The Ethics of Rolfing: Some Reflections and Notes

Part Two

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This research paper was forwarded to me by Board member John Walter with his belief that the contents of this paper would be of interest and value to the membership of the Rolf Institute. Due to its length, it has been published in two parts, this being the second, with the permission of Mr. Greenstreet.

—Editor

"You can't talk just a little about Rolfing. You have to tell it all."
Ida P. Rolf (1978, p.114.)

Benefits of Rolfing

It is a challenge to present Rolfing in a way that neither distorts the work nor endangers its future. Rolfing creates medical, psychological, and spiritual changes. Most of us became Rolfers because we value the changes that being Rolfed made in us. Yet we have discouraged one another from being too open with the public about many of these benefits.

Publications of the Rolf Institute have focused mainly on the biomechanical advantages of Rolfing. This in turn, has made marketing Rolfing to athletes appealing. It allows Rolfers to extol many of the physical benefits of Rolfing without blatantly inviting censure by medical organizations.

When the question of treating symptoms arises, the matter becomes extremely difficult. Rolfers have found that when a practitioner focuses on relieving a client's specific symptoms rather than on integrating body structure, the symptoms may be resolved, but the integrative effects of the work are usually lost. In the theory of Rolfing, when the body is aligned in gravity, symptoms tend to resolve themselves spontaneously (e.g. Rolf 1977a, Rolf 1978).

Historically, to claim to treat symptoms without having a medical license has led to attack by the AMA sometimes with severe legal consequences. Because of claims that he made for the curative value of his work, Wilhelm Reich was prosecuted by the FDA (Mann & Hoffman, 1980). In 1956 he was sentenced to two years in prison, where he died a short time later. His equipment was destroyed and his books were burned. Ida Rolf was aware of the danger of making medical claims. She also hoped that, eventually, the medical community would accept Rolfing as a valid healing modality (Feitis, 1978).

John Walter, Ph.D., an organizational consultant and a former Board member, argues that this is an outmoded concern (personal communication June, 1991). In the early 1970's, he filed the class action lawsuit that legalized acupuncture in Texas and led to its licensure in more than a dozen other states. In Walter's opinion, the AMA no longer has the degree of control that it once had on health services. He asserts that is unethical for the Institute to withhold knowledge of its benefits from the public. Also, there is substantial evidence to support claims for these benefits (e.g. Weinburg Hunt, 1979; Perry, Jones, & Thomas, 1981; Cottingham, Porges, & Lyon, 1988).

In January 1990, Walter was hired by the Institute to work with the faculty to resolve internal conflicts and to develop long term goals. At his first meeting with them, he challenged the faculty to confront what he called "the great lie," that Rolfing does not have significant medical, psychological, and spiritual effects. While they agreed that Rolfing does have these effects, three-fourths of the faculty admitted that they had actively withheld this knowledge from the public,

and one-fourth reported that they had passively engaged in this (J. Walter, personal communication, November, 1991). The members of the faculty reported that there was no comfortable forum for mutual discussion of these effects.

Rolfers and their clients sometimes experience transpersonal phenomena during Rolfing sessions. These phenomena include seeing auras, remembering past lives, encounters with disincarnate beings, or deep feelings of oneness with a larger realm. Most Rolfers are reticent about discussing these phenomena in public and caution probably wise, if only because they are not predictable results of Rolfing.

The medical and psychological benefits of Rolfing are another matter. To be evasive with someone who has a problem that Rolfing can often help, seems to me to be dishonest. In the experience of Rolfers, the work can benefit medical conditions such as myositis, scoliosis, asthma, whiplash injuries, and rheumatoid arthritis. Rolfing can also be a valuable adjunct to psychotherapy by reducing anxiety, improving body image, and encouraging a sense of self-exploration.

My way of dealing with this issue, while not wholly satisfactory, has been workable and it seems to be in agreement with the practice of other Rolfers. When someone inquires about Rolfing for a specific physical problem, I will discuss my experience with the problem. I tell the person that I can make no promises, but try to suggest at what point in the Rolfing series he or she might reasonably expect to notice improvement. At the beginning and end of each session I am careful to ask if the client has noticed any improvement. I try to present the work in such a way that a client feels welcome to continue the Rolfing series, but under no obligation. If he or she is benefiting from the Rolfing, good, if not, it may be preferable to pursue another modality, such as acupuncture or osteopathy.

Research

Research studies can be an ethical way of documenting the benefits of Rolfing. Although our financial means have been limited, the Institute has actively promoted this kind of research. A study of the effects of Rolfing on children with cerebral palsy (Perry, Jones, Thomas, 1981) for example measured the effects of a Rolfing series on the gait of children with cerebral palsy. Their condition ranged from mild, moderate, and severe. The authors concluded that the "results indicate that Rolfing can lead to improved performance in mildly affected patients because they possess the neurological capacity to make use of increased tissue mobility, and thus avoid contractures. However, the increased muscle tightness which can occur probably outweighs any benefit which moderately or severely impaired patients may derive from the treatment." (p. 727) One of the values of this study is that it delineates where Rolfing can be helpful and where its effects might be detrimental.

A body of clinical and experimental research also gives us evidence to responsibly defend Rolfing from attacks such as a recent article in *Hospital Physician* entitled, "Giant Liver Hemangioma as a Consequence of Rolfing" (Varon, Liu, & Davis, 1991). The authors present a patient who was admitted to their hospital after running a fever for several weeks. Exploratory surgery resulted in the removal of cavernous hemangioma of the liver, which the authors explain are common. They conclude that,

> *"Our patient would probably have remained asymptomatic had she not undergone Rolfing (one month prior to surgery). The pain she felt after her Rolfing session and the presence of central necrosis in the hemangioma suggest that trauma, probably the result of the massage, contributed to her illness."* (p. 49).

In my opinion, it was unethical for the editors to publish this article. The title is sensationalistic and the authors fail to establish causality. I believe that we need to present a rebuttal and if publication is refused, pursue the matter legally.

Relationship to Other Professions

How to assess clients and make appropriate referrals has been a skill that Rolfers have had to develop outside of their training as Rolfers. I encourage my clients to see physicians for conditions that might require medical treatment (e.g. chronic infections) and so they can be thoroughly evaluated when they have persistent or anomalous symptoms (e.g. sharp pains that move from joint to joint). I have referred other clients to psychotherapists (e.g. clients that I have believed to be suicidal or with borderline personalities).

It is important to recognize that our clients can have serious, undiagnosed medical problems. I once Rolfed a young woman who mentioned that she had been experiencing irregular vaginal bleeding. I told her that I thought she should see her internist. Initially, the internist found nothing wrong. The symptoms persisted, and again with my encouragement she returned to her doctor. She was subsequently diagnosed with ovarian cancer and five months later, she died.

The limited attention given to medical pathology and psychological problems is a weakness in the training of Rolfers. I believe that it is important for Rolfers to have sufficient training to act responsibly toward our clients. Together, Rolfers have much experience to draw upon to create guidelines for making referrals.

Public Relations

It has often been difficult for Rolfers to get the basic concepts of Rolfing across to the public. Many people have difficulty with the ideas that the changes of Rolfing are lasting, that the shape of the body is determined by how the fascia mediates the gravitational force, etc. They frequently choose simpler and more familiar summations of the work.

For example, a recent article in *Time Magazine* about alternative medi-

cine defined Rolfing as a "deep, sometimes painful massage to realign the body." (*Time*, 1991, p. 72.) Recent market research conducted for the Institute found that many people can identify Rolfing as "painful massage," but most know little more about the work (Alonzi, 1991). The public seems to invariably identify Rolfing as either massage or chiropractic.

In early 1991, for the second time in its history, the Institute hired a public relations firm. According to Bob Alonzi, the Chair of the Public Relations Committee, the agency's CEO has "formulated a program he believes will take advantage of recognition of Rolfing while expanding [sic] on its benefits in a way that targets specific audiences, i.e. sports and athletics, health and self-improvement ... positioning Rolfing as an allied health profession." (Alonzi, 1991, p. 25.)

The articles that Alonzi cited as being in press in magazines such as *Excel*, *National Enquirer*, *GQ*, and *Transformational Times* all focus on athletic performance. Sports Medicine has become ubiquitous, practiced by MDs, osteopaths, chiropractors, physical therapists, and also, by massage practitioners in the form of Sports Massage. People are interested, and of course, editors want to publish articles on the subject.

I think the ethical issue here is whether we are going to be true to our vision of Rolfing as multi-dimensional or whether we are going to distort the presentation of our work in order to fit a trend. If our public focus is limited to athletic performance, it may be difficult to get clients to examine other, perhaps more important aspects of their embodiment. I suggest that presentation of other, less tangible effects of Rolfing can also be included in a successful public relations campaign.

When Rolfers are interviewed by the media or write articles, it is important to discuss the wide range of effects of Rolfing. Frequently this kind of discussion does not appear in print. A discussion of the full range of the work seems to me essential to maintaining its integrity. I recommend that this should be stated in the Code of Ethics. I have been interviewed for print, radio, and television and I have found the media receptive to addressing Rolfing from a larger perspective.

Licensing

Rolfers have debated the question of licensing for years. Opponents of licensing have questioned whether it truly protects the client and whether it is desirable to bring Rolfing officially under the purvey of the law. Those who have supported licensing have argued that it would help legitimize Rolfing and open the way for third party payments for the work. At various times the consensus has been to promote state licensing. Despite the efforts of the membership, Rolfing is licensed by name in only a few states.

Recently it appears that, whatever our wishes, Rolfing will be included under a national massage bill. The relationship of Rolfing to massage has also been the subject of debate. The American Massage and Therapy Association (AMTA) has insisted for years that Rolfing is a form of massage. Most Rolfers would argue that it is not.

This is complicated by the fact that originally, Rolfers were required by the Rolf institute to be licensed in some modality involving touch (Gilpatrick and Webb, 1973). The license could be a medical license, nursing license, etc., but for most Rolfers the most readily available license was a massage license. The Rolf Institute also required those Rolfers who were licensed in massage to belong to the AMTA. This requirement was eventually discontinued, in part because of noncompliance. Also, many Rolfers feared that, despite its assurances, the AMTA would withdraw its insurance coverage of a Rolfer in the event of a malpractice suit.

State and local authorities are increasingly including Rolfing in their massage laws. For example, Texas, which had previously excluded Rolfing, has now amended its massage law to apparently encompass Rolfing (McQueen, 1991). The AMTA, which has approximately 10,000 members, has been lobbying for national legislation of massage practitioners (Murphy, 1990). The proposed law would include an examination for licensure.

Because they regard passage of this legislation as inevitable, representatives of the Institute have been trying to influence the writing of the examination so that it does not require knowledge of modalities (e.g. hydrotherapy) that are irrelevant to Rolfing. To accomplish this, they have sought an alliance with other bodywork groups (Polarity, Traeger, etc.) that are in some ways kindred to Rolfing.

I find the idea of being legally regulated unsettling. Initially, I doubt that a national massage law would have much effect on the practice of Rolfing. However, once under the control of the legislature, Rolfers may face unpleasant regulations. These might include attire (white lab coats?), where we are allowed to practice, what modalities we must know (e.g. irrelevant techniques such as petrassage or aromatherapy), or (as in the case of a Knoxville, TN city ordinance) a requirement that we can only work with clients of our own gender. Earlier in this century, many healing modalities (notably, homeopathy and naturopathy) were virtually legislated out of existence in the United States.

However, licensing, in theory, could bar some of the worst reprobates from practice. At the present time, someone who has been censured by a professional group can legally continue to practice by identifying the work under another name. A similar situation exists among psychotherapists (Zemlick, 1980). With a law that includes all bodyworkers, ethical violations that would now result in the decertification of a Rolfer (e.g. a pattern of abusing clients) could lead to loss of license a well, which would legally prohibit an offender from practicing any form of bodywork.

Maintaining Ethics and Standards

A problem with virtually any Code of Ethics and Standards of Practice Document is how to insure compliance. As I mentioned earlier, Rolfers are geographically widely dispersed and many Rolfers work in relative isolation from each other. This means that in practice, a Rolfer may largely do whatever he or she pleases without it coming to the attention of the Institute.

In my experience, enforcement of ethical standards has been difficult. In part this is the result of the conditions that I have just described, but think that in equally large measure this has been due to a laissez-faire attitude among many Rolfers toward the ethical practices of other Rolfers. The consequences may be seen in the growing public cynicism about the conduct of other professions, e.g. law, medicine, clergy, etc. With so few of us, any one Rolfer can have a disproportionate positive or negative impact on the public's view of our work. There are three major ways of maintaining high ethical standards: 1) through careful selection of Rolfing students; 2) through the training process and continuing education; 3) through a Code of Ethics that is realistic and clear.

Selection

I believe that the selection process for Rolfing students is one of the strongest elements of the training (appendix B). Candidates are selected according to academic, physical, and psychological criteria. A candidate must have letters of recommendation from his or her Rolfers and Rolfing Movement Teachers. The application process includes a written paper relating anatomy and physiology to Rolfing. Finally, candidates are interviewed by the Selection Committee.

Candidates are evaluated for the quality of their touch and for personal qualities. Concerns about a candidate's ethical qualities have arisen during some selection meetings and they have always been an implicit part of the selection process. In my opinion, it would be worthwhile to explicitly add reflection on the candidate's sense of ethics to the selection process.

Training

I believe that the training of Rolfers is entirely too brief. As I discussed earlier, more time needs to be allotted for education on medical and psychological problems. Discussion of issues of transference and counter-transference needs to be included in the curriculum, as well as discussion of sexuality and sexual issues. Finally, time needs to be given to a thorough examination of the Code of Ethics.

I would argue that most of the ethical issues that come before Regional Ethics Committees are issues of transference and counter-transference. Disputes between clients and Rolfers about money and issues of confidentially often seem to be rooted in these phenomena. Also, most sexual misconduct seems to arise from them (Pope & Bouhoutsos, 1986; Rutter, 1989).

Touch itself is so primary to the human experience (Forer, 1969; Montague, 1986), that it is seems inevitable that to one degree or another, Rolfing will bring up transference and counter-transference. A high incidence of sexual involvement between psychotherapists and their patients (Pope & Bouhoutsos, 1986; Rutter, 1989) shows that awareness of these psychological processes is no panacea. However, I think that it is a good place to begin.

Wilhelm Reich observed that Western culture is extremely sexually repressed (Mann & Hoffman, 1980) and he concluded that this repression results in muscular armoring. Rolfers are aware of the sexual energy that can become available to a client during a Rolfing series, particularly when the pelvis is freed.

I agree with Bertram R. Forer (1969) and believe that these thoughts also apply to Rolfers:

> *"Some therapists, themselves, may experience erotic feelings and become upset out of their own unresolved shame and guilt. If they need to defend themselves against such awareness, they are likely to be rejecting and confirm their patients' own convictions that words are good and touch is always erotic or destructive and bad. Both therapist and client need to learn tolerance for their own excitement and realize that fantasies need not lead to action. Thus the therapist's non-erotic touch may break through the client's defenses and help him to separate and tolerate the two kinds of experiences." (p. 231).*

I think that it would be valuable for psychotherapists and sexual educators to contribute to this part of the training. It would also be worthwhile to explore these issues in continuing education workshops.

I also think that the creation of a mentor program, similar to an internship, would be worthwhile and cost effective. Newly certified Rolfers would enter into a mentor relationship with an experienced Rolfer for a specified period of time, perhaps a year. During that time the mentor would observe a certain amount of the new Rolfer's work and the mentor would provide opportunities for the new Rolfer to observe his or her own work. The mentor would also discuss individual cases and issues of Rolfing. Mentors would be trained and supervised by the faculty.

This sustained contact between an experienced Rolfer and a new Rolfer would allow time for the transmission of professional values and of the tacit elements of skilled Rolfing. Peter Rutter (1989), a psychiatrist has argued for the importance of role models for ethical conduct. I think that a mentor program would also raise the level of skill of new practitioners.

The Code of Ethics

The number of relatively minor and naive ethical violations that I have noticed over the years (for example, selling vitamins to one's clients at the office) suggests that portions of the Code need to be clarified and supple-

mented with guidelines. This has already occurred for product sales and endorsements (Demmerle, 1991); I think that most of the Code could use this kind of revision.

Patricia Keith-Spiegal of the American Psychological Association, has recommended that psychologists review their Code of Ethics annually (Keith-Spiegal, 1977). She also suggests that they bring inquiries about their own conduct to the Ethics Committee for confidential review. These seem to be useful suggestions for Rolfers as well.

The Code of Ethics does not provide for cases of incompetence or malfeasance in a useful way. The essential stance of the Code is this: "We do not consider that punitive action is the most just or efficacious form of discipline, seeking rather to heal the dispute and find ways of resolving the conflict between Rolfer and complainant." (p. 3.) In some cases, I think this works fairly well. However, here are two examples of where the Code was ineffectual:

Clients of one Rolfer reported patterns of misconduct that included teaching Rolfing outside of the Institute, substituting a session of another technique such as bioenergetics for a Rolfing session without informing the client, injuring a client with chiropractic manipulation, and trading Rolfing for sex. As we began to hear these complaints, another Rolfer and I encouraged these people to make written complaints to the Institute. For various reasons, all of these people refused. The two of us met with this Rolfer and informed him about these verbal claims. He denied them and demanded to know the names of his accusers. Finally, three or four minor complaints were made in writing. He was given a mild reprimand.

In another instance, clients of a Rolfer reported behavior that included interrupting sessions to drink a beer, missing scheduled appointments, and making grandiose claims for Rolfing, e.g. Rolfing can cure cancer. When asked to make formal complaints, his clients were protective of him. As in the other case, only a few minor complaints were made. The Rolfer distributed an article that he had written entitled "Rolfing: Key to Physical Immortality" at a local medical school. At this point, the Rolfers of this region met and sent a letter to the Institute recommending that the Rolfer's certification be suspended and that he be encouraged to seek psychological treatment. Unfortunately, there is no clause in the Code that addresses incompetence. The Rolfer was decertified only when he failed to pay his annual dues.

It has been my consistent experience that clients are reluctant to make a formal complaint against a Rolfer. I believe that the Institute needs some kind of investigative mechanism for cases of persistent, but unsubstantiated complaints. Further, the Code needs to be amended to include specific criteria for investigating issues of competence.

Finally, there are many factors that may influence an Ethics Committee that are not directly relevant to the complaint. For example, Pope and Bouhoutsos (1986) have noted that organizational political and financial pressures that may bear on Psychotherapy Ethics Committees. The inclusion of informed non-Rolfers on Ethics Committees could be helpful in this respect. □