

## PREVIEW

People who have been processed, processors, and a rapidly growing group of professionals from the various sciences of mind and body which comprise the study of the whole man are seeking a rational understanding of the results of Structural Integration and the principles according to which they are achieved.

Dr. Ida Rolf and I are presently writing a book to set forth the ideas underlying Structural Integration in general and each of the ten hours in particular. As the chapters of this book take shape we will be publishing them in the Bulletin for your criticism and comment.

It would be most helpful for us to know which portions of the manuscript you find clear, which obscure. Of particular interest are your reactions to the examples and illustrations.

Laurence Davis, Editor

### THE HIDDEN PATTERN

### Chapter 1

Yes, bodies can change -- your body can, my body can. I do not mean deteriorate -- I do not mean "age" in the commonly accepted sense. I mean that bodies, the average physical body of flesh and blood is actually an amazing elastic medium which can change and change quickly toward a structure more economical in terms of energy. If within your body you have some degree of balance, you work and it costs you less in energy, you play and you use up less of your vital reserve. Form and function are one, a unity, two sides of one coin. Logically then, to get enhanced function, you must first create a form appropriate to the materials involved. A joyous radiance of health is approached only as the physical form, the body, conforms more nearly to the inherent pattern hidden in all humans.

This pattern body for most people has been lost or at least has disappeared. It becomes submerged under layers of fleshly disorder. I do not mean fat, that is a different problem. The pattern has become random. What do I mean? Well, when people come in to us for what we call "processing", we take photographs -- front, profile and back. Such pictures show clearly this lack of form, and therefore balance: the legs seem too large (or too small) for the torso; the arms are similarly misfit: the upper half of the body may look much

too small (or too large) for the lower half; the abdomen too big (or occasionally too small) for the chest; the torso is not balanced over the legs but, lagging along behind, works to keep up with them; the abdomen may lead the body and the legs scurry along trying to fit themselves underneath; the neck and head may well be six inches in front of the position which gravity and common sense dictate as appropriate. Such a picture is a travesty of a body, you say? No, sadly enough this picture is an average body, and I challenge you to disprove it in any gathering of people, of any or all age selections.

If function and form really are one, if physiology mirrors structural form, this picture of disordered structure is a sad commentary on the well being of humans. Under the circumstances need we look further to recognize that the "reality" of life for these people is a bit grim? They are, they say, "healthy" in token of which health they sleep to sleeping pills, they waken to pep pills, they eat to digestive pills, and evacuate to constipation pills. When the going gets too tough they take on alcohol or "pot" to drown the anxiety. Yes, these people do look in their mirrors, but it does not occur to them that their dissatisfaction is really a complaint about physical, corporeal structure, about the way they are put together. This is understandable. The medicine of the twentieth century, which has worked so many miracles and actually has done so much for them has been chemically, not physically or spatially, oriented. Hence the lay mind has thought only in terms of chemistry as the outstanding healing medium, a teaspoon of this or a shot of that. But this problem of theirs, as any mirror or photograph can tell them is a matter of structure, of high school physics, a three-dimensional body in a material universe. Help must be sought in the area of the problem -- in the physics of spatial relations.

Help can be found. The war within can become a lasting peace. When we are miserable, it is our chronic depression, our frustration, our angers, our resentment, our grief, our greed, our irritability which demand the center of our personal stage, rather than the backache, the neckache and the shoulder tension, which are there but tend to stay in the background. What of this? The answer is that as structure becomes more appropriate, this too can and does pass. Actually emotional response is function in terms of behavior. Like all function it is the expression of structure and form. All human function responds to balanced material structure. A man unhappy, miserable, crying his blues, is actually bewailing his structural limitations and failures. His attitude (position in space) not only expresses but nourishes his emotional misery. He is, of course, unconscious of this. The premise of the psychotherapist is that man's outer circumstances are the projection of his inner self. There is another way of saying this: a man's outer circumstance is really his perceived chronic emotional level, the projection of his structural imbalances. Undoubtedly there is a plus to this, another unknown factor which time and the psychotherapists will uncover. But the man who undergoes integration of his corporeal structure experiences the very basic approximate equivalence between structure and emotion. To his own satisfaction each demonstrates that his psychological "hang-ups" are literal "thorns" in his flesh. They are erased only when the flesh changes, when the barriers within the flesh disappear and therefore the free flow of body

fluids and energy is established. As you look at bodies which have been organized along these premises you can almost see the lines of force which define that energy field which is a man. Intuitively you know that this is "right".

## FUNCTION EVOKES FORM

## Chapter 2

New times, they say, require new remedies. But they demand and therefore receive new forms. The fundamental idea that the man, seen as his behavior pattern, is basically the outward and visible function of a structural organization, is not making its bow for the first time. Particularly in this last half of the 20th century, personality and that larger goal, the increase in human potential dependent on it, have been the target of many words -- even of much soul searching.

In general, we have thought personality an elusive mischief-making phantom, strong and determined, or weak and imbecilic, which we all "have", but which is intangible, invisible, immeasurable and occasionally intolerable. Speak of "personality" and people nod sagely. Speak of "changing personality" and a nest of hornets flies up at once, buzzing about psychiatrists, psychologists, psychoanalysts -- Freud, Jung, Reich, Perls, ad infinitum. Even to discuss measurements of personality and their various approaches stirs up endless controversy. Each man either has his favorite panacea or declares for gloom and doom and proclaims there is no help anywhere.

Such chaotic controversy would indicate some basic factor still hidden, still unexplored. The history of ideas in general suggests that this factor is so close the seekers' eyes don't focus. The people most involved in the problem are, of course, the psychotherapists. They have sought, and to a limited extent found, an answer in various approaches to the psyche. Most psycho-therapists would concede, however, that they are not really satisfied with their results.

Therefore a new insight knocking at the door is receiving a tentative welcome. This newcomer examines the physical structure of the body as a more practical, more economical, and more down-to-earth approach to the man. The idea that we have a something that might be called a "physical personality" is accepted by most of us. Sheldon's classification of types is well known to many people. Even his correlations of behavioral patterns to different physical structures is widespread knowledge. But in spite of such intellectual acceptance, we do not seem to realize that physical personality is not an isolated subcategory of the whole human being, with the limited relevance of blood type, for example. We have trouble in whole-heartedly believing and working with the idea that the physical personality is merely the psychological person, the "I", the "I Am" in three-dimensional material. When the mirror reveals a corporeal person, random and disordered, we have even more trouble accepting that this is "I". Perhaps we should search for a corresponding lack of order in the psychological "I". Of course, it will be in the "subconscious" that this is most true, since at this level the two aspects become one. What we want to see subconsciously edits and restricts our perception and

this further complicates recognition of this body as "I". The idea is, of course, not new. It has been the basis of the Tantric teaching in Yoga for millennia. The idea of monism has appeared and reappeared in the thinking of the peoples, but invariably it recedes again before the apparent simplicity of body-and-soul concepts. This dualism seems to offer an immeasurable bonus to most people by postulating relative personal irresponsibility. Within the dualistic concept, the ills and accidents of our bodies may be blamed on outward circumstances -- on a God, vengeful or otherwise -- or at least on impersonal "nature" for whose actions we "cannot possibly be held responsible". Monism permits no such escape.

Our failure to choose between monism and dualism, like other chronic confusions, suggests the hidden presence of unknown factors. Through thousands of years men have tried to change their "personalities" by their own efforts. Only a few have claimed any great measure of success and most of these have attributed the success to a religious conversion, magic, prayer, etc. Perhaps over an even longer time men have tried to change the physical aspects of their personalities. We often recognize "ourselves" as having been drastically altered by disease or accident, or even by aging, but success in reversing such trends has steadily eluded us. As a result of our failures, monism is discredited and dualism is, to say the least, confused. In spite of all this, our effort at reconciliation still seems worthwhile to us, and the twentieth century reincarnation of the monism problem is, of course, psychosomatic medicine. Modern psychotherapy premises that our external circumstances are the projection of our internal being. Thus we are again chasing that phantom, the "personality", and trying to "put salt on its tail".

Our problem is not to catch the personality. It is to change the personality. To solve this we need a new approach. Actually a new approach is to be found. However, it is the antithesis of psychotherapy or psychosomatic medicine. The new approach postulates that you change the problem by changing the body--the structure of the body. The older assumption sought to modify the psychological person in order to reach the physical symptom. Of course, if you accept the rough equivalence of emotional personality and corporeal body, change initiated from either direction should solve the problem. Within limits this is true. It remains to discriminate whether it is easier to change the body by changing attitude, or to change the "personality" by organizing the body.

Our own observation has suggested that it is easiest, quickest, and most economical to begin with the coarse matter of the physical body. In this way as the emotional person changes necessarily so does his projection into his environment.

Some people find a certain difficulty recognizing that there can be some mechanism by which body structure can have a decisive influence on the emotional person. Only time and experience prove the point to them. Our collective failure to achieve a deep realization that emotional states are actually nervous and glandular responses of the physical body causes the equivalence of "body" and emotion. A vast willful unknowing of our own physiological processes hides this fact which otherwise could be obvious.

Our unknowing is compounded of many factors. Besides ignorance,

not the least is the teaching to which we are subjected under the misnomer, physical education. The assumption in most such departments is that by endless "doing" of calisthenics, acrobatics, gymnastics and violent sports, we build "good" bodies -- the "body beautiful" of the magazines on the newsstands. This trap is baited with a modicum of truth, and is therefore dangerous. Heavy, repetitious exercise brings blood and fluid to the local muscles and causes them to enlarge. Up to a point their muscular functioning does become better. After that point is passed, the muscles of the physique become rigid and "musclebound". Certainly there are individuals who get themselves looking like the cover boys on "Body Beautiful", but all save the naive and young in years would say, "who wants it?" For only the young fail to see such people as rigid, highly limited in outlook, very much preoccupied with themselves and their physical "beauty", lacking in perception and sensitivity, and even more damning, unable to do a really good day's work in either a mental or physical field. And the older critics may become aware that in fact they have been using the physical personality of the cover boy as an index of his emotional personality. When our critic gets to know his model man better, he is apt to find that in most cases his equation has worked fairly well. To say the least, this beautiful man is apt to be rigid mentally and physically. Unfortunately, this type of personality is the logical end product of orthodox "physical training". Possibly most of us shy away from PT in our youth due to a subconscious rejection of this kind of personality.

Actually, there may be other factors involved as well. These orthodox training methods fail dismally to take into account, even to admit, the actual differences in structure of the young people involved. By this I refer not to the gross aberration such as the spinal curvature (scoliosis) for which a child is under the care of the orthopedist, but to the less apparent but very real structural deviations which may be the result of a seemingly minor childhood accident. Johnny at ten roller skated down a flight of concrete steps, bumping down the last six on his derriere. Since he broke no bones, mamma thought no damage was done. But at eleven Johnny could no longer keep up with his peers in athletics, he couldn't even sit cross-legged with any comfort, by fifteen his knees were hurting, by sixteen he was getting very heavy-hipped, and by seventeen he was going to a doctor to find out what the "disease" was that was affecting his knees and walking. The doctor obliged and gave it a name. At 35 Johnny was trying to get rid of the "disease" by psychotherapy, it had to be psychosomatic, there was no other cause. Meantime, what has happened to Johnny's emotional personality. Well, what does happen when a boy can no longer challenge his peers, as became only too obvious in his physical training program, when he feels inadequate and insecure, both consciously and unconsciously? What kind of compensation has he made, or will he make down through the years with this attitude as the foundation of his later personal relations.

Endless psychological problems have been blamed on "insecurity". Mothers unnumbered have wept on being told that Johnny "feels insecure because you didn't give him enough love as a baby". At this point mamma is supposed to shoulder the guilt. But Johnnies without

number have felt insecure because they were insecure and properly there was no mama in the picture at all, nor any guilt. One leg felt longer than the other, not because the bone was longer, but because the time he fell off the bicycle, or down the stairs, or off the roof, he rotated his pelvis (as measured by the plane of the superior spines of the ileum). One hip bone was moved slightly forward of the other and/or slightly higher; one leg seems slightly longer because of this twist. After a few months compensatory distortions have happened throughout the body: he is round shouldered, and perhaps knock-kneed. Papa's communications to him are predominantly, "For God's sake, boy, can't you stand up straight?" In point of fact Johnny can't. He only knows that he doesn't feel "right". The psychiatrist will call it "insecure", and that's precisely what it is. For when your two legs are not properly under your body, you really are insecure and you'll act like it and feel like it. The bedeviled individual compensates for this insecurity. Whether he'll be brash and loudmouthed and resentful, or apathetic and withdrawn and timid depends on other factors. In either case the family may well "send him to a gym" or in some way try to build up his body. And he does get sturdier. He weighs more, but perhaps the weight settles around his hips as though the flesh wanted to splint these insecure joints. But gym or no gym, basically the joints are still no more balanced than they were. Johnny's dividend from the hated gym, his new potential for wrestling another kid down, does not change his subconscious realization of his own insecure stance, and his "I" may interpret the instability as being operative on many planes. By this time, instability and inadequacy on many levels may well be the case. Is the remedy for this particular Johnny to be found in psychotherapy? No. The remedy can only be found in the level of the insecurity, namely, in restoring the structural deviation of the pelvis to its normal balance. Nothing else does the job. But when this has been done, within minutes Johnny reports, "Gee, I feel different", and within hours the relaxation of his emotional personality becomes apparent even to the neighbors.

It is hard to guess just what proportion of the people who seek the help of psychotherapists for "psychosomatic" ills are, like our Johnny involved in a somato-psychic problem.

Of course there is a large number of individuals who actually are suffering from ills initiated by emotional rather than physical traumas. This group includes the person who as a child lived for some years chronically angry, chronically resentful of the adults around him. As a young adult his head is set way forward on his neck. Physically he "leads with his chin", his head is drawn down into his shoulders in a permanent defense, even his walk speaks of 24-hour-a-day tension and would be aggression. If you put your hands on this man's shoulders you find an unyielding mass. If you approach the man psychologically you are apt to find him equally tense, equally unyielding, equally hard. And don't think that inside himself he isn't having a hard time too. Perhaps his wife or his girlfriend has coaxed him to a psychotherapist. But, if so, the going is rough and slow. Meantime he is getting older and developing symptoms which alarm him -- is he going to have a heart attack -- why does his head ache so much -- why does the doctor say his blood pressure is so high --

why does he feel so terrible -- maybe he should join a health club. Is the psychotherapist the answer for this man? Yes, but not at this point. Because the man's emotional problems have literally become anchored in the deviated muscular and structural patterns, the psychotherapist can make very little headway until somehow these can be changed. "You do not run because you are afraid, you are afraid because you run", said William James at the turn of the century. And nothing has changed this valid observation. Our angry friend is chronically angry because his body is literally fixed in an attitude of anger. Until he can change this, until the muscles can relax and become mobile, until the fluid supply can vary with emotional responses appropriate to the here and now, he is going to be stuck with his problem.

What do you feel is your problem? Is it physical? Then it has arisen or at least been accompanied by a deviation of your muscles from the position of structural normality. Is your problem basically emotional? Then essentially you are expressing that problem in some sort of fixation of structural elements which interferes with the free flow of energy. This is the story of much illness and of the average progressive aging which we all dread. It is certainly true that there is genetic endowment or lack of it. But much of what is blamed on genetic misendowment is actually a deterioration of the kind we have outlined. Much, if not all, chronic disease starts as physiological perversion -- something physical or emotional interferes with flow of actual body fluids or energy to an organ, and slowly the organ deteriorates, is unable to carry on, stops functioning. Some other organ tries to compensate, but its load is heavy too and it can't really handle the extra load.

Aging moves in along a similar pattern. As people live longer they have more time to accumulate the falls, the accidents, the whip-lash injuries, the emotional traumas that accumulate into the relative immobility and apathy of age. Certainly there is a phenomenon called aging: glandular and functional changes which are part of the plan. But if we could be sure that we could stay active, independent, busy, spry, right up to the last chapter, the very real terror of old age would fade.

What is the key to these great goods?

The reality behind that word structure, an observance of it, an understanding of it, a realization that it can be changed, and how it must be changed. For it is total structure we seek; the creation of a whole which is greater than the sum of its parts, the emergence of a man who has a human use of his human being.

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