Explorations

In anticipation of our 25th anniversary and the celebration of Dr. Rolf's 100th birthday in 1996, this section will feature articles of interest from earlier issues of the *Bulletin of Structural Integration* and *Rolf Lines*.

An Osteopath Looks At The Rolf Method

by Jocelyn Proby

Jocelyn Proby was a man of letters who was, by his own description, 'bitten by the Osteopathic bug' while in Canada early in his life. He dedicated his life to its practice, to exploring its edges and ramifications, and to explaining its principles both within and beyond the profession. Dr Proby studied with Dr Rolf during the 50's when she gave classes in England, in conjunction with her yearly visits to J. G. Bennett and his Coombe Springs institute dedicated to study of the Gurdjieff work.

Dr Proby contacted me shortly after I took up residence as England's first resident rolfer - aside of course from these osteopaths such as Dr Proby, Bette Herbert, and Margot Gore, who had studied with Ida and had added her work, in a variety of ways, to their osteopathic practice. Osteopathy was and is a very lively manipulative science in UK, having been held out of the mainstream far longer than in the USA. With the zeal of a new convert, I spread my name all over town, netting a fascinating practice and a call from Dr Proby, saying how glad he was that a proponent of Ida Rolf's methods had shown up in England.

He suggested we meet at his club, the Traveler's Club in Pall Mall, and in its smoky hardwood interior my eyes traveled up an old man in gentle tweeds, very erect until you reached his tall man's stoop, soft but firm of voice and hand, with a Conan Doyle combination of seriousness and twinkle. We sat side-by-side in voluminous leather chairs while he reminded himself of the stories of Ida Rolf's tempestuous classes. In those days the class was one 5-week stint, which mostly consisted of watching Dr Rolf work, while you worked on models at home. At the end of the class, you brought your model in, and Dr Rolf criticised your work, often without quarter.

When I began to give short courses in soft-tissue release for the osteopathic profession, Dr Proby was a great supporter, kindly informing his colleagues of my efforts, and taking the train himself into London from his home near Oxford, participating fully in practice even though he was in his 80's, and always with an extra sparkle for the ladies.

His attitude of exploration, openness, light-hearted seriousness, and enthusiastic calm have inspired me through the years of my own practice, and I am sure many others as well. We lost touch as I left UK and he became more confined to his home, but I wish his soul well on its upward journey.

—Tom Myers

I have been asked to write an article with some such title as "an Osteopath looks at the Rolf Method." I am willing to make the attempt, and it is possible that I am better qualified to do so than some others because I have now been an osteopath for some forty years and I have been a Rolf fan ever since I met Dr. Rolf and began to learn something of her ideas and methods some eight or nine years ago. To me osteopathy is not a technique or a rigid system but a principle, and the means which are used to apply that principle must, and indeed should, change from time to time as the result of experience and in accordance with the widening of our knowledge and changes in social habits and organization.

Ever since I began to think about the matter I have been convinced that the science of medicine can only be established and progress by discovering basic and universal principles by which health and disease are governed or conditioned and then working out techniques by which these principles can be applied to prevent and cure disease. The trouble with orthodox medicine seems to be not that it is based on wrong principles but that it is not based on any principles at all. There are, it is clear, quite a number of great principles or natural laws on which health depends; some of these may be said to have discovered, others to be more or less clearly discernable, and others have, perhaps, only begun to be thought about. Osteopathy, whatever its deficiencies may be, is based on a fundamental law which may be expressed in various different ways but which amounts to the fact that the functioning of the living body is conditioned by its structural, postural and mechanical state.

The first thing which it is important to note about the Rolf method is that Dr. Rolf has restated in a very original and powerful manner the basic principle and has, I believe, given us a clearer and more complete picture of the machinery which the health and functioning of the body is influenced by its posture and by its structural and mechanical state. Good posture is a thing about which there has been and is a lot of talk, but it is rare to find anyone who understands what it is or is able to show any effective way to create it when it does not exist. Most osteopaths are obsessed with the individual spinal lesion and seem to believe that posture will look after itself if the spinal joints are worked on and put right. It is therefore refreshing to have it pointed out that most spinal lesions are secondary to a bad postural state and that such a state which is due to a breakdown of the proper relationship of the body to the ground and of the gross structural parts (such as head, thorax, pelvis, and limbs) to one another, is the beginning of the trouble. This is the thing which begins to cause a departure from health by a continual drain on the energy of the person who, instead of working with gravity, is fighting against it in all his movements and activities even when, as he believes, he is sitting or standing and doing nothing. The more specific effects on particular joints, muscles, nerves and parts of the body, important though they are, will tend to disappear if the posture and mechanics are restored to what they should be.

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When we come to consider Dr. Rolf's technical approach to the task of creating, as far as possible, a perfect postural and mechanical pattern, there are two somewhat separate points to be discussed. First there is her particular way of working on the tissues with her hands (and elbows) and secondly there is the particular sequence of ten treatments or "processings" which, if successfully carried out, can get rid of the distortions exhibited by the patient and restore him to a good state of posture and body mechanics.

The work which Dr. Rolf does on the tissues of the body is, so far as I know, of an unique character, being different both from the usual type of osteopathic manipulation and from massage or physiotherapy as generally used and understood. The objective is first to organize the fasciae which cover more or less the whole body and surround muscle structures and, second, to organize muscles and tendons especially at their origins and insertions. The secret of the

maintenance or restoration of good posture and mechanics is that these structures should be free, elastic and balanced as between the two sides of the body and as between flexors and extensors and that where there are areas of fibrosis, bunching together and degeneration, hypertonicity and hypotonicity these should be eliminated or corrected as far as possible. No one who has seen Dr. Rolf at work can doubt that her technique is highly effective for bringing about these results and that she can bring them about in an astonishingly short time in a way that is both immediately spectacular and essentially permanent. For myself I would say that I have now come to use this type of technique far more than any other and I obtain results which are far quicker, better and more stable and permanent than any I was able to obtain before or could have hoped to obtain.

I do not pretend, however, that I use this type of technique exclusively for I cannot feel that any technique, however good, is an end in itself or that it is in all circumstances the best or the only way of obtaining the result which one wishes to obtain. In particular I believe that there are cases in which it is clearly indicated that one should do a thing which Dr. Rolf seldom or never does which is to put leverage on a particular joint and move it or adjust it with the use of a certain amount of thrust or force. In a general way there is only one joint in the body, the sacroiliac, which is of a rather unique character, which in all circumstances required to be dealt with in this way whatever steps one may subsequently take to balance and stabilize it. Not to adjust this joint and to keep it adjusted is to court trouble and difficulty, waste time and reduce the effectiveness of all other treatment as well as to lessen one's ability to give quick relief and improvement in acute and subacute conditions in which the pelvis and low back are involved, as indeed they nearly always are.

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In the case of other joints I would agree that in the vast majority of cases it is better not to manipulate by the use of leverages because if the structures which determine the positioning and movement of a joint are balanced and in good order, there is nothing to prevent that joint moving as freely as it should and coming to rest in its proper position. To manipulate it before it is free is useless or even harmful and to manipulate it after is unnecessary. Nevertheless experience seems to show that there are cases in which it is important or essential at some stage to move a particular joint in a particular way either to relieve some particular pain or symptom produced by an irritation on nerves or to overcome a locking of the joint in an abnormal or semi-dislocated position. Most, though not all, of these cases have a history of a recent and fairly severe strain or trauma and they may be described as bonesetting cases and are, in fact, the legitimate and happy hunting ground of bonesetters, some of whom are very skillful and do very good work though they may sometimes dash in where angels fear to tread. There is, I am convinced, a place in a complete system of structural therapy for bonesetting or joint moving techniques and if such are never used at the least much time can be lost and, in some cases, the best possible result will not be obtained. I believe that the explanation of this is that though it is right in most cases to regard bony malpositions and joint fixations as secondary to trouble in the tissues by which the bones and joints are supported, moved or acted upon, there are cases in which, for practical purposes, the reverse is true, the abnormal positioning and locking of the joint setting upon spasm in muscles and irritation of nerves which are best relieved by adjusting or gapping the joint surfaces.

In the case especially of spinal joints, to work directly upon the deepest muscles, many of which are very small, is no easy matter, and to move the joints in the right way at the right time may be the most

effective method of freeing and normalizing the muscle structures. Some such explanations as these would seem necessary to account for the undoubted fact that the most spectacular changes in the whole picture exhibited by a patient, including changes in the posture and mechanics of his whole body can sometimes be brought about by nothing more than the movement or correction of one or two joints. I would also add that there are quite a number of techniques and procedures in the armentarium of conventional osteopathy which can be extremely useful in acute conditions of various kinds, not so much for bringing about great changes in posture or mechanics as for their short term effects in aiding body functions such as respiration, circulation, temperature regulation, elimination, heart action etc.

I would now like to pass to a consideration of the form and sequence of the ten separate hours of work which together constitute the Rolf method or course of treatment as generally applied. The more I consider this, watch it in operation and try myself to carry it out the more I am struck by its comprehensiveness, ingenuity and effectiveness. By its comprehensiveness I mean that it seems to contain within it so many useful ideas and procedures which link it with other traditional and contemporary methods of treatment. For instance the work which is done over the whole surface of the body not only enhances the whole appearance, feel and functional efficiency of the skin and superficial tissues, but also has remote effects of a reflex character on other parts and organs of the body. This connects it with methods of therapy based on reflexes, such as acupuncture. The "awareness" which Dr. Rolf seeks to bring about and the instruction which she gives in the use of the body and in movement have affinities with such things as Eeman's "myognosis" and with other psychosomatic ideas and methods such as those of Matthias Alexander. Much of what is useful in osteopathic cranial technique is contained in the seventh hour of the Rolf method.

What the relationship is or should be between the Rolf method and various other forms of treatment of physical culture which aim at achieving and do, in fact, achieve the same or similar results with more or less success, is a matter which is worthy of thought and investigation. That such methods have existed in the past and do still exist in various parts of the world can hardly be denied and most of them would appear to spring directly or indirectly from the ancient civilizations of the east. Yoga is probably the most important of these. It is interesting to note that yoga aims at producing and maintaining flexibility and that it does so, not so much by exercises as by postures which have the effect of stretching muscular and other tissues. More than this I will not say except that I know from personal experience and from experience with patients that yoga postures can be used very effectively to assist, maintain and enhance the changes brought about or initiated by the Rolf techniques.

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The ingenuity of the arrangement of the ten hours of work has, perhaps, to be seen and experienced to be fully appreciated, but certain features may be especially noted. First there is no doubt that Dr. Rolf is right in maintaining that work of this kind on the body should begin on the superficial tissues and work down gradually to deeper levels. As the course of treatment advances this in fact is what happens until the central "core" of the body from the occiput, through to the lower extremities by way of the mediastinum, diaphragm and psoas muscles is reached and, as it were, cleared or liberated so that it is not interfered with by movement of the limbs, torso and head. Again while the first seven hours are concerned largely with pulling down or taking apart distortions and barriers which exist at the start, in the last hours the aim is to pull everything together and to build it into an integrated and co-ordinated whole. It is extraordinary how each of the hours seems to lead into the next, so that the body seems to be asking for the next hour's work both by its appearance and by the feelings and sensations of the patient as it seeks to adjust to the work already

done. If the work of all the hours is well and successfully done the final result is the establishment of a straight line of gravity from the ear through the shoulder, hip and knee to the ankle and a qualitative change in the tissues leading to a balanced, co-ordinated and flexible movement of all parts of the body around this line.

I may perhaps be forgiven if I conclude what I have to say on a personal note. Feeling as I do about the Rolf method, I am naturally anxious to embrace all reasonable opportunities of putting people who come my way through the ten hours of work to the best of my ability. Yet it would be quite impossible in any ordinary kind of osteopathic practice to subject everyone to a course of treatment of this kind. The majority of patients come to an osteopath with some very definite pain, disability, or presenting symptom for which they seek as quick relief as possible. To give such relief must inevitably be the first consideration and this can frequently be done, at least for the time being, by something far short of a long course of treatment, though I believe that all such work well done should make a beginning in bringing about a general improvement in the posture and body mechanics of the patient. I do in fact see many patients whom I should not wish to put through the whole course even if I could, at least initially. I have come to the conclusion that it may often be better first to get rid of the most glaring symptoms and postural distortions before embarking on a complete reconstruction and that to do so can be a very good preparation of the patient both psychologically and physically for taking the full course of treatment and obtaining from it the maximum benefit.

Such experience as I have does, in fact, incline me to make a plea that more consideration should be given in a number of the more difficult and complicated cases to preparing the patient for the course and also, in some cases, to tailoring or modifying the procedure to meet the particular needs or difficulties of the case. My chief reason for saying this is that I have noticed very great differences between patients both as to their tolerance to treatment and their response to it. It is inevitable and, I believe, to some extent necessary that the treatment should be accompanied with a certain amount of pain, for it seems that pain is, as it were, stored up in tense and degenerated tissues, especially when the physical tension is bound up with emotional or psychological tension. Nevertheless, there are cases in which I feel that the pain occasioned by doing the work in the time and in the way prescribed is more than it is reasonable to expect the patient to tolerate. When this is so I believe that the operator is bound to defeat his own ends, because if the patient, with the best will in the world, cannot accept the treatment both with his mind and with his tissues, it is not going to achieve the best results. In such cases it would seem to me that there are two possible ways of coping with the situation. One is to do something to reduce the sensitivity of the tissues and the other is to do the work to be done more gradually and gently with an interval between. I believe that I can claim to have had a certain success through both these methods of approach. I believe it is possible to reduce the sensitivity of the tissues in a number of different ways, by manual treatment, by water treatment and by homeopathic and dietary measures aimed at improving the body chemistry. The improvement of body chemistry can be all the more important because in many cases in which the tissues are very sensitive they also show a poor response to treatment and tend to revert to their bad state to a greater or less degree. This is perhaps particularly so with people with rheumatic or arthritic trouble. At this point I feel bound to confess that sometimes when I have found myself in difficulty with tissues which are extremely painful to work on and which have a kind of rubbery consistency on which it is very difficult to make any great or permanent impression, I have put the patient onto the daily dosage of cider vinegar and honey which is recommended by Dr. Jarvis of Vermont in his book "Arthritis and Folk Medicine." The results of doing this seem

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always to be good and sometimes to be quite astonishing, making it possible in a very short time to work really hard on the tissues and to produce a permanent improvement in them and in the whole condition of the patient.

Another conclusion which I have reached is that, if in many cases it is advisable to prepare the patient for the treatment, it is always desirable to keep him under observation for a certain time after the completion of the course. For a period of some months many patients seem to be prone to have crises and reactions during which they require a certain amount of readjustment and care and there are very few who have had a long-standing condition of bad posture and mechanics who do not have some tendency to fall back into the old pattern if they are not watched and given some attention. Again I would make a very strong plea for not attempting to shorten too much the time taken for carrying through the ten hours of work, although it is clearly advisable to keep moving steadily when a start has been made. I personally would feel that, as a general rule, one treatment a week is quite enough, especially in the case of elderly and difficult patients. I do not believe that the body can or should be called upon to make such radical readjustments too quickly and the individual tissues which are worked on should be given time to settle down before new ground is broken. In some cases it may be difficult to avoid haste and this is perhaps less undesirable if the patient is on holiday at the time and able to devote himself entirely to receiving the treatments, adjusting to them and having plenty of rest. Even so, I would doubt very much the wisdom of taking less than six weeks for the completion of the ten hours work.

Finally, I would like, with some hesitation, to make one more point. I think all would agree that nearly all patients who appear and who require this kind of treatment, fall into two main groups. There are those in whom the normal or physiological curves of the spine are exaggerated and there are those in whom they are reduced or almost non-existent so that the spine is practically straight. As a general rule I find that the former group are the more easy to deal with and I seem to be happy and successful applying the normal sequence and routine of the ten hours to them. The cases in the second group I do not generally find so easy and I sometimes wonder whether the routine as laid down is quite so appropriate to them and in particular whether the emphasis laid on the "pelvic lift" procedure at the beginning of and throughout the course is entirely for the best. I make this point less in any spirit of criticism than in a search for enlightenment and confirmation of faith.

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