

Integral Anatomy

An Interview with Gil Hedley

By Bill Harvey

Bill: I think everybody who has come in contact with Roger Jordan's article on dissection and Robert Shleip's notes on a dissection posted on the Rolf Forum has really benefited from what you have single-handedly brought to our community which are these dissection courses. How did this happen? How is it that you get bodies? And how does a Ph.D. in ethics end up teaching cadaver courses?

Gil: Well, I wanted to. In a sense it's an exercise in manifestation. I really was determined to satisfy myself. My own curiosity drove me to figure out how to ask the right way for a cadaver and get one. Of course that includes cash. So I do invest a small fortune in each of these workshops and that can be pleasing to universities. The fact of the matter is that donor programs have not been designed exclusively for the benefit of the allopathic medical profession.

Bill: So you usually do it through a university?

Gil: Oh yeah! Always. I mean I'm teaching in medical laboratories and the people who run a laboratory are not medical doctors. They tend to be Ph.D.'s in various things themselves. The people who I deal with most directly are professionals in the embalming trade and they have no reservations about dealing with people in multiple fields. They are often funeral directors themselves. So there are many levels at the universities that I have to deal with actually. I have to know the person on the floor

who actually runs the lab. I deal with Directors of Anatomy programs. I deal with Deans of Anatomy or medical schools and sometimes Presidents of Universities, lawyers, insurance departments, risk assessment employees, it's quite a complicated affair at the institutional level. It's grown more complex the more I do it. And I've learned many different levels of the trade—transporting cadavers, flying cadavers, driving them in vans and getting them embalmed, getting them cremated. A cadaver by definition is a embalmed dead human body.

Bill: And are the cadavers people who have donated their bodies to this? Or are they people who are exclusively. . .they're not homeless people?

Gil: Not at all. There are no more donor programs running off of indigence. That's another common belief that the cadavers are somehow there not by their own will. But in fact every cadaver I've ever worked on has been someone who voluntarily offered their body for others to study and without reservation. However, for the most part when one receives the donor gift, the cadaver, we've stepped into a family's grieving process. We are intervening in it in a sense. Someone has died and offered their body and the family has fulfilled the wish of that family member who died by making the arrangements for them to be brought under the circumstances of an anatomical embalmer and the direc-

tor of the donor program, and that family is then waiting in a sense, for the return of those ashes. All of the bodies are cremated and returned to their families. If the person didn't have a family often the university will offer a burial of ashes on the university grounds. So I always encourage my students to remember that they are in a sense intervening in a grief process and that they can have a positive role in it by in a sense delivering a *mitzvah* or a blessing back to the family for having explored those gifts with excitement and interest. And an awareness, growth and understanding in that the impact of that attention on those tissues will somehow be carried back to the family as well as the ashes. That's one of my intentions and I'm hoping that when I die there'll be a big party waiting for me of all these folks whose gifts I so enjoyed and learned from and shared with others and that they are all going to say, "YEAH THAT'S WHAT WE WERE HOPING FOR."

Bill: Well cool! So had you had an extensive anatomy background before you started cadavering?

Gil: Yes, I had taken FOB. My extensive anatomy training was basically my FOB training with Tom Myers and that really excited me about anatomy. Tom has a way of lighting the fire. He definitely lit my fire and I continued to study on my own; I do have a way of perversely pursuing things. Anyone who spent half their life in graduate school knows that

you can pretty much learn anything if you put your mind to it—so I took that foundation that I got with Tom and continued to build on it. Back in Chicago when I was in graduate school, a medical student friend who would study on Saturdays and I would go into the Lab and dissect what was left over. I did that one winter and began to teach myself dissection. So that was some of my background for it. But no, I didn't come to it as an anatomist. As surely as a Rolfer becomes as Rolfer by practicing Rolfing I became an anatomist by practicing dissections.

Bill: You've probably done more than a dozen by now. . .

Gil: Yeah, a goodly number more than a dozen. I think that by the end of summer I'll have done about 30 cadavers. And I do participate in each cadaver one way or another. Although at this point the demands of teaching a class of 21 or 35 people or 14 or even 8 people don't leave as much time for me to be actually doing the dissection. However, the creations that are made before my eyes I know are driven by my intentions and ideas, somehow. Because I find that when you gather a group of skilled manual therapists together, although you may change the set of tools on them, they tend to continue to be skilled manual therapists together. So the level of work that can be accomplished by a group of professional body therapists or somatic therapists, whatever their training, is quite high relative to what might be accomplished by a young group of medical students who haven't had that kind of training with their hands. So what is accomplished in a Lab in 6 days can be quite amazing with the kind of people that I gather. It certainly makes my job easier.

Bill: Let's shift to talking about the theme of this issue of *Rolf Lines*—connective tissue and anatomy. When you are going through the dissection, what is the basic approach that you

use when starting with people?

Gil: Well, anatomically speaking, my basic approach is to dissect the whole body in layers simultaneously, as opposed to the regional anatomical approach that you'll find in a medical school or PT Lab. In part, that regional approach is driven by the need to preserve the cadavers over a semester or even a year. I don't have that limitation so I can do something as unheard of as reflect the entire skin on the first day, which is definitely not the route to follow if you are intending to preserve a cadaver. But if you are attempting to see the entire superficial fascia it's the way to go. I sat down years ago and said I just can't take a group through the body in pieces. I need to dissect in a way that matches my own developing holistic or comprehensive perceptions about the body systems and it's functional relationships, so I decided that the way to go is to dissect in layers.

First we'll reflect the skin and then view and appreciate the superficial fascia, then we reflect the entire superficial fascia and appreciate the integrity of fascia *profundus*, the body stocking. I call it the fascia lata of the whole body. Then we reflect that and behold the musculature and we then do what I call fluffing. Without cutting any muscles we can sort of massage and Rolf the different compartments into their more famous outlines as they are drawn in books, as opposed to the integrity which we encounter in the first instance. Then I drop down to another layer and go into the visceral compartments and spaces simultaneously; eviscerate the body; then flip and do the back. There is where the practical matter comes because I don't actually go all the way around the back with the removal of skin, it's cumbersome to be flipping the body. But we sort of drop through the front in layers and then flip over the back. I call it a layered approach.

I've found that it's remarkable to

people in the laboratories, the professors who mill around or the people who work in the places where I teach. Although I am a Ph.D. in ethics and my students are not medical students, they come and marvel at what we are doing because (a) they have never seen it and (b) they find it a great way to go. I've had anatomy professors say, "yeah really the only way to do a dissection is to do it in a week." So it's very interesting in that way because they appreciate the comprehensive understanding that can arise from an approach where a whole group of people sort of descend upon a cadaver to create castles in the sand in that immediacy to appreciate the whole and the integrity of the layers.

Bill: Do you use models—the concept of a model in the work that you're doing?

Gil: Yes, models are really important to me. To understand how we think and how our use of a model informs what we see. If you think of a model train, it conveys the idea of a train to a two year old. When they see a real choo-choo they identify choo-choo and I don't know exactly how that's functioning. I'm sure psychologists have studied it. But what's important about a model is that so much has been stripped away from it to enable our minds to grasp at it. So that when we say the body is an incredible machine, we know something about machines, and we can apply the context to the body and say, "oh gosh, yeah, this is the hinge joint or this is the heart. That must be the pump or the engine or something. Or the nerves they must be the electrical system." And we can learn things about them and help ourselves to discriminate more thoroughly what we perceive in the body. But, in fact, all we are doing is spinning webs of illusions with our models as though they are instructive. So for me what is so important is first to acknowledge the model with which you approach the study of the body—the study of connective tissue, anatomy, and the

study of your soul. If you can acknowledge the model then you can at least know the source of your functions and illusions. Because what makes a model function is the fact that it's not real. The reality is so dense and so full and so complex that if we attempted to understand it as it is in the first instance we wouldn't get past square one.

Bill: So you are really explicit about how your students are thinking about what's on the table.

Gil: Absolutely!

Bill: And then sort of lead them through the positive aspects of that and then show them how that gets in the way of their perceiving what's going on further.

Gil: Absolutely. You use the model to learn and then throw it away. It's not that we should scorn the model. We can't function without it. But just to acknowledge it. I mean, if you are in economics and you conclude that man is a rational actor, aggressively seeking self interested goals to maximize his selfish desires, you may be able to predict certain things about the economy as it functions. But you won't have said a single thing about a single human being that's particularly accurate. However, I have met economists who approach their human relationships as if people are as described by their model. And it definitely is due to a lot of failed relationships.

You've got to acknowledge the model that you are using. What I tell students is that you've come here with a whole set of illusions about the body and you are going to leave with a whole new set of illusions.

Bill: So you have developed this concept of integral anatomy?

Gil: Well, again when I think about what I want to be—a person who is becoming whole or somehow becoming integrated—you can see what attracted me to Roling. That idea that I can somehow integrate the dispar-

ate parts of myself that come in the form of physical ease of movement or improved life in general. Anatomy by definition is to literally mutilate with a knife or to cut up with a knife. So I thought, well certainly how does that fit into my philosophy? How can anatomy move me along my integrative process? I realized that if in taking something apart I can put myself together, then I would be actually practicing integral anatomy. I would be studying anatomy in a way that facilitates my becoming whole. So rather than studying anatomy in a way that convinces me that, in fact, we're nothing more than a bunch of machine parts, I like to teach and study anatomy in a way that convinces me that I am an incredible *one*. So I began to teach integral anatomy. I not only teach these anatomy courses, I also teach a couple series of weekend classes to people studying psycho-dynamics and energy healing in Manhattan and Pennsylvania. So that could be sort of a toss up in the hopper of the first question about my background. As I began doing dissection, I also began teaching what I called Integral Anatomy to healers. It's really in those classes that I've grown in my understanding of the body and I keep on feeding back between the dissections and the beginner's classes to create the perceptions I'm developing.

One of the first things I tell everybody in my classes is that anatomy is again, by definition, an act of abstraction. To cut something up with a knife which was whole is to practice the art of abstraction, which in itself literally means to draw away from. So when we draw tissue away from other tissues we are abstracting them and creating another substance that had not existed prior to our active abstraction, prior to our anatomical study, prior to our cutting up. There was no skin. There was only this whole cloth fully integrated with every other tissue in the body. Then we create a skin by removing it, and these abstract notions of skin or liver

or heart or connective tissue or bone come into existence as a result of our mental construct being applied with tools to the integral creation before us. So that's another model in a sense, or rather a recognition of the concept. If you want to see tubes, if you believe that there are tubes in the body you are going to have to cut out tubes from their context which is not tubular. I went looking for fascial planes and I found out that the only way I could create a facial plane was to cut out the third dimension. If I wanted to see fascial planes I had to abstract other dimensions from my concept, and then I could, indeed, hold up a sheet of fascia and claim to everyone at the table and say, "look everybody, a facial plane."

But when I dropped my concept of tubes, I began to see other things. In fact to see—instead of looking—is fascinating. I was doing a class at Baxter University this past March and I decided to stop dissecting the vessels of the arms the way I had habitually done, which was simply to sort of strip down the vessel so that I could show the tube. Instead, I just gently began teasing and teasing and teasing the tissue around the tube that I was hoping to find and it turned out that it was a tube with many, many arms and tentacles that sort of wrapped around so that the vein was wrapping around the artery.

Bill: So that the *what* was?

Gil: So that the sort of arms of the brain-like tendrils are wrapping around the artery. In other words, the vein was drawing from the artery as well as the other surrounding tissue. I began just to see the complexity—that I was doing more with the centipede than a tube. Then sure enough, the way I had previously dissected the thoracic abdominal aorta left it to be a very smooth and perfect tube. Now I realize that the tube is a centipede. If you go in with more creative images you will find them. To see the many, many branches of the intercostal arteries

coming off of the thoracic aorta instead of clipping them so close to the vessel that you create a tube. You leave a little space then all of a sudden you have a tube with many, many little arms coming out of it, like centipedes. All I'm saying is that if you have an image and you go looking for it, you will find it. You want to find the *Ligamentum Billi*? It's in there.

Bill: Well as you go through body after body after body, what emerges as you try to put together this corpus in front of you with the *spiritus* which inhabited it in the first place?

Gil: I'll tell you, the rooms are thick with personality.

Bill: Are they thick with the personalities of semi jumpy students who aren't completely comfortable confronting the fact that sooner or later they are going to be on the table?

Gil: Yeah, yes they are. Thick with that. But also, it's as if we've all begun as a group to read a very personal diary. The diary of the donor. Although the diary is a little bent eared and dusty, still it's quite a story that they tell. So the interaction of that personality level of the cadaver with that jumpy energy of the nervous class, can create quite a rich environment for intercession if open to that. Because of that interface, why are the students attracted to stand next to that table and not this one? What's the connection? What's the personality level of an individual student's exploration of the tissue? Student's will say, "I had to dissect that knee. It's my knee." I add that because in a very real sense, the students are dissecting themselves. And as they do that, they can come to a new place. I am most certainly dissecting myself but with the intention of being an integral anatomist. Not only for the object of supporting curiosity to take something apart, but rather to create leverage into my own wholeness.

Bill: Do you sense that the spirits of the cadavers are in the room?

Gil: Indeed, on some level they are, because surely as the embalming agents preserve the tissue, at some level the energy matrix which held the tissue together in the first instance is also present. And I do believe that, that the act of dissection actually facilitates the moving on. But also remember that any personality who came to so high a level of understanding of themselves that they could release their body recognizing that they didn't need it anymore, they are not too invested in those tissues anymore. And rightly so. They've moved on.

Bill: Do you want to say more about the organs themselves as they relate to the personality or the self expression of the donor?

Gil: The organs—I don't actually see it at any particular level of the body more than any other as the personality level. I've been wrestling with this question for a long time: what the heck is a cadaver? What is a body? What is a person? And who am I? All of these questions I'm exploring. For my part, I've found that the analogy of a dancer and her dance carries the day. There is somehow a complete unity between the dancer and her dance when she's dancing. Her dance is her expression, and yet one could never reduce the dancer to her dance, and say the dancer is just her dance. And yet she's one with her dance. And then she's not. She moves on to another dance or another expression. So I find the body and the personality to have this connection that so long as the dancer is dancing, so long as the personality is expressing through the body, they are absolutely and integrally one and inseparable.

However, if the person should move on then they leave behind this expression, this shell, this videotape of their dance which you can watch and learn from and study, but which you could not reduce that person to.

This is not the sum of their parts. It's a snapshot of them at the moment of death, and therefore a very limited portrayal in many ways. But still somehow this was at one point and perhaps for one fleeting moment their expression in time and space. So there's a lot of personality on the table and it's in every tissue. The personality's complex and so is the body. The different textures and layers that one finds in the cadaver are, to my mind, in the living form—as we all know when someone walks in the office—there is a lot of personality in front of us. Although the personality is certainly not the end all and be all of that divine entity before us, it is certainly what they are right then. So we have to listen very carefully to what's being said if we want to help integrate that personality with their expression and with their higher being.

Bill: To get back to the anatomy as something that Rolfers have to deal with, one thing we don't deal with is nerves and arteries and veins. But especially when you are thinking about the aorta as a centipede, then it follows that it would have a structural component that have way more importance than we are willing to give it.

Gil: Absolutely. Ever since I began studying with Don van Vleet—Don has such a unique and exciting approach to things and he definitely also lit my fire—I began to think much more about the role of blood and Rolfering. I started calling myself a blood Rolfer, not to my clients but to myself. I would go hunting for vessels rather than connective tissue planes or something—through the study of anatomy realizing that all those vessels are bundled in connective tissue. As pairs the artery and vein are bundled together, and in their own integrity they have their own connective tissue bundling. As surely as the muscles might move against each other like silk stockings, so too should the vessel bundles be

moving against the muscles like silk stockings. In doing dissection I began to come upon vessel bundles that obviously had not been moving like a silk stocking. They were mucked up and stuck and obstructed and I couldn't ignore that in my work. There was melting that needed to be done in the rivers as well as in the muscles, and their relationships and their connective tissue wrappings. This isn't to say I was out trying to melt the occluded arteries or something, not at all, but rather to just stop in the river bed a bit.

Bill: Do you Rolf?

Gil: No, not any more. It's just the way my path has taken me. Because the deeper I've gone into this, I just didn't have time. Actually, the administrative work that undergirds my anatomy empire is quite time consuming. Although it appears that I'm only dropping in for a class here and there, what it actually takes to make it happen is a full time job at this point.

Bill: Which means that you don't. . .

Gil: I don't practice what I preach.

Bill: Yeah, I mean this idea of fibrous vessel bundles is not something that you have been able to identify and work with in a living body.

Gil: Oh, well no. Actually, when I was Rolfing I would use the pulses. If you go to a pulse or you go to where a pulse likely should be and you don't feel one, well that's a sign to me that there is overlying tension that is hiding or disguising the expression of the flow of blood. So in other words, if you go to your fourth hour position and you are working up towards the ischial tuberosity or you are in the femoral triangle and you are thinking, well I know there is a big ole artery coming through here but I don't feel it. Well, that might be a nice place to gently wait, and if you gently waited the pulse will arise from underneath the overlying tension. And you can say, "AH, now there's

movement here." So that was how I approached it. Not so much digging around to try to unearth gummed up blood vessels but rather acknowledging, "hey there's blood going through here. How come I can't feel it?" Maybe I'll wait and when I can feel that pulse I can move on. I found that to be an effective model for myself as I did Rolfing.

Bill: Fascinating.

Gil: Yeah, just another tool.

Bill: Well tell me—it would seem that if the body is an engine or the body is a fluid grab bag are models, the idealized drawings that we use when we're confronting anatomy and learning anatomy, and these very dry and perfect bones that we look at are also abstractions.

Gil: Yes.

Bill: So, what would you say when you are dealing with muscles in an integral anatomy way—about how their names might, in fact, mislead us and how? How looking at these muscles differently might suggest different approaches to what we are doing?

Gil: Well, I'll tell you. Through having people with very different backgrounds coming to my class, it's been a great learning experience for me because sometimes I have, for instance, a person whose background is more in art than massage, but they're now massage therapists and they didn't really learn their anatomy too well. When I want them to reflect the *pectoralis* muscle, they don't necessarily know what I'm talking about. One woman, rather than following my words, followed the grain of the tissue and created the most beautiful *delto-pectoralis* muscle. She perceived the lines as a sculptor rather than the abstraction as inanimate. In creating *delto-pectoralis* I had sort of an epiphany for myself that these abstract divisions whereby we name the muscles are anatomical and not functional. The unit that one

can imagine can be more interesting than the standard divisions of the book. For instance, why do we speak of the *pectoralis* muscle? Why don't we speak of *pectoralabdominalis*? Because if you look at the *rectus abdominus* as it comes up with tenderness insertions, the transition between the *rectus abdominus* and the *pectoralis* muscle looks no different than yet another tenderness insertion and *pectoralabdominalis*. Or perhaps the *delto-pectoabdominalis*. Then we can begin to follow and create, like Tom [Myers] describes *anatomy trains*, and really perceive that when you stay on the layer you can keep on going along the wrap in unique and informative ways, which are distinct from the words. So the words are helpful, and help us to discriminate tissues and learn about the body and angles of fiber directions, but they are not necessarily functionally relevant. We could also speak of *sternobrachialis* and *clavicle-brachialis*. If we look at the way that the *pectoralis* is traditionally divided we could just drop the name *pectoralis* all together. I really need to work on *clavicle brachialis* here. You can go through the whole body like that. If one is willing to be imaginative you can start to create whole new muscles, or you can just go on like that and start looking for new muscles, in a sense. And in the renaming you can break down the illusions that you have carried to the body and create new ones. It's fun to do. □

Part II will be included in the next issue of *Rolf Lines*.

