Hans Flury

minisession number one

the minisession consists of seven interventions each of which should not last much longer than one minute.

zero

The model has had one session about a year ago. His structure is characterized by the collapse and compression of the lower lumbar area with a consequent loss of tone of the quadrati. These have dropped out completely from the tensional system, which to balance is the objective of Rolfing. The compression is indicated by the folds at the iliac crests where the soft tissue has to go wide. The body is in form of a homogenous «banana» from feet to thoracico-cervical junction with the convex side in front and the main collapse at the deepest point of its concavity. And so is the lateral line. In this case, it must be specified by considering the horizontal tensional imbalance. The whole backside from knees to C7 is in primary shortness. The term designates fasciae which are shorter than they would be in a balanced structure due to collapse or chronic shortening effective in displacing segments. Lengthening them will lead to a quantitative gain in length in a geometrical sense. The front is in secondary, or compensating, shortness. It is not shorter, or at least not much so, than it should be, but it is also hard and rigid. There, only a qualitative change in tissue is needed, softening it and making it resilient. The result will not be a geometrical lengthening but a settling down. So the tensional dynamics are determined by the short backside thrusting the mass of the body forward and the secondary shortening of the front resisting and containing it. This situation is in strong contrast to the «average», i.e. internal body, where habitually the erectors and the hamstrings are in compensating shortness.

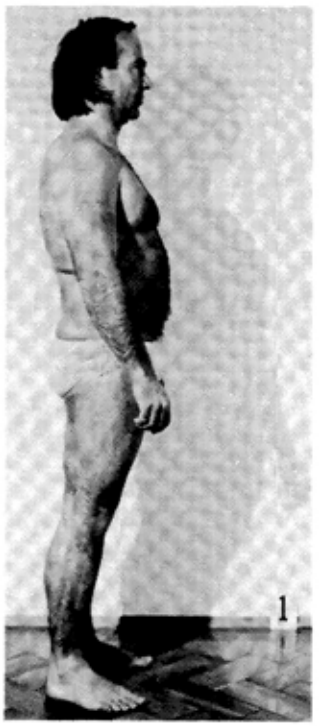
The overall goal for this body would be to open and lengthen the lower back, permitting the lower lumbars to come back. However, there is no question of attempting this directly as there is simply not the space available for it to happen. The quadrati lumborum are evidently something to postpone to a later phase. On top, the very short and hard back jams down and is in no way capable of toppling forward on top of the lumbar segment. Below, the pelvis seems quite large and horizontal, but a slight posterior tilt can be suspected to be hidden there. And it will not allow for space for two reasons. Intersegmentally, it is the most anterior segment of the body and has to be out in front to catch the vector of the weight coming down, which points very obliquely anterior. And intrasegmentally, its external configuration locks off the back and does not permit the sacrum to settle comfortably in the pelvic ring. So in terms of blocks, the pelvis has to come back a little and the thorax has to go forward and «untilt» forward for these three segments to align.

In terms of support, the impression strikes that the legs and feet, although strained, do not suffer too much from having to compensate horizontal force vectors instead of just being under the body. Contrary to what one would expect from the endomorph appearance of the model, the bones are quite large and strong. The feet have the potential to sustain a much taller structure. The calves are in compensating shortness as they take part in meeting the forward thrust and shear of the anterior thighs, but they appear as if they could go a long way with it. The external rotation of the legs is almost exclusively at the level of the hip joints, with an added external momentum at the right knee.

Of course, the shortening of the mid-body entails a rotation which is most visible in the imbalance of the shoulder girdle. But it must also be noted that the arms hang relatively free. This man doesn't fight the downward pull of gravity with his shoulder girdle but uses exclusively his chest.

A sensible plan for a series would be to lengthen the back from sacrum to C7 quantitatively, including the posterior aspect of the ribs. The tissue of the front contour, which is so very much longer than the back, would need qualitative change, i.e. resilience. This would allow for the thorax to come forward on top and for the chest to settle. As the chest held out and up is directly related to deep lumbars, those would start to go back. Only then the deeper structures would become accessible, specifically: the diaphragm, the upper psoas, and in this case the quadrati – and the body could be further balanced from the inside. This would also be the prerequisite for being able to organize the jammed anterior cervical compartment which is in this type tied closely to these structures by way of the mediastinum. Work on the legs would be mainly to allow them to adjust to the structural improvement of the upper body with the exception of opening the back of the pelvis by derotating the legs, which would have to be specific.

For a one-session shot, the most profitable goal seems to be enabling the model to experience an opening of the lower back with the consequential support from the ground.



one

To approach the opening of the lumbar region, some derotation of the legs seems appropriate. Starting on the right side, which is shorter, the model lay on his left, and the transmission line in back of the femur was lengthened. The gluteus medius was released some close to its insertion, as no coming up seems possible in any type without some freeing of this ilium-to-femur contraction. In addition, the tensor was widened a little and made softer. The tricky problem here is that it functions as a compensation, holding back against the forward thrust, so there is the danger of the «banana» bending more.

The main result of the intervention is, besides some derotation of the leg, that the weight of the body, which is originally shifted over the left leg which is better integrated and longer, has returned more toward center and is distributed more equally on both legs. The lower lumbars have come back a tiny bit with an increase in front-to-back volume. The left shoulder and the chest have settled a little, and the model uses the length for letting out his neck more. The head is a little more back which I ascribe to his postural preferences. For the moment, his stance can be a little narrower.

two

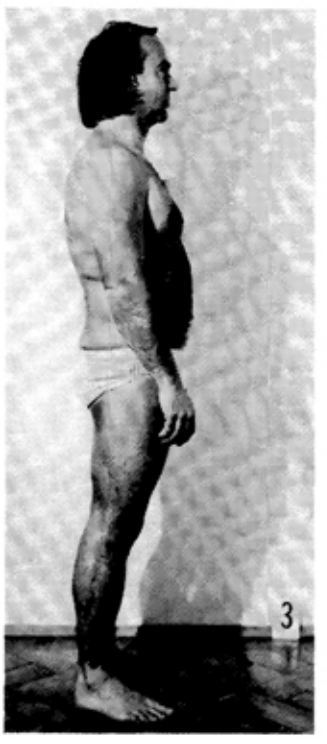
The same on the left side, with more consideration for the rotators. The model shows the usual pelvic configuration of right anterior torsion and left anterior rotation. With the left ilium torqued back, the rotators are shorter than on the other side. The left leg has actually turned out more, but the left groin has widened; and the left hip, appearing to be drawn in considerably after «one», has let go and the leg has reached the ground. It would seem that the settling of the left hip has made apparent a relative shortness of the left psoas which could be responsible for the turn-out below the hip. The weight has shifted more over the shorter right leg which would indicate that a more basic pattern has been uncovered where the body has not got away from the shorter leg by pulling itself over the good one.

The lumbar area has lengthened further, the thorax has come forward some, and the neck is still longer with the head better aligned.

three

Here ist seemed in order to «attack» the lower back directly. I like to use the «praying position» where the client kneels with his feet over the edge, the pelvis resting on the heels, and the head turned in with the front of the head as the other support point. I ask the client to feel his breath rising into the dome of his back. This movement permits to apply not too much pressure and actually lift the lumbodorsal fascia, which is extremely shortened and thickened with deep lumbars and the upper body swayed back. The fascia is the first goal, but the position also allows to spread the erectors rolled onto the spine. In addition, the thick tissue in back of the lumbo-sacral junction can be released superficially, and the outer layers along the edge of the sacrum are available to work on.

As a result, the opening of the lumbar area has progressed, the contour of the upper back has straightened some, the head has improved again. The chest has settled a little bit more which is especially visible in the front picture. All in all, the body seems sturdier, it has aligned better and is supported with more ease as can be seen by the softer contour around the knees.



four

There is a simple typology which is sometimes useful for a general orientation when one starts to feel uneasy. It distinguishes persons who let themselves be drawn down by gravity – they can be loosely associated with depressive characters – from others who fight and try to get away from the downward pull. They seem to be more numerous among the hysterical characters. The first can be organized from the ground up, while the second type needs to be let down first. The model is of the second type and by now has come down quite some. But I was worried by his feet sliding apart more and more. So I decided to give more support by doing something about the leg rotation again. Starting on the right, I held the hamstrings at the ischium with one hand and the adductors lightly down with the other, asking for the knee to rise and sink back. As his right ilium is torqued anteriorly, his right ischial tuberosity is back out but medial. The main intention

was to draw out the hamstring attachments and by it the bone also.

This resulted in a narrower stance[1]. The right leg now actually looks more competent and alive than the left one. There even appears a little lift to have come into the structure. It's true that the head has gone a little more forward again, but it has acquired a slight – desirable – forward tilt although at the expense of accentuating the jam in the anterior cervical compartment.

five

Same thing on the left side. But in addition, the space between L5 and ilium, which is narrower on the side of the posteriorly torqued ilium, was widened. The result however is dissatisfying. The left leg is a little better under the body, but an imbalance has been introduced into the pelvis. It might be that a shortness of the adductors has become manifest, pulling down on the pubic bone. The leg is less connected to the pelvis and seems to be drawn out too much. This is especially striking when one compares with the first photographs which show the left leg pulled up. This may represent an uncovering of a deeper pelvic imbalance, and the disconnectedness may be responsible for the model going back to pulling himself up. A consolation lies in the obvious aspect that he succeeds much better in that than in his before pictures.

[1] Perhaps I should mention here that of course no «cues» were given. «Cues», if understood as experiencing a difference in kind of possible postures, are naturally of value to the client. But if the description of *structural* change is at issue, they only serve to obscure the problem by introducing postural factors.

six

I must admit that I was not aware of this unpleasant development at the time. I was probably taken in by the increased «banana» shape and decided to do something about it by releasing the epigastric structures. The rationale was that the model did have better support from the legs and that the lower back had opened in move «three». I had the model sit on the bench with his back to the wall, with my hands under the costal arch, and had him bend forward three times. The intention was in three steps: to lift the rectus first where it traverses the costal arch, to release the transversus, and to try to affect the upper psoas and the diaphragm from far away to let the upper lumbars go back into the space available through move «three».

The result was quite satisfying this time. The model reported an opening of his breathing, and structurally, he has come back to letting himself be supported from the ground. The chest dropped as intended, the lumbars went back some. Possibly by affecting the psoas the left leg became a little better connected again, and the length obviously seems to have travelled up to the anterior neck which appears less congested.

seven

The last manipulation was tracking of the knees. The intention was to affect the now more flexible body from there, to juggle it to a better alignment and to increase lift by further aiding the derotation of the legs. The biceps and the medial margin of the tibiae were the main objectives. Unfortunately, I failed to instruct Folding first, and the model contracted strongly in going down and up. Common sense would have told to sit back and do something else. But with the time

limit of the format – and some inelasticity of character – it was easy to succumb to the temptation of trying to get what was possible under the circumstances. Still, as the front picture shows, the legs improved under the body with a narrower and easier stance, but the side picture shows that lift was not induced by the manipulation. The structure is actually sagging more, and the model reported to have lost his feeling of uplift. This qualifies as a technical mistake. But it should be kept in mind that the objective of producing the experience of opening in the lower back could not have been expected to last for long anyway.

When comparing the before and after pictures, there is still the obvious effect of less compression in the lumbar area and better support from the legs. And it is of course a well-known fact that the more hysterical clients, who make a good life out of pulling themselves up successfully from the swamps of gravity, do not unequivocally welcome their being put down on the ground.

Commentary

The minisession presented here by Hans Flury is interesting from several points of view. I take issue with his stated goal of «enabling the model to experience an opening of the lower back», which experience «could not have been expected to last for long anyway». It appears as too meek an attitude to simply provide a short-term experience. Rolfing is not primarily about «experience» but operates from the intention of inducing lasting structural change, where «lasting» and «change» are meant in a dynamic sense of course as initiating a process. Forfeiting such a goal prematurely does not do justice to the potential and power of Rolfing. At least some consideration for doing a straight second session should have been expected. This seems even more valid when one sees that the actual results are partly in line with the goals of the second hour. The option of doing good work on the feet and the lower legs, followed by solid work to lengthen the back and direct neckwork, would seem to have merited at least serious thought. It might have led to the changes sinking deeper into the structure.

His bringing up psychological criteria – whether valid or not I cannot judge – is irritating as it usually is, and as it takes on the function of an excuse, it rather confirms the permanent suspicion that psychology serves mainly to avoid structural issues. This seems unnecessary in fact, because there is indeed a structural improvement visible in the photographs, although one must be careful and heed from too far-reaching conclusions from such subtle and frail «evidence». The psychologizing rather bears testimony to the suspicion that such knowledge – if it is indeed that – does not help much: for the client doesn't seem happy at all after seven.

The structural analysis covers many important aspects correctly. Some doubt arises only with the assessment of the competence of the legs. While they are strong, they also appear somewhat short under the massive trunk and certainly could use help.

The first two moves are logical as they provide the necessary base for anything happening along the spine. I would place more emphasis on the neck coming out and the occiput coming back on the atlas after two, which are of course both a sign for and a result of the lengthening in the lower and middle thoracic area. After four, the ischial tuberosities join into the structural interplay. The after five shows the first signs of losing ground as the expense paid for more length above the crests. Six remedies the situation partly and shows the best balance between front and back which allows for an overall improvement of tissue quality. However, there is some more compression as evidenced by the increased bulges at the crests. This exhibits the limitations of short-term interventions and should give cause for modesty. Seven, after the «technical mistake», shows a body less balanced than after six where we find a happier «shape-in-space».

I can't agree completely with the qualification of a mistake, though. Certainly, one doesn't like to end a single session like this. But it must also be realized that a qualitative change has happened. Up through six the client has improved within the framework of his individual structural system. After seven, he is a different structure. He has given up completely his former attempt at lifting himself up – a postural category – as opposed to structural lift coming through clearly for the first time. This is an event that should happen every now and then with every client – in a series! In a single session, it should be avoided. And it has become very obvious now that the structure stands – without holding – except for the feet which scream for being organized more parallel under the body. This impression would support the initial criticism about neglecting the structural base to some extent.

The minisession presented here is indeed interesting from many points of view!

[M.F.]