of its formality as a model but because the ten sessions allow us a process, which potentially allows something to happen that does not happen necessarily if you are, say, just trying to fix somebody's shoulder.

AK: One thing with "fixing," say you are dealing with someone's knee, there's a difference between just concentrating on the knee and that's the session and looking at the knee in the context of the entire body. That's the Rolfing approach to dealing with an injury. You might make the knee feel better, *and* you instill a lift or integration to the body. I think it's important for people who don't buy into the idea of Rolfing first aid to consider that approach, because that's where it's really effective.

PS: Like some of us I do two completely different things in my practice. I have a straightforward Rolfing practice, that of course uses other things I have learned, but the people come for a sequence of treatments, many for ten, sometimes it's only seven or eight; for post-ten [work], usually three maximum. And aside from that I have a practice of what you could call manual medicine, where doctors send people with very specific issues. For me it is really two very different things. I do manual medicine with very limited intervention for a certain problem, and that sometimes works quite well, and sometimes it doesn't work, where people need more all-over treatment to have a stable result, and then I ask them to come for Rolfing sessions. I do these two different things, and I teach these two different things. When I teach for the Munich Group and for the Barral Institute, I teach my personal approach to manual medicine – which is strongly influenced by osteopathy and other disciplines, but mostly techniques I developed myself that come out of thirty-two years of practice. I think Rolfers can benefit, but it's not necessarily a part of Rolfing [SI], it just makes your Rolfing work more effective if people have very heavy symptoms which can't be resolved with traditional Rolfing sessions. In Rolfing sessions I of course [will include these other techniques] but the goal is really to treat the overall fascial and membrane system.

I just announced an advanced Rolfing training together with Christoph Sommer in Europe for 2012. The theme of this class is: "what does alignment mean for the container and the contents?" – alignment in the sense that a human being can be upright not using permanent control or struggling, but somehow settling down – and respecting the fact, to quote Hans Flury, that every human structure is individual. The aim is to find the best solution for that one individual structure in the field of gravity that has a certain amount of ease and balance between all the subsystems, whether the lymphatic system, the arteries, the nerves, the membranes, the organs, the fascial containers of the muscles. To use that fascial system as the mediation between these systems so that they all work together in a better way. We want to teach people to treat the organism as an orchestra, not as single voices or single instruments.

For me the fascination has never stopped about this project. I am still – after twenty-three years – a student of Barral, and I teach some of my stuff for his club, and I have so much respect for his mode of working. But I am as well interested in another concept. If I would name that concept it has to do with the fact that on a very modest level I want to give my very personal interpretation of Ida's thought. Barral told me one day, "of course Ida was very good, but nobody knows what she was doing, we only got interpretations of that" – that's a great statement.

AH: Already so many Rolfers in their individual practices are doing their own interpretation. The question is how much room do we have to keep a cohesiveness but also allow an evolution to incorporate things that Ida Rolf didn't have time herself to develop and incorporate, to bring in other people's mastery. We have a lot of brilliant people in our community.

PS: It's very interesting, this question of how much we can open ourselves. I remember one of my teachers in the field of psychotherapy, before I became a Rolfer, said: "A therapy is a contract between two people and nobody from outside has the right to intervene in it, otherwise you can't master the psychotherapeutic situation." For me that's true, if somebody is certified as a Rolfer, they can do what they like to do in their office, they do their best from their perspective. The problem arises as soon as you have an organization and you are a teacher, you have a responsibility not only for what you like to do and think you are good at, but you also have a responsibility for the concept, otherwise the concept gets lost.

The Culture of the Viscera

By Liz Gaggini, M.A., Certified Advanced Rolfer™

Author's Note: This article assumes a basic knowledge of the relationships of viscera to structure and structure to viscera. If you would like to learn more about that, see the Appendix "Why and How the Viscera Affect Structure" at the end of this article.

Working with the viscera requires that we develop our kinesthetic abilities to sense a more complex arrangement of textures, densities, and movements. Understanding the tissue qualities of visceral anatomy can help us. The fundamental materials and organizing principles of these tissues are the same as those of the myofascial tissues we know as Rolfers. Yet the tissues of the myofascial system are exponentially more homogenous than the tissues of the visceral system.

Let's look at what we have come to understand and be able to sense about tissue quality from working with the myofascial system.

- There are many layers of connective tissue wrapping and compartmentalization from superficial fascia, septum barriers between muscle groups, and the connective-tissue bags that wrap individual muscles.
- Kinesthetically we have become completely familiar with the gradual changes in density and elasticity as we feel from the insertion to the body of a muscle. Our touch can discriminate between bone, ligament, tendon, spindle, and sheath.
- We can kinesthetically sense adaptability between muscle compartments, and see adaptability in muscle lengths and the range of motion in joints.
- We can trace with our hands and see with our eyes long lines of connective tissues that connect and define the shape and alignment of the major sections of the extrinsic structure.

Scope of Practice

When working with the viscera it is important that we keep our goals and techniques within the structural integration (SI) scope of practice. In SI we use fascial manipulation, movement education, and awareness to achieve improvements in somatic alignment, function, and presence. These improvements can lend to, but not guarantee, a better quality of life.

Our work is with those elements that give shape and function to the architecture of the body, the connective-tissue matrix, and the nervous system. Visceral work, though it often utilizes indirect assessments and treatment techniques, remains a work with, to, and for the connective-tissue matrix and autonomic nervous system.

People often ask if work with the viscera can help with physiological illnesses. If the physiological problem is caused, in whole or in part, by fascial restrictions, then visceral work might help. Any promise beyond that is beyond our scope of practice. As most standard and complementary medicine is biochemical and/or energetic, structural improvement can be a vital contribution

- And we can feel with our hands and see with our eyes areas of ease and tension. Over time we come to know, or at least suspect, which of these places of ease and tension are beneficial and which are not.

There are kinesthetic challenges when approaching the viscera:

- There are many abrupt changes in the textures, densities, and adaptabilities of the tissues. So we cannot be looking for homogeneity.
- For the most part we get little assistance from our sense of sight.
- In many cases there are boney or muscular structures extrinsic to the viscera that we need to feel through or around.
- The viscera are also layered and intertwined so that we often need to feel through one organ to sense another.
- The organ tissues are far more fragile than myofascial tissues. To find and assess them we are have to change the pressure and pointedness of our touch.
- The visceral system is more autonomically innervated than the myofascial system. This requires us to be selective, as well, with the speed and amount of our probing.

There are some qualities in visceral tissue that make it a little simpler, relative to the myofascial system, to identify and assess:

- Much of the visceral tissue, both of the organs and their attachments to the structure, is highly elastic allowing for more adaptability and movement. However, there is an important characteristic we see in the visceral core, more so than with the extrinsic body: any organ will still itself to match another organ, particularly if it is in the same vicinity as or in the same system with the primarily restricted organ. Some bodies we are trying to assess have multiple visceral dysfunctions. In these bodies the expression of visceral adaptability can be seriously diminished.
- Many organs feel distinctly different from one another. For instance, it is much easier to tell the liver from the stomach, even where they cross one another, than it is to tell one adductor from another.
- Any part of the extrinsic structure that is near to an organ or its primary or secondary attachment sites will become firm and protective if that organ has lost its normal adaptability. This can help us know where to expect a loss of adaptability in the viscera.[1]

The Qualities of the Visceral Tissue

Let's look at how the visceral body is composed and arranged. There are many organs with many different shapes, densities, and functions all packed together inside compartments that are all different as well. Some of the compartments are hard, some soft; some are adaptable and some hardly adaptable at all. Inside of the compartments, the organs are rubbing against one another, folding over and around one another, and accepting and adapting to the passage of various materials and fluids necessary for life's processes. The compartments are held close to one another and close to the boney and muscular surfaces of the structural body. Some organs can be found tightly attached to compartmental walls and some are floating free of such attachments.

There are tubular passageways, functioning as both conduits and support structures that interconnect all of the organs and compartments. Sometimes these tubes are firmer than the organs they connect and sometimes softer. Some organs join together into systems and subsystems to handle various physiological functions. The compartments separate these functions from one another and the tubular conduits connect them in precise and purposeful ways.

Visceral Culture

We can understand much about the organic qualities of the visceral body by studying its structure and function in words and images. However, working with the viscera can teach us about the deeper culture organizing these tissues and systems. Over time, the visceral body can show the receptive and polite tourist how to interact with its culture if that tourist wants to become a welcome agent of change. In the manner in which the organs are arranged, and in the composition of the various tissues throughout the visceral region, we can begin to know the primary tenets of this culture. This culture has come about by the process of evolution selecting out the most sustaining designs and arrangements and occasionally making a fortuitous mistake. Two qualities seem to be fundamental to this culture. First, a precise and unrelenting discrimination has to be primary and sacrosanct for the organs of the viscera to contain their different tissues and perform their different functions while residing so

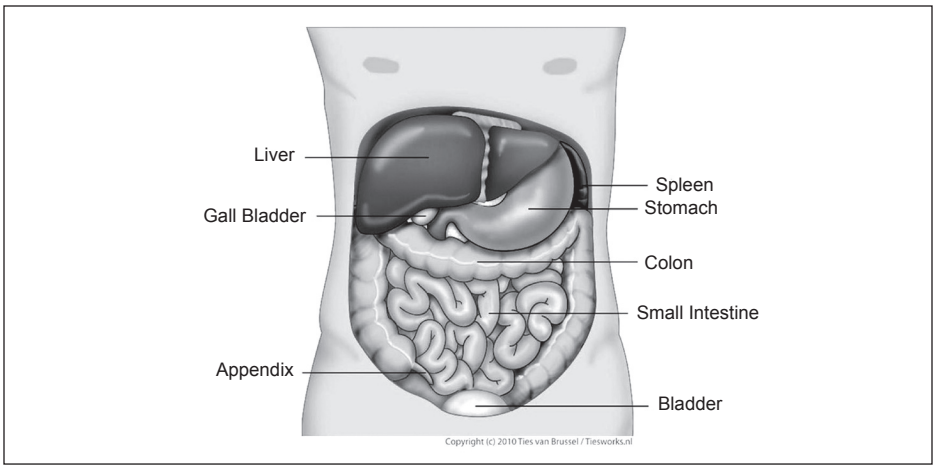

Figure 1: Visceral body anterior.

close to one another. Then, in order for all the different components and processes to occur in these compact spaces and still sustain life, an ongoing harmony of the whole must rise above the needs or capacities of any one part.

Discrimination

The organs discriminate themselves from one another by distinct differences in their tissues. To maintain these distinctions in close quarters, the fascia that externally wraps each organ prevents adhesion to other structures. Effectively, the boundary of each organ is saying to the other, "don't become me." The stomach can lie next to the spleen for a lifetime and never become adhered. The tubes of the small intestine entwine with one another and within and around the tubes of the colon and remain free. The flexures of the colon come up behind the liver on the right and stomach on the left and never adhere.

These boundaries can be violated with injury and illness. The organs can become adhered to one another by the introduction of a binding connective tissue, i.e. blood from internal bleeding or from blood spills during surgery. Prolonged inflammation can also cause a proliferation of binding connective tissue between organs. If an organ is inflamed for some time, gossamer fibers of connective tissue can attach between it and the other organs in constant contact with it. Blood adhesions are like thick scars or wads that lie between the organs they are adhering. Adhesions from inflammation are not as profound but still serve to create immobility between two organs that once were able to freely slide by one another.

Harmony

There are many different functions striving to happen within the visceral cavities. There are bags that can fill and empty by respiration, peristalsis, blood circulation, and consumption. All of the organs are in continual production of vital substances that need to be transported and arrive on time. At the same time, the organs need to allow the movements of the extrinsic structure to shift them around. Many organs are involved in tightly orchestrated physiological processes that need to have the steps occur in the appropriate sequence to adequately handle the body's nourishment and cleansing. If any one organ would perform inappropriately for the situation, illness and even death could occur. This cohabitation and sequencing requires that a guiding harmony be maintained throughout the visceral core.

The harmony of the visceral core is regulated by a vast number of neurological and biochemical factors. A primary mechanism by which the status of any part of the viscera is communicated to the whole is mobility. When an organ is not able to function well (whatever the causal agent), there will be a change in its capacity for motion. Peristalsis can slow with constipation or speed up with poisoning. The liver can become sluggish with cirrhosis and toxicity. The kidneys can become sluggish with injury or over-activated by imbalances in the blood. No matter the cause, when an organ becomes more or less mobile it has an effect on the organs (and the extrinsic structure) near to it and within the same system as it: those neighbors and family members will respond, and their capacity for motion will change as well. These changes in the capacity for motion will mean a change in the overall health of the body. Because the body honors the needs of the viscera as primary, the extrinsic body will not place demands for motion on distressed organs.

Integration

Integration is the harmonious working together of distinct parts. Integration is an ongoing give and take between discrimination and harmony. With structural integration we are used to balancing the capacities and needs of one part of the body with the capacities and needs of another. This is also what needs to happen if we are going to attempt to transform the visceral tissues. We have to take into consideration the needs and capacities of all of the parts in transforming any one of them. Without that type of care we may get a random freedom but we will not assist with integration.

Working with Discrimination and Harmony

The challenge in working with the viscera is to honor the fundamental capacity and need of each organ for discrimination and harmony. One reason this is so important is that if we do not work within these limitations, we are more likely to create distress and disease. Another reason is that we can accomplish more transformation and integration for the organ, the viscera, and the entire body if we work these primary tenets.

Basic Guidelines

- Get to know each organ. Learn where it begins and where it ends, where it is attached and how it moves.
- Don't mistake one organ for another. This may sound obvious, but when it comes to hand placement, etc., it can take some care to not mistake a rectum for a uterus or a transverse colon from a stomach and so on.
- Don't assess just one part of a system or one organ in a "neighborhood." Before you create change, understand the needs for change in the entire system and neighboring organs.
- Include in your work, or at least stay in touch as much of the entire organ as possible. Don't break the organ apart with your touch or with your intention. You don't have to be physically in contact with all of an organ to be in touch

with its entirety. With *referential* touch (sometimes called "end feel"), we can create a kinesthetic field that has great acuity in sensing what is beyond our *physical touch*.

- Use the long-tide motion of an organ to assess and to treat whenever possible. Long-tide assessments give information about the whole organ while keeping it discriminated from its neighboring organs. Long-tide inductions have more integrative potency and potential than do mid-tide inductions.[2]
- The Rule of Percentages: when we get a certain percentage of change for one part of a system, we should try to get the same amount of change for the rest of the parts of that system within the same session. The time available for work will determine how much transformation we attempt in any one part. It will be more harmonic for the body if we get 30% improvement throughout a system or neighborhood than if we get 100% improvement in just one organ.
- The Rule of Feathering: If you do get a good deal of change in a part of a system or neighborhood, you can make it more acceptable to the body if you get diminishing amounts of change out from that one part. That is, don't open up one spot and leave it sitting next to totally unaddressed tissue.
- When releasing parts of a system, work with the expelling end of the system first. If you are not going to be able to modulate your percentages of change, try to make the greatest percentage of change at the expelling end.
- Always work with both organs of a bilateral pair or bilaterally balancing pair. For example, if you work with one kidney, work with the other; if you work with the stomach, work with the liver also.
- Begin with, end with, and utilize whenever appropriate whole-body assessments. Whole-body assessments include holding on to the feet and sensing through the body, diaphragm holds, walking assessments, fold tests, etc.
- If you have used a technique to assess a dysfunction, always do the same assessment again after you addressed that dysfunction. . This is truly the *only way* we ever learn to work in *any way*, with *any type* of tissue, in *any part* of the body.

Liz Gaggini is a Certified Advanced Rolfer who practices in New York. She teaches a series of basic and advanced classes on her own approach to visceral work. She also teaches a series of basic and advanced classes in biomechanics. Information on her classes can be found at her website www.ConnectiveTissue.com. Her previous articles on visceral work and other subjects can be found online at the Ida P. Rolf Library of Structural Integration (www.pedroprado.com.br) and at www.ConnectiveTissue.com.

Endnotes

1. For a more thorough discussion of the interaction of the extrinsic structure and viscera, see the following articles by Liz Gaggini: "Including the Viscera in the Work of Rolfing," *Rolf Lines*, Winter 2000 (vol. XXVIII, no. 1); "Visceral Manipulation in Structural Work," *The 2005 Yearbook of Structural Integration*, published by the International Association of Structural Integrators; and "Visceral Patterns in Scoliosis," *Structural Integration: The Journal of the Rolf Institute®*, September 2008 (vol. 36, no. 4).

2. For further information on long-tide techniques, see Liz Gaggini's article, "Advanced Indirect Techniques" available on the Articles page at www.ConnectiveTissue.com.

Appendix: Why and How the Viscera Affect Structure

There are two very significant ways in which the viscera affect the structure. One is that the body will shape itself, even to the point of misalignment and restricted movement, to protect and assist an internal organ. It is as if the body honors visceral ease first and structural wellness second. Secondly, the viscera reside in the center of the body. Any restrictions in visceral fascia are directly transferred to the myofascial and body structures of the torso. This is especially true of the pelvic, respiratory, and thoracic diaphragms. The brain is also a visceral organ. The relationship of restrictions in the intracranial fascia to the structure of the cranium has the same local and global consequences for the structure. The major diaphragm of the cranium is the fascia associated with the sphenobasilar junction.

The organs are designed to cooperate with the body's needs for alignment, balance, and movement. In general, there is a high elastic component to the visceral fascia and the visceral ligaments, which allows the viscera to move with the myofascial and bony structure without injury or inhibition. When there is a restriction in an area of the visceral fascia, it will interfere with that area's capacity to move with the body. Any forced movement through the visceral restriction could injure or greatly inhibit the function of the viscera. It is rarely the case that the body will allow the viscera to be affected in this way. Instead, the body will inhibit the myofascial and bony structure to protect the viscera.

The body will go even further in its protection of the viscera. It will actively use the structure to *create* ease and assist with the function of a restricted organ. One common instance of this active use of the structure for the benefit of the viscera is seen when there is tremendous restriction in the stomach. The myofascial and bony structure will bend and twist to put the stomach into a position that creates ease for the stomach tissue and creates an optimum position for the stomach's function. It is a hierarchy in the effort for survival – stomach function is more important than joint alignment.

As structural practitioners who work to align the myofascial and bony structure, we are often frustrated when all of our good work to resolve the sidebends and rotations or to create support and transmission seems of no avail. In these cases, we are often working against the survival hierarchy. Until visceral problems are resolved, structural changes will not hold.

In Memoriam

Structural Integration: The Journal of the Rolf Institute® notes the passing of the following members of our community (in alphabetical order):

Richard Hoska, Certified Rolfer™

Nina McIntosh, Certified Rolfer and author of The Educated Heart: Professional Boundaries for Massage Therapists, Bodyworkers, and Movement Teachers.