

RESEARCH CONCEPTS

PEOPLE ARE THE KEY

by Eugene Man

SUMMARY: The time is ripe for research in SI. Success in this effort requires active participation by the best rollers and scientists who can be recruited. Whether SI becomes a healing cult, or moves into a solid, scientific methodology depends largely on practitioners. Decisions have to be made regarding the type of research paradigm to be adopted, and whether the emphasis will be on a basic or an applied approach within that model. Our thinking should not be limited to existing methodologies, nor our research design to existing technology. We must recognize the value inherent in actively seeking to serve clientele of differing ethnic, social and economic backgrounds.

We are in a unique position to develop a unified research strategy for SI on a nation-wide basis. Selection of a 'chief scientist,' formation of a National Research Council on SI composed of distinguished scientists, and finding an institutional home are the first steps. The success of funding efforts depends on the quality of people involved in these initial stages. Contribution of seed money from Foundation members is essential to getting the research effort started.

THE TIME IS RIPE

I have found myself more excited and enthusiastic about the concept of SI than about almost anything else I've come across in my adult career. Even before I was rolled, I felt that this was something that represented a potential breakthrough I haven't seen in any other area.

As a research person, I believe tremendous potential exists for using the methodology of research to further the basic concepts of SI. More than any other area I have come across, this one is ripe. Something is being done that works. People are engaged who have a great deal of skill. And I think tools can be developed to bring research into play with the whole concept of SI.

A PRAGMATIST THINKS OF PEOPLE FIRST

I also view the development of research as a pragmatist. I think that in the major initial effort the emphasis must be not so much on subject matter or sources of funding, but on the kind of people you get.

On one hand, I think of an impeccable scientific team whose efforts in research will be so far above reproach that their findings must be accepted. I have seen this done in other fields, and I think it can be done in this one.

On the other, I would like to urge that every practitioner consider himself part of the research team. I would like to see a state of mind embodying curiosity permeate the entire organization. It is time to disabuse anyone from thinking that all research has to be done by someone in a white coat in a lab full of test tubes. The whole crux research to me is a consciousness characterized by an openness to what's happening in any process, and by a desire to look for the unexpected. This attitude on the part of SI practitioners is going to be of tremendous help in any research program we design.

CULT OR SCIENCE -- ROLFER/RESEARCHER INTERCHANGE

I feel that in the long run, a planned research program may be the deciding factor between whether SI moves into being a cult or a scientific methodology. The vitality of a research program depends directly on input from the practitioners themselves. These people who are doing daily work in the field can be key factors in this process -- certainly as important in many respects as the people doing the laboratory research.

Observations which practitioners make in their work should be fed into the research groups, and the research people on their part must make sure that anything that comes up is fed back to the practitioner. Persons in both capacities must take responsibility for meaningful communications as essential to their professional roles. Only in this way will a balanced, nurturing relationship between practice and research be possible.

I hope that people practising SI would look for deviations and strange reactions. I would like to see a careful observation and analysis of whatever failures there are in whatever area. I would like to see behavioral changes fully documented. This active participation by practitioners will keep research work from getting out of contact with the reality on the rolfing table. We have a chance now to structure ourselves as a total research team. Some will work in the laboratory, some in the library, but the troops on the front line will always be the practitioners.

WHAT TYPE OF RESEARCH PARADIGM?

I think a decision has to be made regarding the general model of research we adopt. Should the research we do be on SI itself, or should it be in the broader context of emerging or reviving systems of healing? There are many systems which have existed through the ages outside the standard medical paradigm. Should we identify rolfing as one of these and approach our research as part of the whole, or should we take a more specific approach?

Should we try to emulate a medical model in planning and executing our research program? Should we identify with the humanistic movement and model our research to follow that way of thinking? Or should we take an entirely unique approach that is designed for SI as a separate, accurate system of healing?

MEDICAL MODEL IN TRANSITION

The medical model today is under attack. Great changes are taking place in the system itself. One would have to be very cautious in deciding what aspect of the medical paradigm to participate in. It is still the system in this country which is most accepted, and certainly the one that predominates. The medical system does not readily accept deviations within its own family, let alone taking to its bosom healing systems developed outside the established channels.

However, many new elements are merging into the medical system: e.g., the current spate of interest in acupuncture at a number of reputable medical schools. Social disciplines such as anthropology are being utilized more and more to help medical professionals to relate to the population they deal with. The new generation of physicians are socially conscious, and apparently reluctant to align themselves with the ideology and politics of the AMA. They are, I believe, a great deal more accepting of other approaches than those traditionally allied with the standard medical model.

LIABILITIES AND POTENTIALS IN THE HUMANISTIC MODEL

The human potential movement is an emerging activity that is still suspect to both professionals and the population at large. This is due primarily, I think, to a lunatic fringe which receives much of the publicity. This factor of public image must be taken into account in considering alignment with the humanistic model. Another important factor is a curious lack of economic incentive. There is no economic force driving the development of this particular system analogous to the drug industry support of the medical model. This may be an advantage or a liability, depending on your perspective.

I do see an opportunity for people engaged in research in SI to assume a leadership role toward unifying people-oriented types of healing systems. I think that SI itself is far beyond these others in its development of concepts and in many areas of research. I find this potential for a leadership role intriguing.

SPECIFIC SI MODEL

"Do our own thing" is the most tempting alternative on the surface. The critical question then becomes one of acceptance. Will the general acceptance of SI in the population at large or among professionals lead to the acceptance of our research, or will research lead to the acceptance of SI? Should we use research to establish SI as a bona fide system having integrity and value, or does the practise come first? The final argument for this approach is that there is simply no other acceptable alternative.

NEED FOR OWN METHODOLOGY

I personally have the feeling that existing methods and procedures simply aren't going to do the job. I think we're into something so new that tools for what needs to be measured don't yet exist. For example, Dick Carrera has found that on some of the traditional psychological tests, people involved in SI scored so high on certain scales as to render the results statistically invalid. We must learn a lesson from the cul-de-sac reached in certain social sciences due to the unjudicious adoption of systems analysis and statistical models originally developed for the physical sciences. We have to design tools to match the kind of thing we are doing. This may be a first objective no matter what paradigm we take.

BEYOND TODAY'S TECHNOLOGY

If we limit ourselves to thinking only about what we can do with existing technology, we probably aren't going to make any serious breakthroughs. Witness the unforeseen technical advances in the history of the development of computer hardware. You can design your thinking in research admitting the possibility that you will develop the technology required. If there is a phenomena in SI that needs to be examined and there aren't the tools today, I would suggest that we assume that these tools would be available in the future and plan our research accordingly.

VALUE OF A VARIED SUBJECT POPULATION

I hope that practitioners would make an effort to broaden their base of understanding about the rolfing process. We may learn more from cases that represent deviations from the average, aberrated structure: e.g., brain-damaged persons, or those with orthopedic problems.

More important, I think in terms of looking for what we can learn from people of differing racial, economic and cultural backgrounds. If we find that our whole substrate consists of upper-middleclass, white Americans, I think we are going to miss an opportunity to learn what the body is as a metaphor. I want to stress that it isn't just for the purposes of meeting our social responsibilities as a profession, but also for new insights into the process of SI itself. By seeing the different effects of what SI does on different types of individuals, the development of our understanding will be far more fundamental and rapid.

THREE RESEARCH OBJECTIVES

In developing our strategy for research, I would like to see three basic objectives kept in mind: 1) To develop a better understanding of human functioning through an understanding of processes and effects of SI, 2) To develop an understanding of the relationships and common principles between SI and other healing systems, whatever they may be, and 3) To better understand the SI process itself, with the aim of improving it through research.

UNIFIED RESEARCH STRATEGY

I would like to see the development of a total, nationwide research effort on SI. I speak of an integrated effort in contrast to a number of individual projects in separate labs reporting back occasionally to some central groups which then discovers corroborating evidence ex post facto. We can design a comprehensive approach at the outset, then pick projects that fit into our gestalt. That way, we can move on a total front. I don't know of any instance where the opportunities are quite as fresh, and where the possibilities are so great.

First priority is the selection of a 'chief scientist' to assume the role of scientific director for this project. Initially this would be someone involved in research on SI. As momentum builds, this person would have to shift either towards a full-time administrative role, or collaborate with another person selected for his skills as a coordinator.

Second, I envision the formation of a National Research Council on SI to be composed of distinguished scientists joined by a common interest in the concepts underlying rolfing. (I think there is only one fool-proof method for getting people interested: rolf them.) These scientists would either be doing direct research on SI, or those whose own work applies to problems in SI research. As a minimum, I believe we should have representatives from psychology, biochemistry, physiology, neurophysiology, medicine, sociology, anthropology and molecular biology on the council. When we finally get to the point of proposing our research protocols to Washington, the status of our council members should be so overwhelming that qualified sponsorship of our research projects will not be subject to question.

The first business of such a group would be to design a total approach to research by setting forth a list of key questions to be answered. Then, they would be charged with the task of recruiting the appropriate persons to tackle the problems set forth. Once underway, the

council would review the developing program to identify gaps in the scope of on-going projects, and be responsible for initiating research into these areas. Through the research program, the council members would be asked to use their personal knowledge of their professions to aid in raising funds. Younger scientists can be integrated into the effort via the entree provided by senior council members in their own institutions, laboratories, grant sources, etc.

Third, I think the project has to have a home base. Here, I think there is no question that a university is the appropriate institution. Its organizational structure, mechanisms for funding, and societal status offer the best institutional cover for our purposes. I do not anticipate that any one university would become a sole center for research on SI; only that one place would assume the leadership in organizing the general effort.

PROBLEMS IN FUNDING

In general, there are barriers to obtaining funds for the development of any new area. How we phrase our research concepts will have a major impact on the receptivity of grant review boards. I believe our best chance for funds is from the mental health/behavioral area. Our presentation would be set in terms of understanding the physiology of behavioral changes.

The key factor is, however, not what you call it or what you're actually doing, but who is doing it. I cannot overemphasize the importance of a prestigious National Research Council in this regard.

GETTING THINGS STARTED

We need a small source of internal funding within the Foundation to initiate the process I have outlined. A voluntary assessment of \$100 from each practitioner would provide a core of funds for the immediate future. These contributions would be used for the following purposes: 1) for bringing together a National Research Council on SI, 2) for supporting researcher/practitioner interchange at gatherings such as this one, 3) for seeding pilot research projects, 4) for developing a final research protocol along the lines suggested in this presentation, 5) for visiting agencies capable of funding full-scale research, and 6) for financing the cost of drafting specific research proposals.

I hope that Foundation members would see their contributions to this effort as an investment in both the future quality of rolfing and the social acceptance of their profession. Successful research in SI depends upon not only your financial support, but also on your personal participation through the Foundation research committee.

At the annual meeting of the Foundation on the Sunday following Dr. Man's remarks, the membership voted to assess themselves as proposed. See report on the status of these special research funds elsewhere in the Bulletin.

(DR. EUGENE MAN is Dean of Research of the University of Miami. He was responsible for making the facilities of the Marine Biological Station at Pigeon Key, Florida, available for the Winter 71-72 training sessions in SI. Gene also cleared channels for research work by Dick Carrera and others in conjunction with those sessions. During most of the past year, Dr. Man has been engaged in his own research work at the Scripps Institute of Oceanography in La Jolla. Gene describes himself as "someone who has gone through the mill of the Establishment: community health programs, community mental health programs. . .all of the various areas that I feel somehow just aren't working." The foregoing is a series of excerpts from Dr. Man's talk about organizing research on SI at the conference held at Esalen Institute May 11 - 13.)