow our profession to function coherently in society and protect it from the vulnerabilities of change.

As it stands, our profession isn't so much a coherent system but a loose aggregate of schools. These schools are closed, vertically-integrated systems unto themselves; but society, technology, and the global economy are in what seems to be the early stages of a long-term trend towards openness, lateral scaling, and collaboration, and away from proprietary secrets and competition. Our profession, as currently organized, is out of step with these trends. This leaves us with a choice: either remain closed in a scarcity-based competitive model and risk disintegrating or rigidifying; or open ourselves to each other, to the world, and to the possibility of seeing our work more profoundly influence a culture that needs what we offer. We have an opportunity to collectively define ourselves in a way that stabilizes our profession and allows us to interact with the outside world from a place of security, leveraging the resources of our past to meet the challenges of the present.

This article presents a model that attempts to explain "integration," the apparent goal of our work, in science-based, physiological terms. It uses a visual diagram that reveals integration not as a goal or state, but as an emergent adaptive process that is complex and dynamic. Later, we'll look at how we might apply the systems principles upon which that model is based to help address some of our collective challenges and advance SI as a profession.

Background

In 2015, while an undergraduate at Portland State University (PSU), I read a paper that changed my path. That paper described some problems in the psychology profession that might sound familiar: "psychologists had formed separate schools and camps, each with its own vocabulary, theoretical

orientation, methods, findings, and adherents" (Tryon, 2012). The author sought to help unite the field of psychology by using systems ideas—organizing around a common vocabulary, core principles, and a general explanatory theory based on physiology—to consolidate the various theoretical camps and become more consilient with biology. The public benefits as both disciplines share resources and help each other advance; psychology benefits by becoming more coherent, stable, and better-integrated socially.

The possibility of systems concepts being useful for SI appealed to me. The PSU Systems Science department homepage defines system science as "the study of general principles governing systems of widely different types, and the use of systems ideas and methods in interdisciplinary research and socio-technical system design and management. It draws on the natural and social sciences, math, computer science, and engineering to address complex problems in the public and private sectors" (Portland State University, 2018).

I started my fourth year by taking Systems Philosophy with Dr. Martin Zwick. Dr. Zwick has a background in biophysics and has been with the PSU Systems Science department since the 1970s. I came to discover that he had been through a Roling series; had experience with Feldenkrais, Alexander Technique, and tai chi; and early in his career he had an interest in Alfred Korzybski's work. I'm grateful that Dr. Zwick ended up serving as the faculty advisor for my Honors thesis (Akins, 2016a), which introduced the model that is the subject of this paper. I've made some changes to that model over the years; you'll see the most current version here.

Foundational Concepts

SI works in the grey area between the subjective and the objective. While in our work we are mostly dealing with peoples' subjective felt sense, human beings are also biological events occurring in the natural world. When choosing which language to use we have to consider our goals: If we want to help stabilize a client's body then we're going to use subjective, felt-sense language to help them find their most reliable support; but if we want to stabilize our profession in the world then we want to lead with our most objective, reliable, best-supported information—and

that is what science is about.

Ida Rolf agreed. “I bid you to examine your own ways of thinking and looking. What you clearly do know, as long as you can measure it, is on solid ground. The ground becomes less solid in the area of complex relationships and when you get to the area of intuition your feet are off the ground. Your security lies and your ability look at these levels of abstraction and thread them apart. It’ll give you a great deal more security in your intellectual and emotional life if you can do this and not simply say ‘I feel’” (Rolf, 1990).

What we—the SI profession—need is to ground our presentation of the work, moving from vague abstractions about structure and integration to “an exact and scientific metaphysics,” to use a term coined by the philosopher Mario Bunge to describe the systems field (Zwick, 2018). Science isn’t so well-suited for broad questions like the nature of structure and of integration, but it can, and should, inform those questions, grounding them in our current understanding of the natural world and making our public presentation more practical, reliable, and socially-relevant. For us, the assumptions of our past are not enough, nor is science. We have to marry science and metaphysics in a responsible way when presenting our work professionally, and this marriage is exactly what the systems field is about.

Defining structure

Hans Flury (1989) made the most thorough attempt to define structure that I could find from within the SI field; he had a broad definition and a narrow definition. He broadly defined structure as a “mental construct” accounting for the spatial interrelationship of the body’s parts in context of the mechanical forces imposed by gravity, soft tissue, and neuromuscular tension, which he called the “functional element.” His narrow definition, “the soft tissue body which gravity acts upon,” did not include this functional element.

Kevin Frank and Ray McCall (2016) argue that mechanistic views of structure are too simplistic and out-of-date with our current understanding of the body as a complex biological system, so we need to look at definitions of structure from the field of systems biology that have stood the test of time. The first definition of structure they offer is

by the founder of General Systems Theory in the 1930s: “Structures are slow patterns of long duration; functions are quick processes of short duration.” The next one is from the founder of cybernetics, the science of self-governing systems: “We are not stuff that abides, but patterns that perpetuate themselves.” Both these views are consistent with Rolf, who said “structure is behavior.” Based on these definitions of structure, Frank and McCall offer their own: “How the system predictably behaves as a response to specific conditions.” Note that this definition of structure may include, but is not limited to, the body’s soft tissue.

Hubert Godard, the French movement teacher, considered four types of structure: physical, coordinative, perceptive, and meaning structure (Frank & McHose, 2017). Note that the latter three are all mediated through the nervous system.

I will not attempt to offer a concise definition of structure, but what is important is that we recognize structure as having both physical and neural aspects. Structure includes our soft tissues as well as our established neural patterns represented by our habits of posture and movement, language, and meaning, all of which might be considered “slow patterns of long duration.” Structure is both the medium and result of function.

Defining integration

Frank and McCall (2016) refer to psychiatrist and neuroscience author Dan Siegel, who says about integration, “The linkage of differentiated components of a system, integration is viewed as the core mechanism in the cultivation of well-being... These integrated linkages enable more intricate functions to emerge.” Siegel also talks about an integrated brain as being flexible, adaptive, coherent, energized, and stable (Siegel, 2015). These same integrative qualities could be applied more broadly to include our physical experience.

Ray Bishop (2002) described integration as an “emerging felt sense of order,” a sense of internal coherence he termed “embodiment.” Bishop considered it important for clients to be able to articulate this sense of embodied coherence in their own language. Language could be considered a type of structure, and verbal expression of our embodied experience an integrative exercise.

Hans Flury (1989) considered the body’s organization around a vertical axis to be a defining feature of integration. This definition implies that structure is neurally-mediated—I think of “the line” as an interoceptive concept—but Flury’s model of SI concepts (see Figure 1) doesn’t seem to agree with this assessment. Note that the solid-line arrows indicate processes happening in real-time, while the dotted-line arrows indicate slow processes happening over the long term. This model seems to reveal that Flury saw fascia limiting neural function in real-time and neural contraction patterns influencing the fascia over the long term. While I understand that fascial tissue adapts over longer periods of time, I don’t know that we have any evidence to support the claim that fascia can actually limit the nervous system’s ability to function in any way.

Another problem with Flury’s model is that it shows both the fascia and the nervous system directly influencing movement/posture in real-time, independent from each other. The nervous system cannot drive movement on its own; it can only accomplish this through the medium of the soft tissue. Action potentials drive neuromuscular contraction, which pulls on the fascia, which pulls on bone to create movement. The soft tissue

structure relies upon the nervous system for information, while the nervous system relies on our physical structure for expression.

Flury made the most thorough attempt of his time, that I could find, to define structure and integration and account for their relationship. However, his model disregards contributing factors such as vestibular function and the complexities of neural inputs, and is likely inaccurate when considered in light of current scientific understanding.

A Science-Based Explanatory Model for Integration

Here’s a modern attempt to explain integration in science-based terms (see Figure 2). First, I’ll introduce the shapes, then we’ll talk about the arrows and numbers that represent the relationship of the shapes to each other.

The orange box at the bottom (see p. 39 for the full-color diagram) represents the *biopsychosocial context* within which we exist. This box accounts for all the physical, biological, psychological, and social factors impacting us constantly. Notice that this box is both inside and outside the large shaded area representing the organism, indicating that this context includes both the environment with which

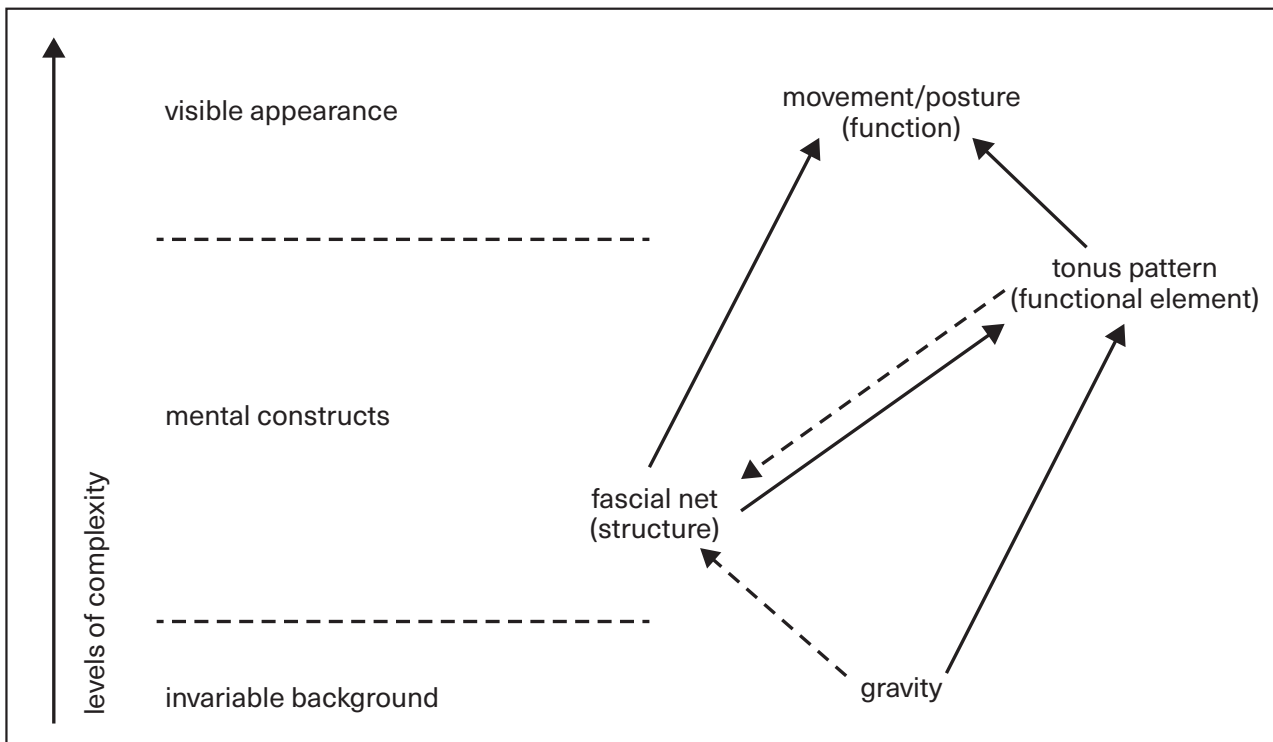


Figure 1. Flury’s representation of some SI concepts (1989).

we interact and that which seemingly comes from inside ourselves.

We interact with this biopsychosocial context via the *physiological processes* represented by the brown, purple, and blue boxes. The brown box represents *physical processes* occurring independently from the nervous system. The purple and blue boxes represent *unconscious and conscious neural processes*, respectively. The unconscious neural processes of the purple box include sensorimotor, affective, and autonomic processes. The conscious neural processes of the blue box represents our voluntary intentions. These processes occur at the organ, tissue, and cellular levels.

These physiological processes manifest as *adaptive functions* at the system level of the organism. These functions are carried out by the physical and neural structures of the body. The yellow diamond represents the nervous system’s stimulus informing

the behavior of the soft-tissue structure represented by the red diamond.

Our physical structure is the medium through which movement/posture expresses. The green oval represents the *integration of movement/posture*; it’s an emergent quality of expression by the whole organism. We describe movement/posture as being well-integrated or not, and we assume that a higher degree of integration minimizes the impact of biopsychosocial factors—the better integrated we are, the more resilient we are. This resilience is expressed by the arrow from the green oval feeding back into the orange box representing the biopsychosocial context.

Now, let’s briefly examine the relationships between these elements more specifically. The numbered arrows between each element are referred to as *links*, indicating a relationship between those two elements, and a group of links representing a

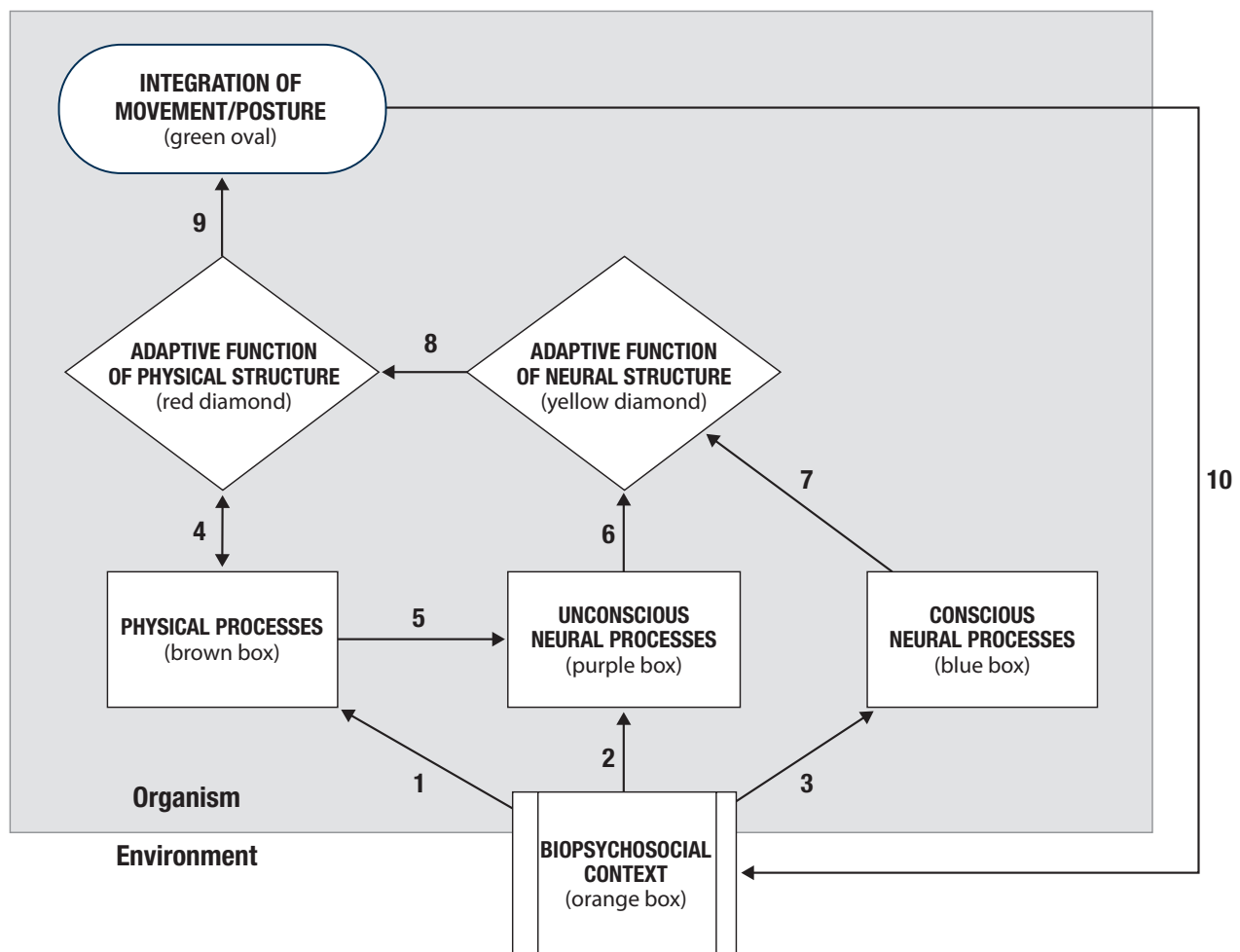


Figure 2. *Integration of Movement/Posture: An Emergent Adaptive Process* (see page 39 for complete color figure).

relationship between multiple elements is referred to as a *path*. Each path described here includes references to scientific studies concerned with those elements of our experience. This article is not intended to be the final word on integration or any of its aspects; I'm simply offering a framework, but that framework needs to be developed.

1-4: Soft-tissue adaptation (red diamond) is influenced by tissue-specific processes (brown box) responding to biopsychosocial context (orange box)

Tissue-specific processes are mechanically-stimulated biochemical processes acting outside of direct neural influence. Here, the biopsychosocial context could refer to the physical forces which cells respond to biochemically in the process of mechanotransduction (Chaitow, 2013; Paluch et al., 2015). Biochemical responses independent from the nervous system have been identified but have been difficult to isolate amidst the complexity of electrical, metabolic, and hormonal signals happening concurrently (Burkholder, 2007).

Such complexity makes it difficult to discuss these processes with much certainty, but they might include some visible effects of gravity as the quality of our tissues change with age. An obvious example would be the sort of direct tissue damage that happens with a bruise or wound. Though some would take issue with the idea of stiffness and range of motion restrictions having any causal influence outside of the nervous system, others have suggested that tissue-specific processes are at least partly responsible (Baker & Matsumoto, 1988; Lederman, 2005; Williams, Catanese, Lucey, & Goldspink, 1988).

Note that the arrow between the brown box and the red diamond, labeled with the number four, points in both causal directions. That's because mechanotransduction has been shown to occur in response to mechanical forces generated within the cytoskeleton, even in the absence of external forces (Chen, 2008). Again, the evidence that I found on all of this wasn't very strong, but my efforts were far from exhaustive. Perhaps scientists have expanded on these topics in recent years, but until we have more evidence I'd be careful when making claims about mechanotransduction, especially when speculating about how that might show up in the whole organism.

1-5-6: Neural adaptation (yellow diamond) is influenced by unconscious neural processes (purple box) stimulated by tissue-specific processes (brown box) in response to biopsychosocial context (orange box)

These unconscious neural processes can include the sensorimotor, emotional, and autonomic processes which drive us to move. These processes happen in response to the information we receive through our senses. Our eyes receive light, our ears receive sound, our vestibular system detects acceleration and rotation, all initiated by physical signals that our brain then processes (Katta, Krieg, & Goodman, 2015). The cerebellum, in particular, plays a role by taking all of our proprioceptive, visual, auditory, and vestibular input, then using that information to form a coherent spatial orientation (Baumann et al., 2015; Gandevia, 2014; St. George & Fitzpatrick, 2011) which helps refine complex coordinative movements (Thach, Goodkin, & Keating, 1992). This coordinative output may combine our response to real-time sensory inputs with the basic movement patterns determined by neural networks in the spine (Takakusaki, 2013). This path is also where neurodegenerative diseases such as Parkinson's and Alzheimer's would be categorized, since these are processes of physical degradation that inform neural outputs.

2-6: Neural adaptation (yellow diamond) is influenced by unconscious neural processes (purple box) in response to biopsychosocial context (orange box)

The unconscious neural processes here are not directly informed by our senses; rather they represent the biological and psychological processes that seemingly arise within us which are often informed by our experience of the world. While the 1-5-6 path was more about sensorimotor processes, the 2-6 path emphasizes our affective and autonomic state. Our state of psychoemotional well-being informs our movement/posture and is facilitated by the limbic system (Lederman, 2005) which adds unconscious refinement to our underlying movement patterns (Takakusaki, 2013). This is where the neural processes involved with pain factor in. As structural integrators, we have traditionally been adamant

that our work is not about treating pain; this model demonstrates how pain does, in fact, play a role in integration.

3-7: Neural adaptation (yellow diamond) is influenced by conscious neural processes (blue box) in response to biopsychosocial context (orange box)

This represents voluntary, goal-directed, “active” movement/posture. The cerebral cortex, especially its premotor and supplementary motor areas, plays a significant role in driving these motor processes (Takakusaki, 2013).

It is important to note that none of these paths act alone. They are all informed by each other as they compete for influence. An example of conscious neural processes overriding the unconscious sensorimotor, affective, and autonomic processes (2-6 and 1-5-6) described in the sections above would be what happens when we “feel the fear and do it anyway” or “push through the pain.” This is our will acting out, our self-directed movements, our contrived postures.

8: Soft-tissue adaptation (red diamond) is driven by neural adaptation (yellow diamond)

Selye’s theory of general and local adaptation syndromes describes adaptive functions resulting from physiological processes in response to physical and psychosocial stressors in an attempt to restore the organism to homeostasis (Chaitow, 2013; Straub, 2014). This link represents the adaptive function of our neural structures directing specific responses in our soft-tissue structures. The most obvious and relevant example of this is the contraction and relaxation of skeletal muscle.

9: Movement/posture integration (green oval) is an expressive quality of physical structural adaptation (red diamond)

This green oval represents the quality of movement/posture expressing through the body which we refer to as integration. Well-integrated movement/posture appears organized, fluid, and efficient. While this quality can be a somewhat subjective, most of us can appreciate a commanding presence or the graceful movement of a ballet

dancer. Even though this quality is most apparent in elite athletes and performers, we are all capable of exploring our integrative potential.

In SI, we talk about palintonicity, this three-dimensional physical expansion. Palintonicity emerges from eccentricity of function—moving in two opposing directions from a center—in the frontal, sagittal, and horizontal planes. When we have embodied this palintonic quality in ourselves, it’s as if we are fully inhabiting our bodies. We feel comfortable and stable. This sounds similar to the sort of stability that results from the interaction of continuous tensional forces with discontinuous compressional forces in tensegrity systems (Chen & Ingber, 1999; Swanson, 2013). When we apply tensegrity concepts to living systems, we use the term “biotensegrity.” In a human body, the bones would be the discontinuous resistors of compression; the muscles, tendons, and ligaments would provide the tensional forces; and the fascia would function in both ways, resisting compression and generating tension (Swanson, 2013).

Biotensegrity is a popular term these days, and the concept has been used to explain a broad range of phenomena across various systems and species (Ingber, 2003). While the idea might help us make sense of palintonicity and eccentricity, we have to be careful. Few studies have examined biotensegrity at the level of the organism—the research has mostly been at the cellular level (Kassolik et al., 2009). It’s quite a leap to go from the cell to the tissue, organ, system, then organism—many variables can factor in at each level. Though we may see something at the cellular level, it won’t necessarily apply at the level of the organism. We can still speculate about biotensegrity at the organism level if we are conservative with our claims, make it clear that we’re speculating, and recognize that regardless of how valid the concept may or may not be, biotensegrity is not the totality of integration—all these other aspects are contributing.

10: The quality of movement/posture integration (green oval) influences the degree of biopsychosocial impact (orange box)

We assume that well-integrated movement/posture enhances both physical and psychoemotional

resilience. It all adds up to this. When we're resilient, we're more receptive to information about our environment. This feedback allows us to adapt more efficiently to environmental demands, minimizing their impact on us. Less effort spent adapting to the basic demands of our environment means more capacity available to meet higher-level demands. This can apply to gait (Verdaasdonk, Koopman, & van der Helm, 2009) and possibly to psychosocial functions. Some studies examining how Alexander Technique (Klein, Bayard, & Wolf, 2014), yoga (Bussing, Michalsen, Khalsa, Telles, & Sherman, 2012; Khalsa, Butzer, Shorter, Reinhardt, & Cope, 2013; Li & Goldsmith, 2012), Feldenkrais Method (Kerr, Kotynia, & Kolt, 2002; Kolt & McConville, 2000), and structural integration (Weinberg & Hunt, 1979) might help relieve anxiety have shown promising results, but the evidence is still too weak to be reliable.

Summary

Think of this model as a sort of conceptual filing cabinet to organize the vast amount of research from various fields that pertains to this quality of integration which we help our clients cultivate. It maps out all these claims in the form of specific relationships—then we have to support those claims with scientific evidence, and if we can't support them then we have to either recognize that particular aspect as more-or-less speculative or revise the diagram.

This model allows us to hold all these different aspects of this great complexity that we're constantly negotiating in our work with clients. It helps us maintain some perspective, recognizing which claims we have to be more careful about and which we can most reliably lead with. As research accumulates, some aspects of the model will likely come to be recognized as more substantial than others, and our understanding of integration and our work may shift somewhat. This helps our field adapt to current scientific understandings while maintaining our identity.

Based on all this, we might define integration as a quality of physical expression that emerges from our attempt to adapt to biopsychosocial stressors via a complex interaction of physiological processes. Or, more briefly, as the emergent quality of adaptive function we express through our

movement/posture.

Applications of the Model

A visual model that recognizes the complexity of integration could help us address some of the current challenges we face as a profession. Such challenges include addressing shallow criticisms of the clinical relevance of posture, structure, and biomechanics; distinguishing SI from other fields such as physical therapy and massage; resolving our internal disagreements about whether fascia or the nervous system is more important to our work; and expanding our connections with other fields while remaining true to our somatic roots. This model also helps us stay true to our principles while fulfilling our mission as a profession.

It helps support the IASI mission

A holistic, science-based model of integration helps our profession fulfill the IASI mission, which the IASI website (IASI, n.d.) states as being:

1. "To advance and promote the highest professional standards for [SI]..."
2. "To preserve the foundation, and support the continued evolution of the art, science and philosophy of [SI]..."
3. "To represent the interests of Structural Integration professionals to the public, regulatory agencies and other professions."

Let's look at each of these aspects of the mission individually.

1. It helps advance and promote our professional standards.

Accountability is an essential quality of a mature profession (Swisher & Page, 2005), yet our professionalization efforts to date have focused more on theory, autonomy, and ethics—accountability remains a missing piece. The IASI Blueprint (2015) states that "SI is poised to take its rightful place among healthcare services" and aspires to the "highest professional standards." This implies that the standards SI aspires to are those similar to allied health professions such as physical therapy, occupational therapy, and psychology. The idea of SI as healthcare sometimes meets resistance from SI practitioners, but—whether we like it or not—the

general public regards us as healthcare practitioners, and professions are granted their privileged status by the society they serve (Akins, 2016b). SI must become more client-centered, as client-centrism is a defining feature of modern healthcare professions (Institute of Medicine, 2001).

One aspect of client-centrism is accountability for our effectiveness and claims. Clinical research is how we account for claims about our effectiveness, and this is the kind of research that will gain us the most social traction. However, it's also important that we are accountable for our claims about what's happening physiologically when we work with people. When these claims are part of our public presentation, they help contextualize the client's experience. As such, we must be careful that the explanations of our work on our websites and promotional materials are well-supported by scientific evidence, and that's part of what this diagram is designed to help us with.

2. It preserves our foundation while supporting our evolution.

A holistic, science-based model of integration helps preserve SI's professional foundation because it defines the goal of our work in a way that is clear, relatable, and distinct. This helps us differentiate the primary goal of our work from the goals of other professions such as massage or physical therapy. It also helps us synthesize other insights and approaches without losing our essence as a profession. For example, when discussing the model I described how pain treatment can actually be part of an integrative approach. We can include other approaches to meet client needs while respecting our professional scope.

Scientific research also helps professions distinguish themselves, and a science-based model of the goal of our work gives researchers a definition based on their own standards that they can refer to and investigate further. To develop this model of integration would help stabilize SI's professional foundation while also supporting its evolution as something that can be understood and accepted by a more mainstream audience.

In order to achieve the sort internal professional coherence necessary to successfully engage the mainstream, we must be able to discuss aspects of our work without losing sight of the whole. These

days, anytime anyone mentions fascia or the nervous system in relation to our work, we tend to react according to our bias. We shouldn't be focusing on any particular tissue or system of the body—healthcare professions are client-centered. We need to focus on the client as a whole person rather than limiting ourselves to one particular tissue or system. That isn't to say that every claim about fascia or the nervous system is equally valid, only that we must recognize that they both play a role in the expression of integration and try to understand them both as fully as we can.

3. It helps us represent ourselves.

A holistic, science-based model of integration helps us represent ourselves to the public, regulatory agencies, and other professions on terms they can relate with. Look at how other professions present themselves—these quotes are from the opening lines of the “about” section on the websites of the leading professional associations for allied health professions whose integrity we might aspire to. The American Physical Therapy Association (2015) says, “Physical therapists are highly-educated, licensed health care professionals who can help patients reduce pain and improve or restore mobility—in many cases without expensive surgery and often reducing the need for long-term use of prescription medications and their side-effects.” The American Occupational Therapy Association (n.d.) says, “Occupational therapists... help people across the lifespan participate in the things they want or need to do through the therapeutic use of everyday activities (occupations).” The American Psychological Association (n.d.) says, “Some psychologists do basic research... [others] apply the discipline's scientific knowledge to help people, organizations and communities function better.”

Note that each of these descriptions emphasize the needs of the people they serve. They might mention some distinguishing feature about how they do what they do, but they don't speculate about what physiological mechanisms might be underlying the results experienced by the people that they help. After digging deeper on their websites I still didn't find much at all about physiological mechanisms, nothing about their founders, history, or lineage, just more plain language addressing the concerns of the

people they serve.

These are the sort of client-centered professions we're attempting to hold a marketplace with. Now, compare their "about" pages with ours. The IASI page (n.d.) starts out with, "Structural Integration is a type of bodywork that focuses on the connective tissue, or fascia, of the body." It goes on to mention fascia seven times, finally addressing client needs in the third paragraph—"restore postural balance, ease of movement, and a feeling of being more at home in your own body," but only because "[SI] works to lengthen stretch, and soften [fascia]." These claims of fascial change are questionable in light of current research, and are at best complementary to other mechanisms of change, particularly quick-functioning neural processes. Still, the main point is that the description of our work from our professional organization doesn't even begin to address the concerns of the people we help until the third paragraph.

Now, compare the IASI page with that of Ashley Black, inventor of the FasciaBlaster®. In just the opening section of her "what is fascia" page (Ashley Black Guru, n.d.) she uses the word "fascia" thirteen times. SI is trying to hold a marketplace with professions that are based on integrity, accountability, and client needs, yet our presentation more closely resembles that of a faddish gimmick.

Every structural integrator that I've ever met has a far more sophisticated understanding of the work than the current IASI description. Looking at all of our major schools' websites, it looks like Ashley Black wrote their copy as well. I'm not suggesting that we stop discussing physiology. These sorts of debates rage on within other professions, but they save those debates for their internal forums and journals. Also, while I admire and recognize Ida Rolf as the founder of our work, client-centered professions don't rely on their founders, lineage, or history for legitimacy. These professions certainly appreciate their founders and include their history as part of their entry-level education, but they don't lead with that.

What about our own principles?

Overemphasizing fascia, the nervous system, or any aspect of the whole person betrays our own principles. Consider the five principles and three

paradigms of SI (Maitland, n.d.; Maitland, Sultan, and Salvesson, n.d.). "Holism" is a key principle of SI and our primary treatment paradigm. We address the whole person, but the descriptions of what we do on the websites of our leading institutions make us sound like fascia technicians, placing us more in the "corrective" paradigm. Since massage inhabits a professional domain that spans the "palliative" and corrective paradigms, and rehabilitation professions like physical therapy are clearly rooted the corrective paradigm, we muddy the waters with those professions when we describe SI in corrective, fascia-tinkering terms.

Ida Rolf (1990) herself didn't portray her work as fascial manipulation primarily, but as an educational process: "This is the important concept: that Rolfers are *integrating* something; we are not *restoring* something... It takes us out of the domain designated by the word "therapy" and puts us into the domain designated by the word "education." ...we are less therapists than we are educationists... This is what I mean, this is my goal: an educational process."

It's tempting to lean on one aspect of physiology or another because it can help simplify a complex idea like structural integration, but to do so reduces what we do to the point of absurdity, takes us further from our essence, and makes us less-distinguishable from other professions.

A client-centered description of SI

This is my own attempt at a client-centered description of SI, from my website (Akins, 2018). Feel free to copy this verbatim and use it on your own websites and promotional materials:

"Structural integration is a process-based approach to manual and movement therapy that explores the possibility of change in how you use and experience your body. Through education, awareness, and therapeutic touch, you can release painful, stressful patterns of tension, replacing effortful habits with comfort and ease. SI systematically addresses your body as a whole, usually over a series of sessions. Skillful touch brings relief from pain and discomfort and awareness to how you're holding and using your body. Together, we engage in an inquiry around how you relate with your body and environment. My role in this process is to help you:

- Recognize patterns of tension that no longer serve you.
- Discover new options for movement/posture.
- Explore useful ways of thinking about your physical experience.
- Apply relevant self-care strategies to support your continued well-being.

This adds up to a more adaptable, resilient, authentic, and enjoyable experience of your body and life. SI is manual and movement therapy combined with 21st century physical education.”

Some might notice that this description says nothing of gravity, long considered a foundation of the work. Gravity is part of our biopsychosocial context, but the people we help don't tend to mention gravity in their searches. My main concern is using language that is relatable for the individual, so if I think gravity will connect, then I'll discuss that with the client. Gravity is more of a clinical tool for me. We're working with people's perception more than anything, and their perception of gravity is only one aspect of that.

Where Do We Go from Here?

Economist and social theorist Jeremy Rifkin (Vice, 2018) sees us moving toward a distributed, decentralized social economy where collaboration, openness, and transparency will thrive while closed, proprietary, vertically-oriented hierarchies will struggle. Laterally-scaled networks benefit as more people contribute their talents, which benefits the network, which benefits its participants. For an example of this, think of how viral content proliferates on social media networks. Rifkin sees socioeconomic forces, facilitated by technology, moving away from private ownership and markets and towards access, networks, and social capital. We're moving from values of exclusivity, domination, and competition for resources to cooperation between interdependents for maximum efficiency, adaptability, and sustainability—in other words, integration. The SI profession, as currently structured, is out of step with these long-term socioeconomic trends.

Our professional foundation is vulnerable. Our public presentation is currently fascia-centric, yet we don't own fascia. Anyone can buy a FasciaBlaster, or choose from the myriad fascia-based manual and

movement therapies in the marketplace now. Fascia research is still in its early stages—what if it turns out fascia isn't actually as relevant to manual and movement therapies as we'd like to believe? To put all our eggs in the basket of speculation about one tissue or organ leaves us at the mercy of shifting scientific opinion, and inconsistent with more established allied health professions that base themselves around client needs.

We don't own structure or integration, either. Looking at our model of integration, even spa massage engages people on a structural level to facilitate a more integrated experience. To differentiate ourselves, SI needs to emphasize how we engage clients in an educational process, but the websites of our leading institutions barely mention anything about education. This also leaves SI vulnerable to exploitation by professions uninterested in somatics—we all know of massage therapists in our locales who claim to offer SI but their only training was a weekend workshop. If SI becomes more popular without the necessary legal protections firmly in place, then the public risks exposure to a marketplace flooded with unqualified, unaccountable practitioners offering cheap imitations of SI that are virtually indistinguishable from massage.

An alternative scenario exists in which massage therapy becomes more science-based. There is currently a skeptical subculture within that profession that rejects modality empires, disregards any mention of fascia whatsoever as pseudoscience, and demands an evidence base and/or scientific plausibility for acceptance of any claim or approach. SI is deeply rooted in the proprietary trademark model, nearly exclusively identified with fascia, and lacking in scientific support. Should the massage mainstream shift away from commodification and toward professionalization, our profession would be hard pressed to adapt.

Our profession is a system. Systems consist of organizing principles and boundaries, and they must be both partially-closed and partially-open. As currently structured, SI more closely resembles an aggregate of closed, vertical hierarchies than an efficient, adaptable network. We are currently based on vague, unstable organizing principles and boundaries rather than the clear, reliable organizing principles and boundaries we need. As Dr. Zwick (2015) says:

“Closedness is the residue of the past. Openness is contact with the present. The past as legacy and resource cannot be renounced; nor can the challenge of the present be ignored. Rule by the internal past is inertia. Rule by the external past is drift. Either rule is bondage, as is random determination by past or present. What is necessary is to be active, not passive, through either synthesis or balance, but neither is easily achieved.”

SI is hindered by the residue of the past. To meet the present moment, we must open our system to engage with the public and other professions while maintaining our essence. We must leverage our past to affirm our identity, while adapting our understanding and public presentation to a rapidly changing world. This requires a strong majority of SI practitioners and schools to actively support IASI membership, the board certification exam (CESI), and the BCSI credential. This is our most reliable and sustainable path to professional accountability and coherence.

We also need to find conceptual coherence, shifting from vague abstractions about structure and integration and toward clear, relatable, science-based terms when the venue calls for it. We must drop our attachments to any particular aspect of anatomy or physiology and embrace a client-centered approach that will bring us closer to our principles, allowing us to differentiate ourselves while helping us relate with the outside world. ■

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Resources

The video recording and slides from the presentation this article is based upon are available at: www.simplicitysi.com/2018symposium.

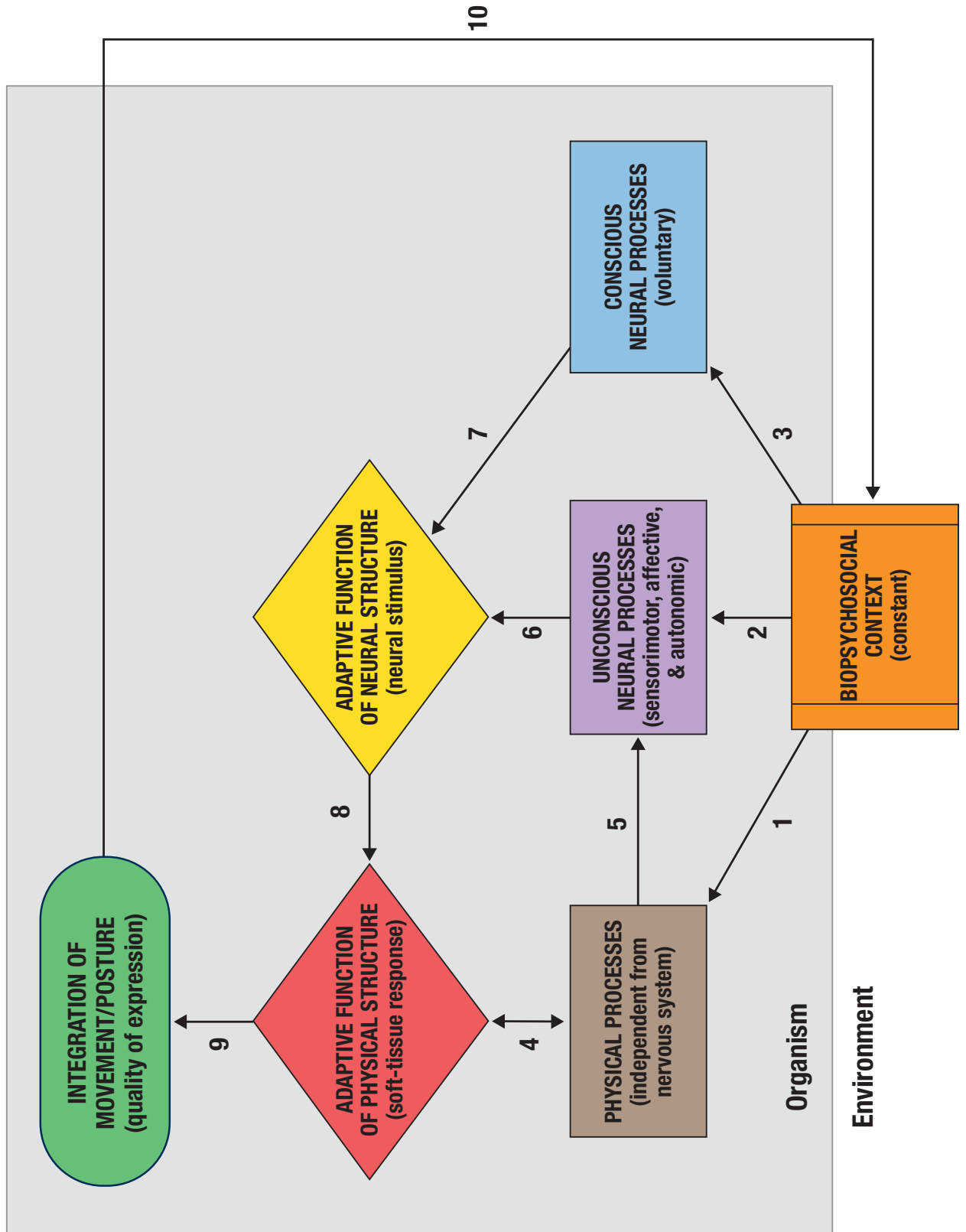
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Integration of Movement/Posture: An Emergent Adaptive Process



Akins: Figure 2. *Integration of Movement/Posture: An Emergent Adaptive Process*. See article on page 25.