An Osteopath Looks at The Rolf Method

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Having been an osteopath for fifty years, it is possible that I am better qualified than some others to assess the Rolf® method. I have been a Rolf fan ever since I met Dr. Rolf and began to learn something of her methods years ago. I would like to say at the outset that if there has been some quarrel between osteopaths and Dr. Rolf, I do not want to have anything to do with it. To me, osteopathy is not a technique or a rigid system, but a principle. And the means which are used to apply that principle must change from time to time as the result of experience, the expansion of knowledge and changing social habits.

Ever since I began to think about this matter I have been convinced that the so-called Science of medicine can only progress by discovering basic and universal principles by which health and disease are governed. Then techniques must be developed by which these principles can be applied to prevent and cure disease. The trouble with orthodox medicine is not that it is based on wrong principles, but that it is not based on any principle at all. Clearly, there are a number of great principles or natural laws on which health depends. Some of these may be said to have been discovered; others, to be more or less discernible; and still others, only beginning to gain serious attention.

Osteopathy, whatever its deficiencies may be, is based on the fundamental law that the functioning of the living body is conditioned by its structural, postural and mechanical state. All people who accept this fundamental law and seek to work with it are really osteopaths, and should be so called. Those who do not accept it, or who only pay lip service to it, should not be called osteopaths.

The trouble has been and still is that the exponents of various forms of manipulative treatment which are or should be based on the osteopathic principle and used in accordance with it, have come to think that their particular techniques are the only thing that matters. The result is that we have osteopaths, chiropractors, neurotherapists, bonesetters, exponents of various relaxation and psychosomatic techniques, yogis, and corrective exercises, all of whom are more or less boating up the same stream. It is not surprising, then, that as yet another theory and method appears, it is likely to be received with some skepticism or with weary sighs.

It would have been much better if Dr. Rolf could have put across her ideas within the ambit of the osteopathic profession and tradition. However, I would not suggest that any blame be laid at the door of Dr. Rolf. The trouble is that Dr. Rolf, whether she realized it or not, was a much better osteopath and more in its true tradition than all but a very few so-called osteopaths. The leaders of the profession should have opened their arms wide, accepting Dr. Rolf and all that she had to teach, welcoming both her restatement of our basic principle and the method which she developed and employed. If they had done this, it could have produced a most welcome revival of the profession, and would have counteracted some unfortunate trends both in its education and its practice. What will happen in the future I do not pretend to know. But I still sometimes hope that the Rolf concept will make its way into osteopathic thought and practice.

I will now make some brief observations on the Rolf method, noting its usefulness, considering its differences with conventional osteopathy, and offering constructive criticisms which seem justified. First, Dr. Rolf has restated in a very original and powerful way the basic principle which we have mentioned above. She has, I believe, given us a clearer and more complete picture of the machinery by which health and body function is influenced by its structural state.

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There has been alot of talk about good posture, but it is rare to find anyone who understands it, or is able to show any effective way to create it where it doesn't exist. Most osteopaths are obsessed with the individual spinal lesion, and seem to believe that posture will look after itself if the spinal joints are corrected. It is therefore refreshing to hear that most spinal lesions are secondary to a breakdown of the proper relationship of the body to the ground and of its gross structural parts to one another. These factors begin to cause a departure from health by continually draining the energy of the person who, instead of working with gravity, is fighting it in all his movements and activities. The more specific effects on particular joints, muscles and nerves, important though they are, will tend to disappear if the posture and mechanics are restored to what they should be.

When we consider Dr. Rolf's technical approach to the task of creating the perfect mechanical pattern, there are two separate points to be discussed. There is her particular way of working on the tissues with her hands; and there is the sequence of ten treatments

which, if successfully carried out, can get rid of the distortions exhibited by the patient, restoring him to a more desirable state of postural mechanics. Dr. Rolf's work on the tissues of the body is, as far as I know, of a unique character. It is different from the usual type of osteopathic manipulation, massage, and from physiotherapy as generally understood.

The first objective of the technique is the fascia which covers the whole body, as well as muscles and tendons at their origins and insertions. Good posture dictates that these structures should be free, elastic and balanced. Areas of fibrosis, bunching together and degeneration, hypertonicity and hypotonicity, should be eliminated or corrected. No one who has seen Dr. Rolf work can doubt that her technique is highly effective. She could accomplish these results in an astonishingly short time and in a way that was essentially permanent. I myself have now come to use this technique more than any other. I obtain better, more stable results more quickly than before. I do not use this technique exclusively, however, for I cannot feel that any technique is an end in itself. Neither is any technique in all circumstances the best or only way of obtaining the result that one wishes to obtain. In particular, there are cases in which it is clearly indicated that one should put leverage on a particular joint and move it or adjust it with the use of a certain force, something Dr. Rolf never did.

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In a general way, there is only one joint in the body, the sacroiliac. Being of a unique character, all circumstances require that it be dealt with in this way, regardless of subsequent steps that may be taken to balance and stablize it. Not to adjust this joint is to court trouble, difficulty and waste time, reducing the effectiveness of all other treatments as well as diminishing one's ability to give quick relief to acute conditions of the pelvis and lower back. In the case of other joints I would agree that, in the majority of cases, it is better not to manipulate by the use of leverage because if the surrounding structures are balanced and in good order there is nothing to prevent that joint moving as freely as it should and coming to rest in its proper position. To manipulate it before it is free is useless or even harmful. To manipulate it afterward is unnecessary. Nevertheless, experience seems to show that there are cases in which it is important or essential to move a joint, either to remove some pain produced by irritated nerves, or to overcome a locking in an abnormal or dislocated position.

Most of these cases have a history of recent and fairly severe strain or trauma. These may be described as bonesetting cases and legitimately belong in the happy hunting ground of bonesetters. However, I am convinced that there is a place in a complete system of structural therapy for bonesetting and/or joint moving techniques. If such techniques are never used, much time can be lost. The best result may not be obtained. I believe that though it is right in most cases to regard bony malpositions and joint fixations as secondary to trouble in the tissues by which they are supported or acted upon, there are cases in which the reverse is true. An abnormal position and a locking of the joint create spasm in muscles and irritation of the nerves. These are best relieved by the adjustment of the joint surfaces. Moreover, in the case of spinal joints, working directly on the intrinsic muscles is no easy matter. To move the joints in the right way at the right time may be the most effective method of freeing and normalizing the muscle structures.

Such explanations as these would seem necessary to account for the sometimes spectacular changes in the whole picture exhibited by a patient, including the changes in posture and body mechanics which have been accomplished by nothing more than the movement or correction of one or two joints. I would also add that there are quite a number of techniques and procedures in the arsenal of conventional osteopathy which can be extremely useful in acute conditions, not so much for postural changes as for their short term effects on respiration, circulation, temperature regulation, elimination and heart action.

Considering the form and sequence of the ten separate sessions of Rolf work as generally applied, I am continually struck by its comprehensiveness, ingenuity and effectiveness. By its comprehensiveness, I mean that it seems to contain so many useful ideas and procedures which link it with other traditional and contemporary methods of treatment. For instance, the work that is done over the entire surface of the body not only enhances the appearance, feel and functional efficiency of the skin and superficial tissues, but also has a remote effect on the organs of the body. This connects it with therapeutic methods based on reflexes, such as acupuncture. The "awareness" which Dr. Rolf sought to create and the instruction which she gave in the use of the body in movement have affinities with, for example, Eamon's "myognosis" and with the psychosomatic ideas of F. Matthias Alexander. Much of the osteopathic cranial technique is contained within the seventh session of the Rolfing work.

The actual or implied relationships between the Rolf method and various other forms of treatment which aim to achieve similar results is worthy of investigation. That such methods exist and continue to be practiced in various parts of the world can hardly be denied. Most of them would appear to spring directly or indirectly from the ancient civilizations of the East. Yoga is probably the most important of these. The Yogic aim is to produce and maintain flexibility. It does so not by exercise *per se* but by assuming postures which have the effect of stretching muscular and other tissues. I know from personal and clinical experience that yoga postures can be used effectively to assist,

maintain and enhance changes brought about by the Rolf method.

Having seen and appreciated the ingenuity of the ten sessions of Rolfing, I would especially note certain features. There is no doubt that Dr. Rolf is right in maintaining that work of this kind should begin superficially and gradually work into deeper levels. As the course of treatment advances, the central "core" of the body from the occiput to the lower extremities by way of the mediastinum, diaphragm and psoas muscles is reached and, as it were, cleared so that it is not interfered with by the movement of the limbs, torso and head. While the first seven hours are concerned with taking apart distortions and barriers which exist at the start, the last hours aim to pull everything together, building an integrated and coordinated whole. It is extraordinary how each of these hours seems to lead to the next. By its appearance and by the reports of the clients, the body seems to be asking for the work of the following session as it adjusts to the work already done.

On a personal note, and feeling as I do about the Rolf method, I am naturally anxious to embrace all reasonable opportunities to put people who come my way through ten sessions of work to the best of my ability. Yet it would be quite impossible in any ordinary kind of osteopathic practice to subject everyone to a course of treatment of this kind. The majority of patients come to an osteopath with some very definite pain, disability, or presenting sympton for which they seek the quickest relief possible. To give some temporary relief must inevitably be the first consideration. This can frequently be done by some means far short of a long course of treatment. Yet all such work should be done with the intent of bringing about a general improvement in the posture and body mechanics of the patient. I see many patients whom I should not wish to put through the whole course even if I could, at least initially. I have come to the conclusion that it may be better to get rid of the most glaring symptoms and postural distortions first before embarking on a complete reconstruction. This can be a very good preparation of the patient both psychologically and physically for taking the full course of treatment and obtaining the maximum benefit. My experience prompts me to make a plea that more consideration be given in the more difficult and complicated cases to preparing the client for the course, and also modifying the procedure to meet the particular needs of the case.

My chief reason for saying this is that I have noticed very great differences between patients both as to their tolerance to treatment and their response to it. It is inevitable, and to some extent necessary, that the treatments be accompanied by a certain amount of pain. It seems that pain is, as it were, stored up in tense and degenerated tissues, especially when the physical tension is bound up with emotional tension. Nevertheless, there are cases in which I feel that the pain occassioned by doing the work in the period prescribed is more than is reasonable to expect the patient to tolerate. When this is so, I believe that the practitioner is bound to defeat his own ends.

Even a strong-willed patient may not be physically able to accept the work. The best results might be accomplished in these situations by either doing something to reduce the sensitivity of the tissues, or by working more gradually in shorter sessions at greater intervals. It is possible to reduce the sensitivity of the tissues in a number of ways: by manual treatment, by water treatment, and by homeopathic and dietary measures aimed at improving the body chemistry. The improvement of body chemistry can be all the more important for maintaining the results that can be achieved through manipulation because unhealthy tissue will revert more quickly toward its pretreatment condition. This is particularly so with rheumatic and arthritic conditions.

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Having taken necessary measures to prepare patients for the treatment, it is also advisable to keep the patient under observation for a certain time after the completion of the course. For a period of some months many patients seem prone to crises and reactions which require some readjustment and care. Very few who have had a long-standing condition of bad posture and mechanics can avoid the tendency to fall back into the old pattern if they are not watched and given some care.

Again, I would make a very strong plea against inordinately shortening the time for carrying out the ten sessions of work, although it is clearly advisable to keep moving steadily once a start has been made. Once per week is quite enough when dealing with the elderly and difficult patients. I do not think the body can or should be called upon to make such a radical readjustment too quickly. I would doubt very much the wisdom of taking less than six weeks for the completion of the ten hours work, as two treatments or more per week over a short period represents an almost intolerable strain and is not likely to lead to the best results.

Finally, I think we would all agree that nearly all patients who appear and require this kind of treatment fall into two groups. There are those in whom the normal or physiological curves of the spine are exaggerated, and there are those in whom these curves are reduced or nearly non-existent, such that the spine is almost straight. As a general rule I find that the former group is easier to deal with and I seem to be happy and successful in applying the normal sequence of ten sessions with them. The cases in the second group are not so easy. I sometimes wonder if the routine as laid down is quite so appropriate to them and question whether the emphasis laid on the pelvic lift procedure throug-

out the course is entirely for the best. I make these points less in the spirit of criticism than in a search for enlightenment and confirmation of faith.

Commentary

I was asked by Michael Salveson to write a commentary on this article by Jocelyn Proby. I am only too happy to do so. Mr. Proby is very devoted to the ideas and concepts brought to light by Ida Rolf. He also is a devotee of the notion that the body, when put on the right path, will heal itself. I consider Mr. Proby to be one of those rare jewels one finds in life. It was, therefore, somewhat shocking to me to hear that Ida, who asked him to write an article on Rolfing, would then have refused to circulate such an article.

Mr. Proby raises some valid considerations, of which we should all be cognizant. His comments are the product of reflective thought and offerred in the spirit of open, constructive dialogue. It is imperative for the evolution of our work-Rolfing- and for the ideas connected with our work, that we receive his comments in the same spirit with which they were given.

In fairness and with some clarity of mind, let me tend to the issues brought out by Mr. Proby. I agree with Mr. Proby's statement concerning the uniqueness of the sacroiliac joint. Remember that the sacroiliac articulation is the physiological support of the spinal base. As such, it must be able to bear any shocks that are transmitted through it. With each step taken (in a random body) the body weight is transmitted alternately to each joint. It is also transmitted through this joint in a Rolfed body although with less dead weight. As well, every jar and strain encountered by the body adversely affects this articulation. For normal function, muscles must have normal positions of origin and insertion before they can be efficient. These "normal positions" depend on a normal skeletal balance, which in turn is dependent on a firm foundational balance. This normal foundational balance is the result of normal sacroiliac balance.

Many sacroiliac distortions develop in youth and go unnoticed and therefore uncorrected throughout life. This can account for its weakness in many adults. It should be stressed, however, that the sacroiliac joint changes as a function of changes in its underpinnings. I am recalling the many lectures in which Ida stressed how much time should be devoted in the second hour to the relationship between the fibula, tibia and foot, working in both supine and standing positions. In retrospect it now becomes clear why Ida laid so much emphasis upon this articulation in each of the Rolfing hours.

With regard for the duration of the sessions, these should be designed to fit the individual needs. These needs are not necessarily verbalized; they are experienced by the hands. The hands tell you the condition of the tissue, the degree of recovery from a manipulative technique, and whether the client is prepared to proceed with the process. Unlike the younger client, the older client needs to be given a certain respect, openly, and in the way his physical being is handled. For some older clients whose tissue is reluctant to convert to a more resilient state, even twelve weeks is too short. An older person may not be able to tolerate the rapid progression demanded by a shorter time interval. I let my hands direct me in dealing with the older client, and in determining a time frame in which he will get maximum benefit from the Rolfing. Remember that when you push through something, it is bound to feel put upon, or pushed.

I have not had enough experience with the two classifications of spinal configurations that Mr. Proby refers to. Again, my experience has been to let my hands speak to me. I will continue to do so, and proceed with due caution. With regard to other statements Mr. Proby makes on the appropriate forms of manipulating other joints, I have some disagreements. I have found that the best thing to do is to obtain full range of motion. When this is done, joint motion occurs under the normal full range. It has not been forced.

In closing, let me state that we must give all methods their proper place in the interest of restoring health. Let us not fall victim to the inevitable ego trip that Rolfing is the only successful way. There are many ways such as homeopathy, chiropractic, osteopathy and acupuncture. Some people respond better to one approach than to another. I truly hope that the reader will appreciate Mr. Proby's views and be inquisitive enough to find answers that will support continued involvement in the process of manipulative therapy.

Richard Demmerle