

# PHYSICAL THERAPY FORUM

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## UNDERSTANDING ROLFING®

by Jim Boyce

**Introduction:** Gravity profoundly influences us every moment of our existence. Yet, like air, we almost forget it exists. Our bodies are designed to be in a state of equilibrium with gravity for proper functioning.

Dr. Ida Rolf recognized the importance of gravity over fifty years ago. As I have traveled around the world, I have attempted to personally experience every form of therapeutic intervention. I have been fortunate enough to have been Rolfed by the highly skilled hands of Jim Boyce. Jim is an Advanced Certified Rolfer with an in-depth knowledge of this valuable approach. I asked Jim to share Ida Rolf's philosophies and the insights gained from his vast experience.

- John F. Barnes, PT

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*"One individual may experience his losing fight with gravity as a sharp pain in the back, another as the unflattering contour of his body, another as constant fatigue, and yet another as an unrelenting threatening environment. Those over forty may call it old age, yet all these signals may be pointing to a single problem so prominent in their own structures and the structures of others, that it has been ignored; they are off balance. They are all at war with gravity".*

*Dr. Ida P. Rolf*

Like all material structures, the human body is subject to the basic laws of physics. The purpose of Rolfing is to better balance the body around a vertical line in the field of gravity so that gravity begins to support the body, rather than tear it down. The "organ" of response of gravitational law is the myofascial system.

The Rolfing technique of Structural Integration was developed over fifty years ago by a remarkable biochemist and physiologist, Dr. Ida P. Rolf. Her many years of research and practice brought her to an understanding that all bodies, at all times, must deal with the effects of gravity. How a human deals with gravity, and how Rolfing appropriately restores, enhances and fortifies this relationship, is the subject of this article.

The myofascial system encapsulates, envelops, attaches, supports and relates all body components. It is a highly adaptive and plastic system. Physical and emotional trauma and the compensa-

tions resulting therefrom, infection and disease processes, rigidly held attitudes, poor habits of posture and movement, stress, emotional distortions, cultural and social pressures and the biomechanical wear and tear of everyday living, create disorder in the myofascial system. The net result is a deterioration of tonal balance, appropriate density, necessary resiliency and overall organization of the entire myofascial system.

The myofascial system reacts to injury, habit and the strain of gravity by shortening, thickening, twisting, binding and gluing down the sheets, planes and membranous layers of connective tissue. Physiological changes occur as the body modifies its myofascial environment to cope with new strain patterns.

The myofascial system is a multi-causal/multi-final system, i.e., local distortion causes a complex of changes in the whole system, whole system distortion calls forth local and regional conformity to the overall pattern. Without skilled intervention the myofas-

cial system is certain to become less, rather than more integrated over time.

Problems in the myofascial system manifest themselves as an inefficient and unflattering posture, rigid and awkward patterns of movement, a sense of effort, heaviness, strain and fatigue, chronic aches and pains, psychological and emotional dysfunction, a qualitative deterioration of the appropriate tonal balance of the myofascial system as a whole, and many of the abnormal debilitating conditions in the body which are usually attributed to aging.

From both a structural and functional point of view, one must consider the human being to be the most highly developed, most complex and most adaptive creation in nature. Our structures are a result of the history of our evolution as a cultural being, and are a specific biological response to the field effect of gravity. Therefore, the structure of the body is a gravitationally derived creation. The central dilemma is not whether we relate to gravity, because we must, but how we deal with its constant effects on our structure. Rolfers have proven over and over again that the field of gravity is not inherently inimical to man. On the contrary, the human body being born, so to speak, out of its relationship to gravity and by necessity obliged to deal with its constraints, is a highly refined, incredibly adaptive, gravity transforming machine.

Organizational balance in the myofascial system manifests itself in the body that uses the downward pull of gravity as an uplifting force. If you have ever pitched a tent you soon realize that well-balanced tension in the fabric and well placed pegging of the lines create lift and stability around and within the vertical axis. Human bodies, in a sense, are bred for lift. This is nature's gift to us.

Rolfers use the remarkable plasticity and mobility of the myofascial system to balance, organize and align the body. Rolfing calls forth, through highly skilled manipulations, appropriate organization, i.e., anatomically normal alignment, and biomechanically efficient movement. In so doing, the major segments of the body - head, neck, shoulders, chest, waist, pelvis, legs, ankles and feet are brought towards their optimal arrangement in the gravitational field.

The organization of the myofascial system impacts upon, for good or ill, every structure and process in the body. It bears repeating that the overall quality and pattern in the system of myofascial tissues and its anatomically appropriate integration are intimately related to the physiological equilibrium of every other system in the body. This accounts for the wide variety of results achieved through the Rolfing method of myofascial integration.

Rolfing creates a dramatic improvement in posture. Rolfers view posture not as a rigid, static presentation, but rather, as a state or condition which at any given time has the capability to appropriately respond to the everchanging circumstances of life. This is a structure that is free to move, adapt and change.

Many, if not all, chronic everyday aches and pains are manifestations of distress in the myofascial system. Educating and restoring myofascial competency clears these conditions quite readily. This is so because the patterns of holding in the body exist as an interconnected complex of fascial binding and distortion. The

situation is tantamount to trying to accelerate a vehicle with the brakes engaged. We easily understand that this would create excessive wear and premature failure in the car. Is it such a great leap in logic to understand that an identical process is happening in our bodies? When fascial restrictions are released and the whole body system is well integrated, all biomechanical and metabolic processes are improved. I submit that these assertions are eminently sensible and practical and will, as research funding becomes more available, stand up to and be validated by rigorous scientific testing.

Rolfing releases the physical and psychological memory of trauma. Why is this so? The answer lies within the mnemonic and heuristic nature of the myofascial system. It remembers, learns and seeks to solve problems to the best of its ability. All trauma is inherently shocking and randomizing. The body seeks, at the cost of life and limb, to preserve structural integrity. It does so by contraction. It seizes up. This retreat from harm is a well known biological fact. It is an autonomically initiated, therefore a naturally primitive, flexor instinct. The role of the myofascial system in this response pattern cannot be underestimated. The consequences of the trauma and our largely unconscious response to it, are imbedded in the myofascial system as a historical record of traumatic compensation.

The preceding statements shed some light on the difficulty encountered by any sensitive therapist in releasing deeply damaging experiences from the body. The myofascial system is an information system. Information about insult or injury that threatens pain or destruction has very high survival value and is not soon forgotten mentally, physically or psychologically. The memory of trauma, and our response to it, becomes not only locked in the mind, but quite literally nailed into our flesh and bones.

Human beings are in trouble. One needs only to look and see that it is so. When the trouble is substantial enough, it breaks through into awareness as pain. Rolfing has somehow achieved a certain notoriety concerning pain. Without entering into a discussion about the physiology of pain, I would nevertheless like to address the pain issue. In essence, there are two kinds of pain, ingoing and outgoing. Ingoing pain, such as a car accident, is traumatizing and disorganizing and produces damage, contraction and withdrawal. Its effects are of open-ended duration. Outgoing pain, as in releasing and integrating the myofascial system, is detraumatizing, inherently organizing, expansive, restorative, does not last and is of low intensity. It is a release of trauma and not a new form of its infliction. It is false to assume that the release of disorder from the body must necessarily be experienced, in and of itself, as painful. On the contrary, outgoing sensation is welcomed by the body, often quite a lot of fun to feel and makes sense out of the much quoted oxymoronic phrase about Rolfing that "it hurts so good." With experience and compassionate understanding the most marvelous releases can and do occur with very little, if any, discomfort.

The foregoing commentary reveals a distinct need to educate people in the understanding of why they have been feeling so poorly and why they are in pain. Any system, when it is overwhelmed with distress, learns how to limit input. But what the body has learned, it can also unlearn. Rolfers have been directing their attention to this re-educational process for many years. The myofascial system interprets any new information from the point

of view of its own highly charged, entrenched and distressed environment. This is why it is important to avoid force in change and so vital to respect the myofascial system's capacity to process information.

Rolfing calls the body back to order. Rolfers are releasing old information from the myofascial system and assisting the body in remembering that which, although known, has been lost or forgotten. The myofascial system is very willing to listen if it is addressed with respect and caring. It is more than capable because of its highly adaptive and plastic nature of letting go of its random, outmoded, restrictive and compensatory patterning. To reiterate, Rolfing uses highly refined touch to remold and reshape the body. It is, in a sense, a marriage between an architectural understanding of appropriate form and function and the artistic ministrations of a master sculptor.

When the myofascial system is freed and balanced, the network of soft tissues surrounding the bones and joints becomes both stable and spacious. The skeletal system can then, quite literally, float inside its connective tissue webbing. Bones are self-positioning levers. They effect and are affected by the pattern of order or disorder around them. Bones articulate in accordance to their design pattern. But they must behave according to the pattern of the soft tissue which surrounds them. It follows then that movement occurs along the lines of the least resistance and in the direction of the most well-accommodated pattern, which is to say, the best balancing act that the body can, with all its distortions, perform.

As myofascial restrictions are released, movement becomes more coordinated and refined. The body feels light, roomy and at ease. Flexibility, range of motion and joint stability are all favorably advanced. The feeling state is more relaxed, open and responsive. The system is able to handle stress of all kinds and much more easily, effectively and creatively. Reactive mechanical patterns of behavior are reduced or eliminated entirely. In short, there is a distinct improvement in the operational soundness and efficiency in many, if not all, systems in the body.

The myofascial system is constantly sending proprioceptive information to the brain. But, because the erosion of myofascial balance is so insidious, the information is regarded as redundant and therefore disregarded. Things seem basically okay up to the point of imminent failure. And any system, when it is overwhelmed with imbalance or prone to distortion, is subject to failure. Forestalling such unfortunate occurrences and assisting other professionals in restoring and upgrading the well-being of the average person is our primary goal.

Rolfing is not designed as a therapeutic modality, per se. It is an educational and restorational method with profoundly therapeutic ramifications. However laudable or welcomed the palliation of symptoms may be, we are not primarily concerned with this. What we are concerned with and what we endeavor to instill in all our practitioners is a deep sense of and in some ways a reverence for Dr. Rolf's vision of structural and by extension, functional balance in humanity as individuals and as a species. We do not seek to treat symptoms or attempt to diagnose or cure disease. The task we set for ourselves is nothing short of facilitating an individual to most effectively release outmoded and debilitating patterns in structure. When we bring about

order in the human structure we bring about a concomitant environment in which a form of healing occurs quite naturally.

Our chief aim is to better organize the whole person. We don't do this just so the person will feel better, although that almost always occurs. We do this because the anatomical blueprint of the body suggests that a return to peace and order in the myofascial system is compellingly appropriate. As Rolfers, our goal is to offer the individual what we consider to be every person's human birthright, i.e., a body that uses gravity efficiently, effectively and appropriately.

Finally, it is not my intention to engage in the debate or controversy surrounding work being done in either the myofascial or craniosacral systems. But, in being a Rolfer, there is no sense in avoiding it either, for everywhere in the body there is process, movement, rhythm and quiet pulsation. It is merely my contention that Rolfing, as with other collateral paradigms, seeks to illuminate the integrative and unifying qualities that characterize the nature of whole systems. It is very exciting and inspiring to see more minds turning to the exploration of the wonders which the body, in the brilliant wisdom of its design, already knows.