

Standing on Solid Ground with the Psychological

by Judith Mayanja

In the exploration of Ida P. Rolf's work, I have found the power of The Line indisputable. Yet, over the years I felt increasingly dissatisfaction with a restriction in the emotional/psychological approach to the Work. In hindsight, I realize I had worked at arm's length with people and that a structural curtain of concern could prevent contact and connection to the depth of another person's being. For years I remained in a holding pattern with the dilemma remaining wordless. For me, this nebulous dissatisfaction was like a plane circling the airport when asked to delay its landing. I had experienced Rolfing's emotional release both personally and professionally, but that alone didn't satisfy the need for psychological integration that I only intuitively searched for.

I leaned toward the idea that release was simply release and didn't necessarily contribute to psychological integration. What made sense to me given that one of the descriptive words of our process is "integration" was that while at the business of structural integration, why not also do our best at psychological integration, a less tangible but nevertheless structural component to the human being? The question of tangibility perhaps influenced Ida Rolf to skirt this issue, but I found it difficult to be satisfied with the intangible sacrificed in favor of the substantial.

Contributing to my dilemma were the ideas attributed to Dr. Rolf, coupled with my own maturation process in relationship to her and to the Work. These ranged from Ida's famous statement, "There's no psychology, only poor physiology" to her recognition of a Rolfed body exhibiting greater psychological maturity.

In this situation, the adage "You can't solve a problem until you've recognized there is a problem" seems appli-



cable. How can the psychological functioning of the client be integrated when it is neither recognized nor acknowledged? Upon further examination, I also perceived the influence of this kind of attitude in our collective body of the Rolf Institute. On an emotional level, however, I was angry and concerned that Dr. Rolf's reductionist statement had brought us perilously close to professional stunting. Such sentiment permitted the dismissal of psychological reality, from which we as a profession are only now beginning to recover. By refusing to directly address the psychological responses of clients when needed, I felt the drift from wholeness towards a mind/body split. In other words, the professional message being sent by the Rolfer was, "I'll deal with your body in this office, but I'm sorry, I don't do emotions. You'll have to see a therapist for that." For some clients, this may be the more appropriate position to take; yet, I believe the emotional/psy-

chological "condition" which may be presented to a therapist could be vastly improved even before the first therapy session. In other words, the therapy patient could begin therapy with increased awareness of unresolved psychological issues which were encountered in the Rolfing process. This would seem to be a potentially more productive therapy experience, rather than a patient entering therapy with the additional burden of what amounts to emotional abandonment by the Rolfer.

I hope at this stage in our development a case in support of the psychological/emotional is outdated; but just in case, I would like to draw upon a Buddhist principle that renders the argument moot as to the superiority or inferiority of the body or the mind while being inclusive of both. I include this because I am always in pursuit of that which supports wholeness. The body principle is The Oneness of Body and Mind translated from shiki shin funi which attempts to unify a paradoxical expression of physical phenomenon (the body) and spiritual phenomenon (the mind) from what is seemingly "two but not two" and also "not two but two". From the Buddhist perspective, matter and spirit are seen as both an expression of an ultimate unchanging reality whose two different qualities are unified at the essential level of life itself.

The example of a nickel also illustrates this in that both coin faces are integral to the nickel itself. Thus while much has been discovered regarding the psychosomatic relationship, it often views them still as "two" while Buddhism is pointed in the direction of the ultimate reality that permeates the two, making their interrelation possible. This philosophical digression also pointed in the direction that we as Rolfers function in support of The Line; and that while our

access is more oriented through the physical door, the Line, the purpose of our endeavor, may also need to be supported through the less tangible door; but at those times, we can be assured of its validity and necessity to the whole person.

Along with my indignation over the question of embracing the psychological is the recognition of the fine line we walk in addressing this issue. While we know Rolfing affects this level deeply, we do not have explicit permission to tread as evidenced by our disclaimer of responsibility of effect on those things emotional in our consent form and also by the fact that we are not required to have a degree in psychotherapy. While acknowledging Rolfers are not therapists, nevertheless, I think it is necessary to become more skilled to this level within the context of Rolfing, simply because we stimulate the psychological in our clients, and we cannot be impassive about our part in this.

I honored Ida Rolf as loyally as possible in my years of practice, feeling that despite her autocratic style, her positions and opinions were often closer to wisdom than not. I may have been overly loyal at my own expense, long past the five years customarily regarded for the making of a Rolfer. I ardently wanted not to be just a Rolfer, but a good Rolfer; and I took-to-heart her cautionary statement, "You can always tell something about how good a Rolfer is by how many supplementary techniques he'll use."

I fulfilled all that I could until the confines of confusion and restraint impelled me to move out. This marked the beginning of my professional maturation process; for having "paid my dues," I decided to explore this question to my own satisfaction, whatever the consequences. In retrospect, I now feel Ida Rolf herself might give a nod of approval, as current psychological theory anchored firmly in physiology (such as BODYdynamic and Peter Levine's work) can only support a more sophisticated, intelligent way to bring completion to both physiological and emotional issues. At last, I had found a way to respond to my clients' deeply felt psychological reality while bringing order to the physical. I had found a way to acknowledge this stepchild, the emotional and psychological life of the Rolfing client.

I finally found relief from the inner conflict and professional dilemma

when I encountered a developmental, myofascially-grounded school of psychotherapy called BODYdynamic Institute. This school of psychotherapy founded by Lisbeth Marcher¹ and developed with her co-founder Eric Jarlnas is a most comprehensive developmental, psychotherapeutic school. It has its roots in Reichian Scandinavian tradition, with the particular expertise the Scandinavians developed in the addressing of the undertoned muscles not only the more easily recognized highly charged character armor. They discovered value and meaning to the hypotoned muscle, overlooked by other Reichians, much the same way Rolfing gives value to fascia, the material cast aside by so many anatomists.

To simplify, in our development, certain rights (such as the right to exist, to have needs, be autonomous, express love and sexuality, have opinions, the right of solidarity with a group, including performance and competition within its context) are sequentially important in concert with our motoric development. Should the impulse to express these rights be thwarted by the environment, the giving-up around the expressing of the right can be literally palpable as muscle flaccidity. Should the child find itself with support of the right but be blocked from its expression, the latter will be actually felt as muscle hypertonicity (energetic and psychological holding-back). This correlation between feeling states and muscle tone excited me in tangibly legitimizing psychological reality. However, the school goes beyond this simple correlation to grading the level of consciousness of the issue into four classifications, with a fifth being normal grade. The normally responsive muscle will push back at the same rate of speed it was entered upon palpation. The hypo-responsive muscle will delay its response time to palpation and in the extreme be felt as whipped cream. The hyper-responsive muscle in contrast will push against palpation at a faster and stronger rate than was palpated. Grades 3 and 4 (4 being the far-end of the scale) of both hyper- and hypotonicity indicate unconsciousness to the material; and to provoke this level would only result in denial or distress and facilitate *conscious* integration for it is beyond the available resource to the subject. Unconscious material can be provoked emotionally, but not integrated. Integration is best pursued through Grades 1 and 2 of a pre-conscious classification. An

example of pre-conscious is "When something like that happens, I get upset but it isn't until hours later that I realize I wanted to say 'No' ". In the BODYdynamic therapeutic approach, normal and Grades 1 and 2 are worked first and gradually the unconscious material moves into pre-consciousness. This reminds me of the intelligence of our approach, as well, in first releasing the superficial layer of fascia so the deeper layers then have somewhere to go.

With the knowledge of which muscles are activated during each developmental period, the level of consciousness and the tone of responsiveness, a comprehensive picture of an individual's history emerges through a thorough testing of approximately 140 muscles, resulting in what is known as a Bodymap. It has been tested by the University of Copenhagen to correlate between +.5 accuracy of standard psychological testing.

I find Lisbeth Marcher not only to validate present psychological status but also to be a contributor to psychological theory joining good company in the exploration and understanding of our psychological side. She contends that mutual connection, not previously postulated sexual drive, is the motivating force of human behavior. As BODYdynamic put it, sex is something the human being can live without. The child in this kind of decision will sacrifice virtually any self-right in order to maintain a thread of mutual connection to the parents, even if the result is un-health. This concept of mutual connection was talked about by both physicist Niels Bohr and the ethologist Konrad Lorenz describing it as the energy that exists between relating organisms. In its application of mutual connection, BODYdynamic is prepared to work with individuals through all developmental stages, even at the beginnings of life itself, conception, if the barrier to its experience is traced to that time. If an individual shows an inability to meld with another in their life, even the time of conception may be re-worked, as it is the first time mutual connection is deeply experienced in the qualitative uniting of sperm and egg.

It was helpful to gain understanding that in the BODYdynamic system the fascial network and tendons are the system of predominance from the second trimester of uterine life to three months post-birth. Since fascia is the medium of our intent, Rolfing as seen from a BODYdynamic per-

spective could possibly stimulate not only birth but *in utero* material. Just the awareness of this can be helpful to Rolfers in understanding and accepting the depth level our work stimulates. I experienced the truth of this when I encountered the unequivocal stimulation of birth trauma (cord wrapped around my neck) in my advanced sessions and was left in a highly disintegrated state, because I had no understanding of what happened to me.

Lisbeth went on to say in a message delivered at the 1988 International Conference by me:

When Rolfers work with fascia, they also work with general shock/trauma-energy, schizoid-traits, fetal-connected physically with the fascia and tendons. It is not negative, but it can be inexpedient if the therapist/Rolfer does not know this; because so many psychological issues can get stirred up. Rolfiging in itself does not change the psychological issues; these will be affected so that they emerge to consciousness and if they are not worked through, then in the worst cases it may happen that these early traumas/shocks will relate themselves to deeper defense-systems that are connected to the organs. It is our experience that when early issues/shocks are worked thorough in our psychotherapy, the structure of the fascia does change elasticity response, but the change is not so big that the body cannot rehabilitate itself to a healthy state. It is our experience that Rolfiging is a very effective system in repairing the physical balance of the body and, therefore, we recommend Rolfiging after the issues have been worked through and sometimes "in the middle" of their psychotherapeutic process.

Perhaps Rolfers with already sensitized touch sense the wisdom of working within a certain tone range, understanding the hazards of the extreme ranges. This in itself will be facilitative to better integration. To take what I've said out of the realm of intellect, I will share a bit from my own practice. Classically, I was trained to discourage verbiage from the client, with the feeling that it decreased their body awareness. I no longer rigidly cling to that standard, as I feel it was one of the contributing elements of alienation,

that the experience of the client (and to some degree of the Rolfer) became mutually private, lacking the satisfaction that I now regard comes from mutual connection. In my mode of work, I don't solicit "therapy talk"; but I also don't suppress a client from talking "about" things. I regard—I almost hate to say—the verbal flow not to be random but to meaningfully correspond to the bodywork in a way the Freudians might value free association. I may not understand all that's thrown out, but I will often select a key that I can weave back into the bodywork. On the whole, I find very few people whom I need to persistently work with body awareness and have now come to recognize annoying verbal distraction comes from an early developmental phase of the autonomy structure focused on activity changing.

The most dramatic example I experienced was with a woman during her fifth session. As I began the customary work, she started telling me about the birth experience of her son. As she described the course of events, I started to see that the influence of her doctor stopped the birth flow and resulted in a cesarean section. I asked if she objected going-back to the experience, thereby making it a present, living experience.

At the time of the actual delivery, the initial labor was being monitored by a nurse who encouraged her progress and who helped my client accept the intensity of her labor. However, the doctor contradicted the labor nurse's judgement and spirit. When my client told me what happened with the doctor, I felt her tissue-response shut down, making it clear to me that this doctor was a negative influence on the birth process.

I remembered learning from my teacher that in order to have a therapeutic experience, the opposite of what originally happened needs to occur. With that in mind, I invited her to see what happened when the doctor left the room; and viola, her body relaxed! From then on, our re-structured "birth process" was conducted without the presence of the doctor. She bore down with the abdominal and leg work to expel the "child", and a pillow was used to mimic bonding with the baby.

Much to my amazement, all this happened within a 1-1/2 hour appointment. This was a session with the power and time-altering intensity of an actual birth. When my client stood up after the

session, she commented that she didn't feel pregnant anymore, something she had always felt since the birth of her son, even though it had been four years ago. The relationship with her child also improved, since the cesarean had robbed her of bonding with him.

Between sessions 5 and 6, this same client had a chiropractic treatment, and the chiropractor confirmed the physiological change that had taken place in her. Puzzled by what her hands were telling her about the patient's uterine reflex, the chiropractor knew this woman hadn't had a baby since her previous appointment. My client relieved her disbelief by telling her about her fifth Rolfiging session. Such feedback was validation for me, especially since that kind of session was not "in the books".

Thus I have tried in the writing of this article and the living of my experience to support the validity of psychological reality so we as Rolfers can whole-heartedly support its investigation, recognize the delicacy of the issue within our professional parameters, further understanding of the depth and level we stimulate, thereby increasing appreciation of the medium we address. In general, I wish to stimulate the wonder that the exploration of the psychological holds for us in assisting our task towards wholeness with a soundness that Dr. Rolf herself would feel comfortable with. □

Notes

- Marianne Bentsen of the BODYamic Institute in Copenhagen, Denmark, will speak on "Control, Resignation and Psychomotoric Development" at this year's International Conference of the Rolf Institute. She is also scheduled to conduct two workshops at the Conference entitled "Seeing the Child in the Adult" and "Building Healthy Defense Systems".
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