

Bodynamics and Rolfing®

An Interview with Russell Stolzoff

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by Bill Harvey

Russell Stolzoff, 36, of Oakland, CA, has been a Rolfer for eight years. He was introduced to Bodynamics in 1991 and is currently in his fourth year of the Bodynamics training.

BH: How were you introduced to Bodynamics?

RS: I happened to see a flyer for the Bodynamics training which mentioned some of their essential concepts—psychomotoric development, resignation, and ranges of tonicities from hyper to hypo—that really grabbed me.

BH: What's the training like?

RS: There are three levels of training: A one-year foundation training and two two-year certificate trainings. The first year is an introduction to their character structure model which is a developmental model that begins in utero and progresses through seven stages of development and culminates around age eleven or twelve.

In the foundation training [14 days], you learn about each of the developmental stages through didactic lecture material and exercises. The emphasis is on feeling the sensations in your own body that correspond to the developing physical and emotional aspects of each age level. You also learn to recognize visible features of the different developmental stages in other people's bodies—a sort of body reading.

The first two year "practitioner" training is much more extensive [32 days per year]. It involves learning the developmental theory in more depth and you begin to learn anatomy and psychomotor development, the sequence of movements that correspond to each stage. You learn which muscles are becoming active in the different stages, the ranges of ways that those muscles can express themselves, and how to palpate and test for them. In addition, there's a fair amount of attention to group process, more exercises, personal therapy, and supervision.

The Bodynamics system has a diagnostic tool which they call the body map. This consists of over a hundred muscles that are tested through palpation for their responsiveness. The muscles are then color coded on the map to correspond to the degree of responsiveness. This gives the therapist information about the psychomotoric development of a person. So, you learn how to do body mapping, how to sense the responsiveness in the different muscles.

BH: How long does it take to do a body map?

RS: Body maps take between two and a half to three and a half hours.

In the two-year training I was taught a short form of the body map that tests twenty or so muscles. This gives an overall projection of what a person's developmental issues might be and includes a reading of how much shock trauma there might be.

BH: The palpation skills, how have they enhanced your Rolfing?

RS: They've increased my sensitivity of what seems to be possible in a given part of a person's body. For example, Rolfing an area that is quite hyper-responsive may not change the tissue much. So, understanding that certain muscles may be holding back their expression made me realize that being insistent with pressure or touch to attempt to change those places may be counterproductive. In fact, change may not be even in the realm of possibility for aspects of the person that you're working with, even though your Rolfing vision tells you to work there. Palpating muscles in this way, testing for their responsiveness, also increases my awareness of how to have a dialogue through touch with those areas which are lacking energy or responsiveness; to help a person be a little more full in their body; or, to increase the ability to contain energy where it seems to be lacking. Most people seem to have a range of responsiveness in their various muscles, but quite often there is a tendency toward either control through hyper-responsiveness or resignation through hypo-responsive-

ness. Bodydynamics believes that it is most possible to know one's body experience when muscles are slightly under-responsive, neutral, or over-responsive. Then it is possible to work with sensing the body and the impulses to act. The most held and the most hypo muscles tend to be hard for people to feel into and therefore tend to lack options. In the Bodydynamics model, the extreme ranges of over- or under-responsive-ness correspond to psychomotoric material that is far enough away from normal consciousness that it wouldn't really be resourcing to the person to work with it. I've just begun using the bodymap more with some clients in my practice and the palpation skills have really affected my Roling a lot.

BH: I'd like to back up and ask just a few questions. Give me a quick historical breakdown of Bodydynamics.

RS: Lisbeth Marcher, a Danish woman and the founder of Bodydynamics originally trained in The Relaxation School, a form of physical therapy which included working with structural and functional disabilities and related aspects of psychology. Lisbeth and some of the other founding members of the Bodydynamic Institute were students of Lilimore Johnson, a pioneer in understanding responsiveness in muscles and the first to develop the idea of supporting under-energized places. In contrast to Reich who focused on breaking down muscle armor, Johnson focused on a "breathing response" in the tissue and supported places where there was lack of resources or tension. Often, this gentle way of working led to people toward emotional experiences. Marcher, along with others, formed the Bodydynamic Institute and combined these ideas with others from Gestalt, Bioenergetics, and other somatic theories. However, I think

the most relevant information for Rolfers comes from linking developmental movement to psychological development. This can lend a historical view to the body. Another piece of the Bodydynamic theory has to do with the impact of family and social history on embodiment. So, it's not just a personal psychological perspective.

BH: What is "character" in this model?

RS: Character is the formation of defenses in order to maintain mutual connection when the environment does not provide what would be optimal. Bodydynamic emphasizes learning the details of our defense system and befriending it so that we may begin to choose more healthy options. Confronting defenses is one option, and teaching people to sense in their bodies how they defend, what it's good for, and how it constrains possibilities for fulfillment begins to broaden the options. The emphasis is on body sensing and experience and it is believed that this relates to changes in muscle responsiveness.

BH: The word "character" is problematic to me; it does not communicate the developmental model concept. It confuses people.

RS: True. It's not a warm word. It's not a word I like to use with people and it doesn't tend to increase connection when you use it. The only usefulness in calling it a character model is that it relates it to other models of development that have used the same word.

BH: One thing that I get from my training around the question of character is that it's not something that really changes much. The best you can do is to give yourself a little room so that you're not an automatic button to be pushed by various and

sundry forces. Possibly, by getting a little room around your "character," you might learn to be present in the moment.

RS: Yes.

BH: And I see that as an admirable goal because that's what everybody I think is struggling with. As Walker Percy says, "Living in the past is easy, living in the future is easy, but living in the present is tough, it's like threading a needle." And so that ends up being the ultimate goal here, for me anyway.

RS: Yes. Where I especially connect with what you've said is where you speak about not just reacting to but increasing the range of options. People can change. They can increase their possibilities to be different. They can stay fundamentally the same person but have more breadth.

BH: What is the definition of a shock?

RS: Shock response can result from any circumstances that overwhelm a person's ability to respond. This includes more obvious accidents and abuse as well as less obvious circumstances of emotional overwhelm and illness.

BH: So something really good could be a total shock to the system.

RS: Yeah, like too much pleasure or joy. Or going to the dentist. Or being two years old, your parents go next door, you wake up and no one's home. Which leads to another definition of shock: some sort of profound break in connection that overwhelms the person.

BH: So you can feel shock in the tissue.

RS: Yes, especially in some key places—for example, behind the knees, in the popliteal spaces.

BH: Is there some type of correlation

between place of shock and type of psychological goal or disconnect?

RS: Probably. Responses tend to be both specific and global at the same time.

BH: What is the result of the shock?

RS: It seems to vary, it can be either a really rigid response in the muscles or a really resigned one, depending upon the person, their resources and the age it happened. Often there's kind of like a spongy quality to the tissue. It has size, but not any really kind of density. It's kind of puffy, bloated, but not tense or solid.

BH: As a rule, without knowing the system, I have found that if I ran into a client who had tense, rigid tissue, I wouldn't come at it with any pointed energy, I would come at it with broad energy. And when I came across somebody who had no tone, then my intention would be to try to enliven the tissue and get it to come alive. So the energy from my hands would be assertive. Not necessarily harsh or hard, but definitely pointed. I can think of one client in particular where I really tried to get this woman to stand up and no matter what energy I put there, she still kind of dissolved into a puddle at the end of the session. I thought of this woman instantly when I was talking to Ray [McCall] recently and he was saying that the real advantage of Bodydynamics to the Roling perspective is that Roling tends to work on hypertonicity and tends to not know quite what to do with hypotonicity. And this system can address hypotonicity.

RS: Yes, it does address it. My experience in Roling is that the focus is on how the practitioner can interact with the client to bring about the new possibilities for balanced structure. But what isn't emphasized is the kind of relationship that the practitioner

needs to have with the client in order to bring about that change in different kinds of structures. Roling is great for changing a semi-rigid mesomorphic type of person and making them softer and more easy in their body. But what about bodies that don't have enough support? I'm

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talking about people who seem not to have enough energy to maintain structural integrity. To work with this person, there's a supportive role that the practitioner has to have that pretty much takes you out of what you can do in ten sessions. Bodydynamics has made me much more aware of what the psychological issues might be in a situation like this.

BH: This implies that you're taking on the role of what is more traditionally considered a psychologist in your practice.

RS: I've struggled with that to no end. It's not settled for me but it's more settled than it ever has been. My perspective is outside of mainstream psychology and I sometimes have a more psychological view of people than Roling suggests.

BH: What's the format of the intervention in your system?

RS: Most people come to me because they know I am a Rolfer. Lately, though, some people are hearing that I combine the approaches and I have some clients that I don't do Roling with.

BH: So when you look at the client during the initial intake, I guess you develop your intuition fairly quickly that this might not be an issue that's going to be addressed through standard Roling manipulation of the tissue.

RS: I get a sense of it from what they come and talk to me about. I prefer to keep a dialogue going, to stay connected that way. It's important for me to know, if they can tell me, what they're experiencing. I like to know how they are receiving what I'm doing and how it's meaningful in their body. Even though I might feel like I'm unwinding their whole body from their ankle, I want to know what they experience when I do this. For example, if I'm holding my hand under their back, along the erectors, where a lot of people are really tired and also really tense, the client may become aware that the tension is an expression of "I have to keep going and I can't let down, I can't collapse, and I can't accept support from anywhere else because I have to be able to keep myself going." Sometimes if I try to soften that holding, I'll notice that there's a softening initially, especially in the superficial fascia, but underneath that, as soon as the muscles start to feel the provocation of pressure, they can actually become more set in their resolve not to let go. So I will tell people that's what I'm feeling and talk to them about how they feel. Out of this dialogue can emerge options ranging from further work to disrupt the tension pattern to broad supportive

touch that allows the person to find a way to let go into support. It will also be important to link their experience of tension with the way they go through life and the circumstances that combine to make it difficult to find and accept support. The emotional translates to the physical and vice versa.

I've been able to translate a lot of the psychological constructs into bodywork. Sometimes the interventions look like what most Rolfers do. I believe that awareness of their body is part of the preparation principle. Jeff Maitland articulates it, that "If they can't sense what's happening or what's changing then it's not as much of a resource to them after a session."

BH: It sounds like the establishment of meaning is a crucial aspect to the Bodydynamic framework.

RS: Yes, I think it is. I was having a conversation with Michael Murphy about it once and he made the same observation. Working with what people experience in their body is very interesting and exciting to me.

BH: Where do diseases, such as scarlet fever or rheumatic fever, fit in the Bodydynamic system?

RS: It could be a shock thing. A disease is often a shock to the system, but you could have better or worse conditions with diseases. You can get good care. You can have connection with people who are caring for you during that time. And you can have its opposite and everywhere in between. The contextual elements of those kinds of experiences are important.

BH: I'm very interested in what the delineations are in the seven stages. What happens. What's at stake. What happens if you don't develop in that domain. When I studied Bioenergetics, there're five stages or so, you have your schizoid, which has to do

with the parents who didn't want you in the first place—and I'll probably get them out of order but—you have your psychopath, and your schizophrenic and your masochist and after that, if you get through that you have your last stage, your rigid.

RS: You'd be lucky to be rigid.

BH: When I looked at the Bioenergetics stages I said, "Well I've got the first four covered and my girlfriend's got the last one covered so..." Anyway, what are the issues that propel you from stage to stage in this system?

RS: I love to hear objections to Lowen's categories because the names are horrible. The names are not kind. What drew me to the Bodydynamic system from the outset was its emphasis on resources, on the brilliance of people's adaptive capacities, and on the kindness of it. It isn't a kind of a tearing down experience.

So the stages: The Existence Structure encompasses the last trimester in utero to some period of a few months after. The optimal experience during this time is one of being eagerly anticipated and warmly welcomed. Bodydynamics incorporated ideas from Frank Lake who did extensive research on how inter-uterine experiences affect us.

It is important to emphasize that being born is a very stressful event. Often, how you come through your birth will influence how you deal with stress later as you move in your life. I've heard some interesting anecdotal kinds of remarks like people who are born breech tend to jump into things with both feet, that there's interesting correlation. And people that are born Caesaren don't actually get to bring their power to bear in a stressful situation in the same way that a healthy and reason-

ably normal birth would allow the baby to collect its power for that passage. There's pushing from its legs that the baby does as it's being born, and an extension that happens all along its back from head to heel. It reminds me of some of the things that happen in Rolting especially sometimes related to work on the inner line of the leg, where people really feel a connection from their heel down and all the way along their posterior surface that allows them to extend. And then you can get the two sort of categorical mishaps, when things don't go well you get sort of either a splitting off of being overly mental or being overly emotional.

BH: Would that be analogous to Bioenergetics' schizoid?

RS: Yes, but schizoid doesn't have the refinement between overly mental or overly emotional.

BH: Right, it was always the overly mental.

RS: Right. So the emotional is the late existence. The Bodydynamic system speaks of all these stages in terms of early and late. The mental existence would be an earlier kind of a splitting; emotional would be someone who is looking for contact through the emotional, almost to the neglect of the mental.

The next stage is called the Need Structure, which has to do with getting your early needs met. In the early part of need structure, when very young, children are more passive, so their needs have to be adequately anticipated and responded to. It requires a lot of interest on the part of the caretaker to know what's needed and what the signals are. In the later stage of need structure, children have more of an idea of what they want because they've had the experience of having their needs met. Also, in terms of

movement and physical ability they are more capable: they can lift their heads, look around, push up on their hands, roll over, creep and then crawl. An adult who hasn't had his needs met in an early stage would, generally, become resigned. A typical statement would be "I don't know what I need." An adult who hadn't had his needs met in a later stage might say "I'm never going to get what I need." And, an adult with a healthy structure would know what he needs, and how to get these needs met.

As needs get met, the child moves into Autonomy Structure where he can move about in the world more. He can move away from people and come back towards them. There is overlap between all the structures. In the early autonomy, children are largely non-verbal. You'll see them changing their activities a lot. You can see this in little kids; it's really fascinating. You're holding them and they're playing with some keys and all of a sudden they turn their head and they point at something across the room. They're beginning to be autonomous by directing the show a little bit. In the later stage, they have more words so you'll see them changing subjects or talking about different things. Trying to become autonomous but still needing connections or needing to come back to the rapprochement thing that Margaret Mahler talks about. In the healthy Autonomy Structure child, they are able to act autonomously but also to be in connection. In that time, you're getting a progression with walking that's initiated in the need structure and sort of rounds itself out. You keep developing the articulations in the feet and balance changes and other muscles are being called into play at different times as these stages are going up that further refine our motor abilities.

The next stage would be the Will Structure where the person is learning how to use their will, their power, to act in the world. The earlier, resigned stage, you get people that will use enormous amounts of energy not to do things that would be good for them, or that would be growing

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for them. They've got all kinds of ideas but they don't act. In the later stage, more resourced but nevertheless stuck, a Will Structure person will only be able to act through effort. And that can be a pretty nasty problem if you get someone who is really, really stuck in that. The healthy person is able to use their will or not use it, use their power or not use it, as the situation demands.

In the Love-Sexuality Stage, around five years old, the early position is more romantic, more heart centered, and the late position is more seductive or pelvis centered. The healthy position has the two together where sexual energy and love can be together rather than separate.

In the next stage, Opinion Structure,

around seven years of age, groups of peers become increasingly important. One is able to grasp different points of view, evaluate, consider, and know what they think. In the early Opinion stage, a person may have an opinion but they won't express it and during the later Opinion stage, a person will, as a primary way of being in connection, express an opinion. The healthy Opinion Structure person can know what they think and choose to express it, or not.

In the Solidarity/Performance Structure group function continues to develop. Here the task is to be able to both excel and play a supporting role. Being stuck in the early part of this phase will result in staying in contact by being in solidarity with the group. The later position person will feel a need to always excel through performing. That's just a quick synopsis.

BH: I'm not sure we had a good motor equivalent to each of the stages.

RS: Of course, the psychomotor development gets more complex as you get older. It would take more time and demonstration to convey this well for the later stages. Suffice it to say that as we get older the task of refinement becomes increasingly important. When I started dipping into the BODYDynamics system, it became very clear to me that this is a complex system. It fits into the Rolfing modality because it's looking at anatomy and function. However, it is something that you can dip into in a workshop format. I organized a workshop that Marriane Bentzen taught here for Rolfers in 1994 and I think it was generally very useful. □

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