

Chapter Eighteen

ROLFING THE FEMALE BODY

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ADVANTAGES OF ROLFING FOR PREGNANCY— IMPROVED BODY ALIGNMENT

An increasing number of women contemplating pregnancy are choosing to have their bodies "Rolfed" before conception. The advantages this process of structural alignment offers are evident if one considers the predictable strains placed by an enlarging uterus, an altered center of gravity, hormonal changes, and accumulating weight on a "random" or unaligned body. Let us look, for example, at the degree to which the physical changes of pregnancy could stress the improperly aligned body (see Figure 18-1). Given that the center of gravity is located in the pelvis and that the spinal column is best supported by a horizontal pelvic structure, one can see that a body with a tilted pelvis is not in an optimal position for a comfortable pregnancy.

Consider the pattern represented in Figure 18-1. We can see that the forward tilt of the pelvis places heavy strain on the entire spinal column. Since strain at either end of the spine tends to appear in the area of greatest structural weakness (the lower lumbar curve), it is not difficult to see that if this woman were to become pregnant, she would also become a candidate for considerable lower back pain. Looking at her abdominal segment, we find that the pelvic contents are displaced forward and pulled downward. When her abdomen enlarges during pregnancy, the buttocks would need to push even further back in an effort to offset the increasing weight in the front. This, in turn, would cause increasing strain on a weakened lumbar curve as the already short back muscles would need to tighten further in an attempt to compensate for the lengthening of the front.

The potential for a painful situation is even clearer in view of the fact that just 10 pounds of extra weight (half the gain of an average pregnancy)

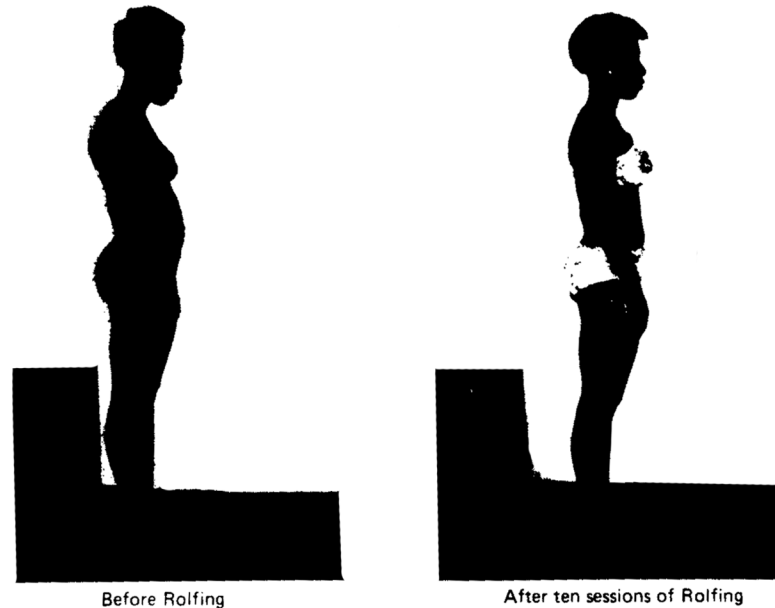


FIGURE 18-1. Before and after Rolwing.

equals 100 pounds of weight in the intervertebral discs (Taylor 1980). The likelihood of discomfort in the lower structure as well, is increased with a torso improperly balanced over the lower limbs so that the abdomen leads the body, and both legs must struggle to fit themselves underneath.

In Figure 18-1, we find a body collapsed through the torso with head bent forward. Although this chronic flexion strains the entire body, we can see that a sagging rib cage has caused specific strain in the region of the seventh cervical vertebra, which gave rise to a "dowager's hump" at the base of the neck. This downward pull on the rib cage has also pushed the lower ribs too close to the brim of the pelvic bone so that the diaphragm is constricted and the breath capacity is diminished. The abdominal segment then suffers the sagging contours of crowded visceral organs, thus offering only minimum space for the uterus to enlarge.

Toneless contours in the abdominal musculature can provide a valuable index to the general health of abdominal and pelvic organs. Poor tone or decreased circulation in this area may indicate equally poor tone in the underlying organs as well as in the ligaments supporting the female organs, bladder, and digestive tract. This is not an ideal situation upon which to place the accumulating weight and hormonal changes of a pregnancy, which

will need to stretch muscles, soften ligaments, and loosen joints in order to make room for a growing baby.

After Rolfing, however, it is clear that the body has evolved into a degree of alignment more conducive to a comfortable pregnancy than that offered by the previously random position. It is important to understand that the issue here is the importance of permanently improving structure and not merely correcting faulty posture. Random body patterns cannot be improved by trying to “stand up straight” because the minute the individual ceases to concentrate on posture, the random pattern reasserts itself. The Rolfing process offers women considering motherhood an opportunity for structurally sound, erect carriage, prepared to meet and recover from normal changes of pregnancy without undue strain.

DEFINITION OF ROLFING

What, then is, *Rolfing*? Also known as Structural Integration, Rolfing is a specific form of body work developed by Ida P. Rolf, Ph.D. (1896–1979); see Figure 18-2. Dr. Rolf, who received her doctorate in biochemistry from



FIGURE 18-2. Ida Rolf.

Barnard in 1920, discovered that the human body is malleable and therefore changeable. This discovery led her to evolve a system of deep connective tissue manipulation that guides the body toward an anatomical order of increased balance and length centered along its vertical axis. She also found that when the body is aligned, the stress of physical disorder is reduced and less energy reserve is expended, with more energy remaining available for vital functions as well as for emotional and creative expression.*

Dr. Rolf's vision differed from other forms of body work in its emphasis on the relationship between the body and the earth's gravitational field. Basing her work on the belief that only random unbalanced bodies are broken down by gravity, she sought ways of manually aligning the human structure so that its verticality is supported and enhanced by gravity. The result was the Roling technique of organizing the body segments along an imaginary plumb line drawn through the ear, shoulder, pelvis, legs, and ankle bone (see Figure 18-3).

CHECKING YOUR OWN ALIGNMENT

If you are contemplating pregnancy and want to check your alignment, you can use the plumb line as a guide. One method would be to have a friend take a full-length photograph of your body. Front and back views are also useful as many of us have never seen our bodies from the back. Or, if you would rather check your alignment yourself, you can stand undressed before a full-length mirror. Beginning with your feet, look to see if they stand parallel with arches slightly raised at the instep. Do your toes point in or out? Do your knees point straightforward? When you walk, do either of your feet turn out or in? If you wear high heels, you may notice that the backs of your legs have become shorter than the front. Elevated shoes shorten the Achilles' tendon above the heel, as well as the calf muscles and entire hamstring group along the backs of the thighs. This shortening may eventually interfere with the function of the knee joints and can cause considerable discomfort in legs and feet. Do your lower limbs feel stable? Stability in the lower structure, offering a reliable base of support, can be a great asset during pregnancy. Competence in the feet and ankle joints will allow for shifting in the center of gravity and for the adjustment of the upper structure during its period of expansion.

*Dr. Rolf's finding was subsequently documented in a study done at the U.C.L.A. Department of Kinesiology by Professor Valery Hunt and Wayne Massey using telemetric electro-myelographic equipment designed to measure muscle response in subjects engaged in activities before and after ten sessions of Roling. A status report on the research of Structural Integration can be obtained from the Ida. P. Rolf Foundation for Structural Integration, Box 1868, Boulder, Colo. 80302.

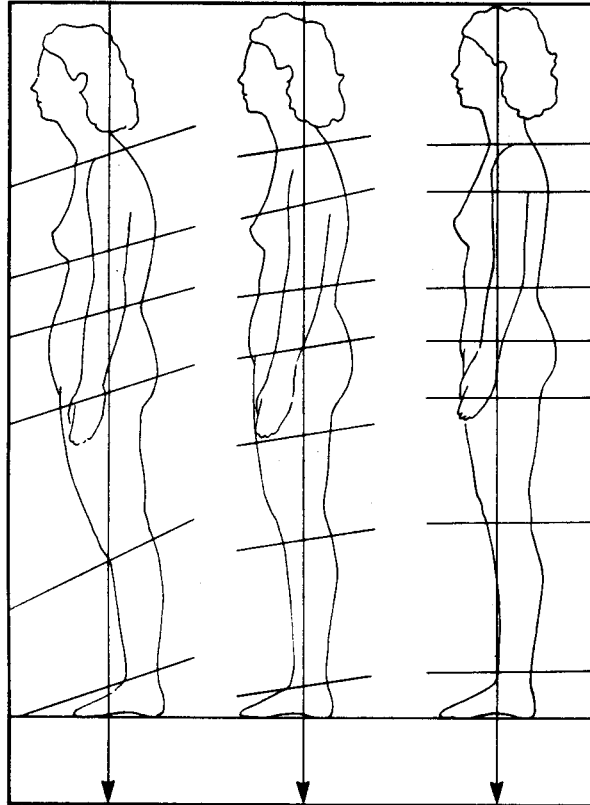


FIGURE 18-3. These illustrations, traced from actual photographs of a woman undergoing structural integration, call attention to the fashion in which vertical and horizontal lines are restored to the body as the body segments become stacked, one above the other.

Next, check the tone of your abdominal segment. Remember that either toneless or overly tight abdominal muscles can lead to backache, and problems with tone can indicate deeper problems within the pelvic organs. Then, look to your iliac crests. Are these bony prominences of your hips horizontal? Is one crest higher, larger, broader, or further from the midline than the other? When you sit on a hard surface, is your weight evenly distributed on the pair of bony prominences at the bottom of your pelvis known as “sitzbones”? The balance of weight on these bones provides an index to the degree of balance in your pelvis. If one bone is higher than the other, your pelvic basin may be rotated as well as tipped. Dr. Rolf believed that imbalance in the pelvic structure is not conducive to good tone in the muscles of the pelvic floor. If muscles of the pelvic floor are prone to sag, they may be especially vulnerable to increased pressure during pregnancy and delivery. The growing uterus, which lies suspended between the bladder

and the bowel, depends on this muscular swing for support. If this vulnerable area proves inadequate, problems with urinary continence and sexual dysfunction may arise. It is best, therefore, to begin pregnancy with a balanced pelvis and good tone in the pelvic floor. An added advantage is that when these muscles are healthy and supple, they are able to allow more distention of the vaginal canal at the time of delivery (Deutch; Noble 1976; Rolf 1977).

Now, look to your chest and find the area under your rib cage where the diaphragm separates this segment from the abdominal cavity. Notice your breathing pattern. Do your respiratory muscles allow you to inhale and exhale freely and easily? Can you breathe deeply into your chest and abdomen with ease, or are you held in a pattern of decreased or difficult movement? Although the diaphragm participates in many bodily functions such as crying, singing, coughing, vomiting, and elimination, it also has a special role during pregnancy. Efficient breathing improves circulation for the increased blood volume needed to supply the baby with oxygen and nutrients and to eliminate its carbon dioxide waste. Moreover, the form of deep breathing most frequently taught in childbirth preparation classes is diaphragmatic. This mode of breathing encourages maximum expansion and ventilation in the base of the lungs, which rest on the diaphragm. A preexisting contraction in the diaphragm or collapse in the rib cage can render the entire respiratory function subject to congestive stress as the enlarging uterus expands toward the chest cavity. In labor, the diaphragm is called upon to assist the abdominal muscles with the expulsive uterine contractions during the second stage of labor. (Noble 1976).

Moving up on the body, notice the position of your head and neck in relation to your shoulder girdle. Are your shoulders level and fingertips even? Do your arms hang easily? Finally, see if your head is evenly carried above your torso, and if your neck is forward or pulled to one side. Then have a long look at your overall pattern, weight distribution, and muscle tone.

If you are not entirely pleased with your structure as it is now, you may want to consult with a professional skilled in alignment. Although Rolfing is not the only means of aligning the body, it offers the advantage of a rapid result. The basic ten hourly sessions are usually offered on a weekly basis, although they can be spaced according to individual needs.

POSTPARTUM REALIGNMENT

Although Rolfing is generally not recommended during pregnancy, the process has much to offer after the postpartum period. A series of sessions at this time can assist a woman in giving up her pregnant stance and in restoring her bodily balance, alignment, and comfort. Special attention is

given to slackened and overstretched abdominal muscles, rebalancing the pelvis, and stabilizing the sacral bone at the base of the spine.

The sacrum, like all bony members of the spinal-pelvic configuration, is balanced by a myofascial web of muscle and ligaments. During pregnancy, these strong ligaments designed to hold the sacrum in place are greatly taxed by the weight of the growing uterus as well as by softening hormonal changes. The resulting flexibility necessary for the birth process can also allow the increased weight to pull the upper part of the sacrum forward. The lower sacral segments and coccyx of "tail bone" may have to compensate by rotating backward. This can result in disorganizing rotations, displacements, and tensions in the lower half of the body, which do not completely resolve after delivery. The postpartum structure with a weakened or displaced sacrum is left with a lack of adequate "keystone" support for the spinal column above. In order to ensure vertical stability, the body must reenforce this area with extra tissue. The result is a wide-hipped figure. Since this problem is of structural origin, the bottom-heavy body cannot be dieted into proportion. The structural solution offered by Rolfing involves stabilization of the sacrum. Since the sacrum influences the distribution of weight in the lower structure, establishing its strength and alignment is a primary factor in preventing (or if necessary, in removing) the appearance of a "saddle bag" or "riding breeches" configuration where excess tissue gathers on thighs and hips.

In addition to the physical benefits women can obtain from this kind of structural work, the psychological boost of having their bodies fully prepared for and rapidly restored after pregnancy can be very great indeed. Further information about the Rolfing process, a bibliography of material available on the subject, and an international guide to Certified Rolfers can be obtained from: The Rolf Institute, P.O. Box 1868, Boulder, Colo. 80302.

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SUGGESTED READINGS

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