# Report

# On

# Research

## Part II

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As I stated in my earlier report, the Rolfing Research Advisory Group decided to develop a research plan that reflects the needs of the Rolfing community. This plan will focus on identifying the benefits as well as the contra-indications and possible side effects of Rolfing. The research program is designed to use research as a tool to improve both the application of Rolfing and the training of Rolfers. Moreover, research can provide information not only to the Rolfer, but also to the client regarding expected outcome.

In the previous statement I listed the following four benefits from research on Rolfing:

1) Research can provide information to the Rolfing community regarding the identifying characteristics of individuals electing to be Rolfed. This would include demographic information such as age, education, occupation, weight, gender, reasons for being Rolfed, and expectancy of outcome.

2) Research can provide information on perceived outcome including contra-indications. This would include information on attrition before the full program is completed and whether clients perceived positive benefits from the procedures.

3) Specific research studies can be conducted to explore physiological and physical mechanisms of the Rolfing procedures.

4) Clinical trials can be conducted to evaluate the efficacy of Rolfing procedures on specific populations.

With our limited resources we are approaching the first two points. We are using questionnaires to obtain information from Rolfers and their clients. The first step was to obtain general information about clients and the perceptions of clients from the Rolfers. In an earlier *Rolf Lines* a questionnaire was published requesting information regarding your clients. I received about 40 responses to the questionnaire. The answers from this questionnaire have served as a guide in developing the second phase of the research program, a questionnaire that directly evaluates the client's perceptions of being Rolfed. Below is a summary of the findings. Due to the small sample, I have presented approximation of the percentages (%), rounding to the nearest 5%. There is great variance in the number of clients for each Rolfer. The numbers reported represent the percentages of clients per Rolfer and not the percentage of total clients.

**AGE:** Most clients are between 20 and 60 years of age. Approximately 60% between 20 and 40, 25% between 40 and 60, 5% younger than 20, and 10% older than 60.

**GENDER:** Most clients are female. Approximately 60% are female.

**OCCUPATIONAL STATUS:** Most clients are professional. About 70% of all clients are professionals, about 20% are skilled laborers, and only 10% are non-skilled laborers.

**CLIENT'S PERCEPTIONS OF ABILITY TO CHANGE:** Most clients have either high or moderate expectations of Rolfing to produce a change in them. About 40% have high expectations, another 40% have moderate expectation, and about 20% express little expectation.

**PAYMENT SOURCE:** Most payments are made by the individual. Approximately 85% of the clients pay directly, only about 10% have third party payments, and 5% are treated gratis.

**PHYSICAL FITNESS:** Most clients are reasonable fit. Approximately 25% are very fit, 50% are fit, and 25% unfit.

**SUBSTANCE ABUSE:** Most clients are not substance abusers. Approximately 65% exhibit no substance

abuse, while about 15% abuse alcohol, 10% abuse drugs, and 20% abuse cigarettes. [The total can be greater than 100% because individuals can be abusers of more than one substance. However, because of the subjective distinction between use and abuse, this question may have been ambiguous. Thus, alcohol and cigarette use may have been under-reported.]

**REASONS ELECTED TO BE ROLFED:**

Pain: 50%
Chronic stress: 25%
Physical problem: 25%
Enhance performance: 15%
Psychological therapy: 15%
Metaphysical beliefs: 5%
Learn about the body: 10%
Cosmetic/aesthetic (e.g., posture, height, etc): 20%

[Individuals may have more than one reason for being Rolfed]

**ROLFER'S EXPECTATION OF CLIENT:** About two-thirds of the Rolfers believe that Rolfing is beneficial for all clients. However, all Rolfers believed that specific clients will benefit more from Rolfing than others.

**OUTCOME:** Rolfers reported that virtually all their clients benefitted. About 45% reported large changes, 40% moderate changes, 10% small changes, and less than 5% no change.

**CONTRA-INDICATIONS:** Few contra-indications such as injury, emotional volatility, depression or anxiety were reported. Less than 10% of the clients reported these symptoms.

**% OF CLIENTS WHO START BUT DO NOT COMPLETE THE 10 SESSIONS:** Most clients who start treatment complete the 10 session program. Less than 10% of the clients terminate prior to completion.

**ATTITUDE TOWARDS RESEARCH ON A 0-10 SCALE:** Most Rolfers support research enthusiastically. The mean response was more than 8 on a scale in which 10 reflects enthusiastic support and 0 reflects indifference and negative reviews. In fact more than 50% responded with a 9 or 10.

The information provided above from the Phase I questionnaire, provides us with preliminary answers to the following general questions:

1. Who is being Rolfed?
2. Why is the client electing to be Rolfed?
3. What expectancy does the client have for being Rolfed?
4. What is the outcome (i.e., perceived benefits or contra-indications)?

In Phase II we will be directly assessing the clients' responses to Rolfing. We are starting our pilot study with 20 Rolfers and approximately 100 clients. Following the pilot study, we will evaluate our assessment instruments to determine whether they are sensitive to both the Rolfing treatment and to the unique individual differences of the clients.

The primary assessment instrument will be the BODY PERCEPTION QUESTIONNAIRE. I have designed this questionnaire to study changes in body awareness and stress responses. The instrument has been developed for the Rolf Institute research program to evaluate the influence of Rolfing on bodily feelings and general reactivity to stress. The questionnaire has eight parts. Part I and Part II deal with awareness of body functions during normal and stress situations. Part III evaluates perceptions of reactivity of the autonomic nervous system. Part IV is a stress style scale evaluating how individuals respond to stress. Part V is a health history form. Part VI assesses demographic and health behavior characteristics. Part VII assesses reasons and expectations of Rolfing. Part VIII is a post-Rolfing evaluation form to evaluate the perceived efficacy of Rolfing. Parts I-VI will be administered before the first Rolfing session and administered a few weeks following the final session. Part VII will be administered during the pre-session and Part VIII will be administered during the post-session.

The procedure of pre-post evaluation will enable assessment of changes in perceived bodily reactivity and whether there is a shift in body awareness.

The BODY PERCEPTION QUESTIONNAIRE enables the evaluation of possible changes in body knowledge and body response patterns to stress. In addition to the BODY PERCEPTION QUESTIONNAIRE, two other questionnaires will be administered before and after the Rolfing treatment. The Jenkins Activity Survey will be used to evaluate whether there is a shift in Type A to Type B behavior. The Jenkins Activity Survey is frequently used in Behavioral Medicine to evaluate whether individuals are exhibiting behavior empirically related to cardiovascular risk (i.e., Type A behavior). A final instrument will be used to evaluate the sensorimotor history of the clients. The Adult Sensorimotor History Questionnaire was developed by Dr. Georgia DeGangi to evaluate regularity disorders and hypersensitivity in adults. Dr. DeGangi is a well known Occupational Therapist with a Ph.D. in Psychology.

After we collect the pilot data, we will evaluate the influence of Rolfing on body awareness, stress responses, and other regulatory, behavioral, and health parameters. We then will use psychometric techniques to revise the BODY PERCEPTION QUESTIONNAIRE. It is our expectation that within a year most Rolfers will be using a modified version of the BODY PERCEPTION QUESTIONNAIRE to allow the Rolfing Institute to generate a data base on the perceived changes due to Rolfing. The data base will enable Rolfers to provide qualified expectations to their clients based upon the individual client's psychological, symptom, health and demographic profile. This information will also be helpful for fund raising activities. □