

# Explorations



## The Other Side of Rolfing

Rosie Spiegel



*"The most beautiful thing we can experience is mystery."  
—Albert Einstein*

*"The placebo is proof that there is no real separation  
between mind and body."  
—Norman Cousins*



Since the early 1970's I have been enamored with the healing aspect of bodywork. For years I was involved in some very progressive healing communities and practices and look back on that time as when the strongest foundations for my life's work were laid down. When I came to the Rolf Institute twelve years ago, my first instructor led our class in healing meditations. I was flabbergasted, and overwhelmed with a sense of having made the right decision to become a Rolfer. When I began my career as a bodyworker in 1972 one of the first things I did was to read everything I could get my hands on concerning channeling energy, psychic awareness, opening the chakras, and healing. As it was for many of you, the seventies were for me a magical time of exploring consciousness and new ways of seeing the world and myself. Fortunately, there is no arrival point in this kind of self-exploration and my journey continues to this day.

I'd like to distinguish our psychic abilities from other fundamental skills that we bring into our practice. I've made a full circle since the time I learned to see and channel energy. I wonder how many of you can relate to the comments I've made lately about Rolfers putting our self-development on the line. When I began this work over twenty years ago, I was seduced by the extra-sensory abilities I noticed myself developing through meditation and other exercises designed to

develop intuitive skills. But those are not the most important parts of ourselves that we bring into our Rolfing sessions and, for those of us who have chosen to teach, into our classes with groups. Being present, being non-judgmental, being authentic, being compassionate, and living consciously in our own bodies may not seem as spectacular as many of the more demonstrative skills. But perhaps that is the point: They are not for show. These skills enable us to truly be in service to our clients and to facilitate the clients' unfolding through our own conscious commitment to their evolution. It is through this service that the compassion and gratitude I personally feel for the client fill the room.

I feel that we can no longer devalue the role that our relationship with the client plays in the client's process. We can't reduce our work to the physical problems in our clients' bodies. The physicist, David Bohm, revealed that the role of the scientist cannot be separated from the outcome of the scientific experiment. The nonmaterial entity in which this blending of energies takes place is a field. In modern physics, the strong connection between minds, also called the Universal Mind, occurs in such a field. Although the mind itself may not lend itself to palpation or objective measurements, the changes in our clients' bodies that occur in part as a result of our mindful intention certainly are. What crosses this non-material field is love, an extension of the con-

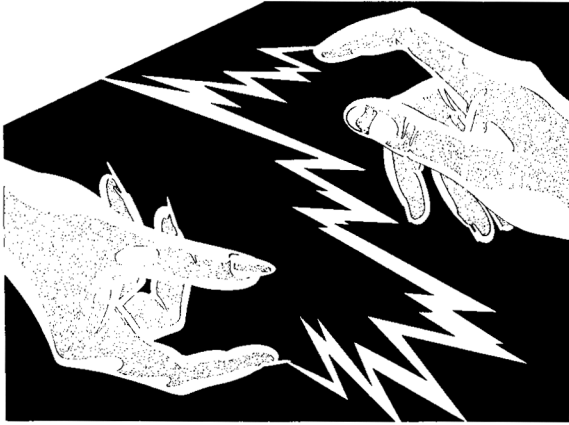
nection we feel through the Universal Mind. As Larry Dossey states: "The unity the healer feels with the patient is infused and transformed by love and caring. This is an essential factor whose importance simply cannot be overestimated." Larry goes on to say that "modern medicine, because it has tried to function completely objectively, has become care-less. As a consequence, its power to heal has atrophied. Without the catalyst of love and caring, medicine becomes a mere manipulation of tissue, an orchestration of chemistry." As Rolfers, we are at a time in history when, like physicians, we can no longer afford to objectify our clients. The separation prevents both Rolfer and client from tapping into the full healing potential from our work. If we want to use the word "transformational" to describe our work, let's use it consciously and responsibly. I don't believe it's a "throw-away" word.

We have an obligation to our clients to be experts in the human structure. Just as doctors must be experts in pathology, pharmacology, and diagnostics, and acupuncturists need superlative knowledge of the meridians, the tsubos, and an Oriental-style

pulse, as Rolfers we have our turf fairly clearly marked. It is our responsibility to have knowledge and understanding regarding the particulars of living in a body that is uniquely human. If we were merely practicing laying on of the hands, why should we call ourselves Rolfers, and why should we align ourselves with this organization? Although our work lends itself to tremendous creativity and individual style, it is important to identify what is our collective "bottom line." I believe it is the vision we hold of optimal structural organization and function, and the ability to convey this through our touch.

Recently in a class I was teaching entitled "Advanced Techniques in Body Therapy" I coined the phrase "intelligent energy work." I used this terminology to describe the process of moving through the





human structure while blending cognitive and intuitive perceptions. I speak about this process in my book, *Bodies, Health, and Consciousness*. When we work, both halves of our brains ought to be valued equally. There is nothing that says that a synthesis of both hemispheres cannot happen in the same moment. When I observe a femur that is internally rotated, for example, I may process a variety of pieces of information simultaneously. In one instant I can do each of the following processes: empathize with the client because of a memory I have of my own leg learning to unwind; recall a piece of anatomical data that describes the relationship between the head of the femur and the acetabulum, and the corresponding connections with the sacrum and the pelvis; sense a diminished flow of energy evident throughout the entire side of the body of the rotated leg; feel my heart open compassionately to the suffering the individual has endured in her body that has not completely supported her; analyze the best manipulative technique to address this particu-

lar anomaly; sense intuitively what this leg says about the client's self and somatic expression. I call this "intelligent energy work" because of the inevitable healing component that is present when we feel open to all of these channels. We can avail everything we have learned, plus open ourselves to new learning and understanding. It is true that at times like this we are indeed laying on of the hands. But because we have identified our responsibility as Rolfers to be, as I mentioned, experts in the human structure, this healing energy, if you will, has an intelligence to it. By virtue of the fact that we ground our energy work in the human structure, we are speaking to our clients' bodies in a way that encompasses their most fundamental experience of embodiment.

I am continuously astonished by the power of the vehicle we have accessed as Rolfers. As one who deeply loves bodies in general, persuing my own embodiment, and facilitating others on their journey, I can say that the tools we have as Rolfers are among the most powerful available to health practitioners. It is this natural intelligence on the part of the client that we are tap-

ping into. Assuming that all of our clients have a tremendous reservoir of untapped self-regulating skills, our job then becomes one of reminding our clients that living successfully in her or his body is natural, God-given, and learnable. Can you thank your clients at the end of the session, and mean it sincerely? It is not that we have healed them. Rather, they have allowed us to join them in their journey of self- and somatic-awakening. It is an incredible honor. This process reminds me of a line in J.D. Salinger's *Catcher in the Rye*. When the little boy saw his mother feeding his baby sister a bottle, he said it reminded him of God pouring God into God.

Currently in the medical field, physicians and patients are waking up to the fact that the doctor's service goes beyond standard medical practices. Recently I attended a five-day conference here in Boulder of an organization called ISSSEEM, which stands for the International Society for the Study of Subtle Energies and Energy Medicine. Most of the members are health practitioners, with a surprisingly high percentage of medical doctors and Ph.D. clinicians and researchers. Larry Dossey, who spoke at a Rolfers' Annual Meeting a number of years ago, and who has authored numerous books on bringing healing into the medical practice, spoke eloquently on such topics as love, the non-

locality of One Mind, prayer, and distant healing. I refer you to Larry's books for a feast of well-documented case-studies and research reports on the effects of such approaches in the context of treating sick patients.

An example of Larry's work, and one of the more popular studies, concerns a group of patients who had comparable health problems. The control group received standard and appropriate medical intervention. The other group received comparable intervention, plus prayer from a group that was unbeknownst to the patients and the doctors. In other words, in this double-blind study, neither the patients nor the doctors knew that the groups were being divided. Nor did either group know that one group was being prayed for and the other group was not. The results of the experiment were undeniable. The prayed-for group had statistically fewer post-surgical complications. This was evidenced by less bleeding among this group, less of a need for pain-related medication, and a quicker, more uneventful recovery in general.

I cite this example not in hopes that we each begin to pray for our clients (not that this is a bad idea!), but to illustrate the fact that as health professionals, it is imperative that we recognize that our techniques are only part of the healing and therapeutic equation. We must look at what Larry Dossey calls the third era in treatment modalities. I want to make sure that in our com-



munity we do not lag behind from state-of-the art advancements in client/therapist relationship in particular, and healing technology in general. If someone with a stomach ulcer recovers faster when she or he is treated by a physician who is unafraid to bring love, compassion, and understanding into the examining room, surely these transpersonal values would lend themselves to a Rolfing room where the "disease" is scoliosis or a subluxed vertebra. These non-rational interventions are no less significant in the client's response to our work.

Concerning the concept of intelligence, there are two more applications worth exploring. One is in reference to the client's ultimate intelligence regarding her or his own body and bodily processes. I'd like to use myself as an example. Over the last several years I have had a serious knee injury that caused excruciating pain on my right side. There were days when I could barely walk, much less do advanced yoga poses. I had a number of Rolfing sessions and practiced yoga and athletics steadily, although at times with great limitation. It was my objective to combine the physically challenging exercises with plenty of rest. I allowed my body to be supported by gravity and my yoga mat daily. One of the most important parts in this process was making peace with my leg, not judging it for its limitations, and loving it, incapacitations notwithstanding. From the time when my leg

was the most debilitated to the time when I felt the mending and healing to be unmistakable, approximately two years elapsed. During that entire time I lived in my leg, paid close attention to its needs, and assumed that I had the intelligence to repair my leg from the inside. Watching the healing process was fascinating and rewarding. Although I invited my Rolfing friends to join me in the work of helping my leg to become whole again, I always knew that ultimately how I lived in my leg would be the strongest determinate in my recovery. I might add that I never got angry at my knee and I never pretended to believe that I knew how long the process was supposed to last. When your clients are angry that their bodies hurt, you might point out to them that this is not a bad thing to do; it's just a costly thing to do in terms of allowing for the unfolding of their natural healing.

The purpose of the story about my knee is to encourage you to consider this assumption regarding our clients' abilities to intelligently guide their bodies to wholeness. Larry Dossey refers to this inner healing capacity as "superintelligence." I wholeheartedly agree with his assertion that anyone can learn to potentiate or liberate this capacity in others. It is ironic that the greatest service we can provide for our clients is this empowerment for their own self-directed change. In no way does this disparage the manipulative techniques that is a Rolfing's claim to excellence! As I stated earlier, our tech-

niques enable us to have a vehicle for the transmission of our work. But let us not confuse the techniques for the greater container for our work, which inevitably includes transpersonal and spiritual elements.

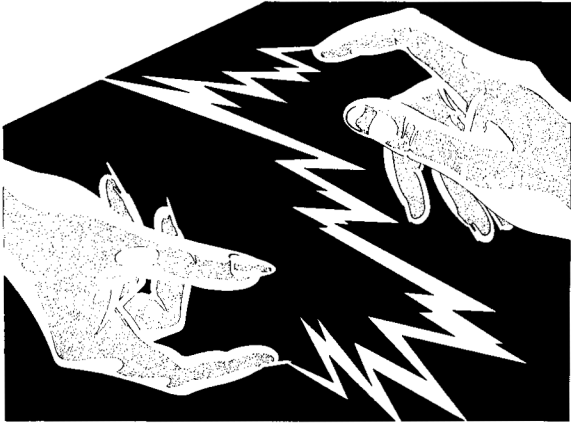
Dr. Jonas Salk comments on the client's mind as an integral element in the healing equation, to the extent that it has the power to turn the immune system around. If it can do that, surely it can have an effect on musculo-skeletal and fascial tension! Furthermore, says Dr. Salk, complementary forms of therapy are required. As compound creatures we will respond to compound interventions. We can not hide behind the sophistication of our methodology. We can not responsibly call our work transformational if we keep ourselves separate from the client's deep, inner, healing work.

There is more to say about the danger of objectifying our clients. This has to do with issues of intimacy and authenticity. It is my strong belief that by distancing ourselves from our client we pay a cost in terms of underutilizing our physical, mental, and emotional energy. As one who thrives on the loving relationships I have in my life, I feel that it is more natural to make connections than it is to remain separate. Isolation is a function of the mental, psychological, and physical barriers we put up around ourselves. I can isolate myself from you mentally through negative, self-deprecating, or self-aggrandizing thoughts, judgements of

you, or any set of beliefs that convinces me that we are not of one Universal Mind/Body/Spirit. Psychologically, I can keep us separate through projections, doubts about my own self-worth, fears, a need to protect myself, or any damage I have suffered to my own integrity (physical, mental, or otherwise) during my life. As Rolfers, we are all too familiar with the physical ways of keeping ourselves separate: armoring, shallow breathing, holding patterns, keeping ourselves from grounding into the Earth, to name a few.

**R**hapsodizing with each and every client is not an imperative. As I said in the *Rolf Lines* interview, sometimes the connection is more magical than at other times. However, there is so much we can do to facilitate the intimacy and loving connection between ourselves and our clients. If we valued our self-work as much as we did the accumulation of knowledge, we would ultimately be in even better service to our clients by virtue of having focused on the relationships we are forming. By not devaluing our own self-worth we have made the most important step toward working effortlessly and elegantly. The ease in our own bodymind models for the client many of the principles we intend to inculcate in the session.

At the ISSSEEM conference several of the lecturers spoke of the importance of eliminating the ego when we



tistic thought come up, I owe it to the client to accept that part of myself, to be present with my own experience, to model

work in a therapeutic, healing context. I have some of my own ideas on this subject. I recall a time many years ago when my ego was going berserk while I was working with clients. It felt as if a part of me was jumping up and down in self-congratulations. I honestly don't know how I knew this at the time, but somehow I had the grace to allow this process to run its course. It felt like a purging, a purification. To anyone who had been in my mind I would have appeared as a raving egomaniac. But the process seemed to have a mind of its own, so I let it flow. Out of that experience I learned how important it is to be authentic when we work. Beating myself up would only have caused even more separation. By enshrouding the ego in love, it too eventually completes itself. It is a fine line to walk learning to feel good about your work and good about yourself without jeopardizing your peace of mind and humility.

It is rare that my mind pulls these or similar shenanigans when I work now. But should a judgemental or ego-

the same kind of self-awareness and self-acceptance that play an important part in the client's self-discovery. Noticing a judgemental thought does not keep me from being in service to the client. There is room for that quality of awareness in the treatment room. As Deepak Chopra states, "Being oriented to your true self, not to your self-image, is the most basic healing attitude anyone can take." However, going into a big mental loop or self-critical loop does keep me from being present. I'm asking myself to be authentic just as I ask my client to be. These practices are consistent with many forms of meditation which teach witnessing and singular focus. Working in this way reduces the effort and may increase your efficiency and effectiveness because you are focusing your energy on the primary reason to be in that room: namely, to be in service to the client. Then working as a "being" rather than as a "doer" becomes more than a play with words.

One more point about working with a loving attitude:

In one week several months ago, three new clients told me that they selected me as their Rolfer because they heard I had a loving approach to my work. So, if nothing else, it is a smart business strategy and has economic advantages!

Those of you who have read my book or read the recent interview in *Rolf Lines* know that I have been referring lately to the self-development of the Rolfer as an ingredient to the collective advancement of our work. All around us healers, teachers, and physicists such as Barbara Brennan, Larry Dossey, and David Bohm are showing us that the role of the practitioner in her relationship with the client, above and beyond the methodology being used, has an inevitable effect on the client's response. Seeing auras is delightful. But being present and caring about the client, however, may be an even greater accomplishment and is more in line with my values of self-development. Being able to relax our own physical bodies so that the client can release her tension through our bodies is extremely powerful. We want our bodies to be safe and supported on the Earth, so we can model for our clients what it is they hope to learn in the session. By our willingness to put our self and somatic development on the line as part of our professional and ethical obligation as Rolfers, we can responsibly use the word "transformation" to describe our work.

Those of you who have mastered the manipulative side of our work, but who continu-

ously wonder why your clients do not appear to have been deeply touched by your work, please look at how you may have unwittingly been holding yourself back in the process. Perhaps the way you are touching the client is purely physical and needs some enrichment. Perhaps your energy was not available to facilitate that critical shift for the client. If your work has been reduced to physical ministrations, maybe the transformational element has atrophied. The client may actually need to be touched, but in ways that are not purely physical. Are you able to make a connection on that level as well? If not, the service aspect of your work may be compromised.

I'd like to borrow again from contemporary trends in the medical field. Regarding the placebo effect, it has been shown that the more serious the disease or pathology, the more favorably the patient responds to a placebo-type of drug or intervention. Although the situations we deal with as Rolfers may not be as potentially life-threatening as metastasized cancer, for example, we shouldn't underestimate the debilitating effect of severe chronic pain and other forms of structural and physical dysfunction. The point is, if physicians help their patients with placebo medication, there may be a piece of this work that, as health professionals, we can learn from. Positive reinforcement, hope, caring, and opti-



mism are in the same category as placebo: In each case the patient's or client's attitude about her body and her health are factored into the healing equation. In addition to the physical ministrations, the Rolfer can enter into the client's process with words of encouragement, painting a hopeful picture, giving the client reason to believe that the pain and dysfunction are problems that together, as a team, they can successfully manage. Needless to say, the Rolfer must believe in her own words for this "placebo effect" to be effective. When doctors administer placebo drugs to the patients, studies have shown that when the doctor herself believes in the drug, i.e., does not know that it is a bogus pill, the "medicine" has a more powerful and positive effect on the patient!

The other aspect of medical practice that is pertinent to our discussion concerns the issue of safety. We've learned as Rolfers that our clients may have good reason to hold on to the structural strains in their bodies: There are countless justifications to explain how and why individuals have learned to guard their physical bodies, even to the point that they have caused themselves to suffer from severe health problems. It may be so that by providing the client a safe haven, some or many of the root causes of the structural strains may vanish or dissipate. I want to emphasize that we are not going out of our modality! We have not become nutritionists, homeopaths, herbalists, or

acupuncturists. We are still in the domain of helping to balance and make well the structural and functional elements in our clients' bodies. Given that we are still on our own turf, we can creatively and continuously explore ways with the client to support these objectives. By shedding the noose that has kept us locked in rational methodology the door opens to non-rational paradigms. Perhaps the most important answers reveal themselves when we learn to hang-out in the unknown. It may be less that we are giving our clients all the answers, and more that we take a pro-active position in supporting the client to make these discoveries on her own.

I am indebted to the leaders of our community who have taught me invaluable lessons in structure, function, and manipulation. However, let us not aggrandize our methodology at the cost of devaluing the mindful, heartfelt, compassionate approach. Nor should we belittle our own personal work in comparison to the acquisition of more techniques. Let us not disparage either the technical or the transpersonal aspect of our work. Clearly the time has come when each member of our organization can round out her or his contribution by learning from the other camp. Learning to empathize with the client, to feel moved and touched by the client's self-work, to feel the awesome gift the client gives us by allowing us to be part of her or his journey: let us hold these sacred. The "Being" aspect of our work

is the new paradigm. If we can acknowledge that our presence is an element in the client's healing equation, we have finally healed ourselves. If we can know that the energy flowing in our own bodies, our own ability to walk safely, securely, and gracefully on the Earth ultimately teaches the client to live safely in her or his body, then we have embodied our work and have become responsible as facilitators of transformation.

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