

Reflections On The Sao Paulo Ambulatory Project

In different soils, different seeds will grow. Because each time and place presents its own challenges, each also presents unique opportunities. The diversity among Rolfers and their sociocultural settings is one of the community's greatest assets. The two articles below address an experiment that flowered in Brazil – a soil of socioeconomic extremes, fluid processes, and deeply held communitarian values. If what you read here inspires you, if you would like to learn more, or if you would like to share information about a project developed in your own setting, please contact the authors or the ABR.¹

A Brief History of the Sao Paulo Ambulatory Project

By Paula Mattoli²

HOW THE PROJECT WAS CONCEIVED

It all started at the Brazilian Annual Meeting in January, 1998. Some of us were discussing the social function of Rolfin[®], our visions for the future of the work, and how the work might be expanded beyond our private practices. At the same time, we considered new ways of promoting Rolfin as an institution.

I proposed the creation of a Rolfin clinic that would function like a professional school clinic – similar to those at universities, teaching hospitals or community centers – to serve those who might lack the resources to receive private sessions. A project like this could meet several needs of the group. It could be a social activity at an institutional level; a way to promote Rolfin; and a vehicle for participation in community projects. It also offered the possibility of promoting contact among colleagues and the creation of a space for

discussion, supervision, and exchange of visions about the work.

As the idea of the project began to take shape, we recognized that many of us already did some *pro bono* work through our private practices, by reducing our fees and otherwise helping those who need our work but have limited financial resources. But a Rolfin clinic linked to the institution would open an entirely different realm of possibilities – for both Rolfers and Rolfin itself.

HOW WE GOT STARTED

We realized that the most efficient way to start was to “just do it”; to hold to our vision, roll up our sleeves, and learn with the experience. We would see clients in groups, as we do in Rolfin classes. We would do interviews and take photographs, do body readings together, discuss the cases, and study.

We decided to charge a minimal fee for each session – the same fee that

the ABR³ charges class models. This would both provide a common operating fund in the beginning and assure a professional setting. Twenty percent of the fees would be reinvested in the project, and eighty percent would go to the participating Rolfers.

Of course, we still needed a space in which to work, tables, basic supplies – and Rolfers and clients willing to join us. We made fliers and used word of mouth to advertise the project. Two colleagues offered their own office spaces, which were in the same building as the ABR office. As it turned out, this last part provided the perfect condition in which to nurture the project.

We had a key choice to make at this juncture: to organize the project as an independent Rolfers' co-op, or to operate in conjunction with the ABR. We concluded that the latter would better meet our needs: working under the aegis of the ABR would help us to position the clinic as a serious project. What's more, it would allow us to help promote the Rolfin mark and

work and expand the scope of the ABR's operations.

After discussing with the ABR how such a partnership might work, we decided to have the initial client contact with the clinic be registration through the ABR office. The ABR also agreed to lend us the basic supplies necessary for our initial activities. But after registration, the way the clinic functioned was left to the participants. We divided tasks – such as shopping, making and returning phone calls, and organizing the interview process – among ourselves.

Being in contact with others and observing their issues helped us to reflect on our own conditions and to solve our own problems.

— Sergio Audi, client

The clinic had five Rolfers by the time we put a notice in *ABR Linhas*⁴ inviting all of our colleagues to participate. Some did join us; and the clinic commenced operations in August of 1998. We started with two rounds of sessions on Fridays. The Rolfers would have lunch together on that day, which provided an opportunity to present and discuss our clients' cases, and to reflect on the flow of the project.

As more Rolfers joined the project – and as more and more people wanted to participate as clients – we started doing three rounds on Fridays. Then, after a magazine published an article on the clinic, the waiting list increased significantly. At that point, we felt strong enough to include the Ambulatory Clinic on the list of services offered on the ABR's web page.

HOW THE CLINIC OPERATES

Based on the continuing dialogue among the participants, we gradually developed a routine. First, the client registers with the ABR and completes a form to provide basic information, such as his or her occupation and

expectations from the process. Next, at initial interviews, we explain to the clients how the project works, its goals, and the differences between work in a private practice setting and work in the clinic. We tell them to wear bathing suits (or underwear if they are comfortable); and inform them that males, females and children may be present in the same group. We take photographs. We explain the ground rules orally; but to make sure the communication is clear, the rules are also stated in a written contract that both the Rolfer and the client sign. After the interview, we introduce the new client to the current members – both Rolfers and clients – of the group in which he or she will be working.

We allocate twenty to thirty minutes per round (depending on the size of the group) for collective body readings. After that, each Rolfer is free to devise a strategy and use techniques that he or she finds most appropriate for the individual case. In a series, we may do more or fewer than ten sessions, and often combine movement work and structural work. More complex or difficult cases are discussed in supervision sessions that Pedro Prado has conducted regularly since the inception of the project. At the end of a series, the Rolfer conducts a private interview with the client, at which time photographs may be shared.

Also at the end of their series, the clients submit evaluation forms, on which they answer certain basic questions:

- How was it to work in the Ambulatory Clinic? Suggestions or criticisms?
- How was the process for you?
- How was it to work with your Rolfer?
- Were your goals met?
- What would you tell someone else about Rolfig?

The clinic retains these evaluation forms, as well as the client photographs and the Rolfers' daily case notes. That way, if a client returns to

the clinic for additional work, a different Rolfer can make use of the client's history in deciding how to proceed. It also allows us to evaluate the clients' processes over time and provides material for research.

At first it seemed embarrassing – to be watched and to watch others. But in the end, this was the most interesting part. The exchange and mutual observations allowed my own expectations to be more realistic.

— Nelly Azevedo, client

WHAT WE HAVE LEARNED

At the end of the year 2000, we began to compile and organize the data we had collected about the clients. We have much work ahead of us in this respect, as our procedures are still neither perfect nor entirely consistent, and our data are not complete. Still, we made a good start.

First – having treated about three hundred clients so far – we have observed from the registration forms that people who sought out our services included journalists, artists, actors, dancers, students, bank clerks, and teachers. In short, they were representative of the famous Brazilian middle class – professionals who might not have the resources for private work, but who are available and eager to participate in a group setting and can “spread the word” about Rolfig.

Then, as we analyzed the clients' comments on the exit evaluations, we found that most of the clients loved to work in the group context. Actually, this discovery was one of the most interesting aspects of the project because how the clients would respond to receiving work in this context had been one of our major concerns. It seems, however, that working in a group enhances both the experience and the outcome. The clients learn from each other during the body readings and from the give-

and-take that occurs spontaneously in the group setting. And the setting itself seemed to generate a strong healing power.

Our experience also confirmed the importance of having established ground rules that are very clear to both Rolfers and clients. This enables all participants to honor the unique aspects of working in the Ambulatory Clinic. It is different from doing private work for a reduced fee, where the main goal is to serve the client; and it is also different from group work in a classroom setting where the focus is to train practitioners. In the Ambulatory Clinic, the fact that the work is done in a group is an essential aspect. It allows an enhanced experience for the client; provides advanced study opportunities; and, we hope, will eventually make certain research possible.

As the project developed, the educational aspect expanded and became more sophisticated. In addition to Pedro's supervision and our group discussions, we have had visits from guest teachers – such as Vivian Jaye and Jane Harrington – and learned colleagues – such as Dr. Fernando Bertolucci, an Advanced Rolfer and psychiatrist practicing here in Sao Paulo. Walter Mello – a Rolfer from Brazil who now lives in Frankfurt, Germany – even gave us a two-day workshop on Hans Flury's theory of Normal Function.

Finally, because the Ambulatory Clinic concentrates a large number of practitioners and clients — many of whom have similar or recurring issues — we have recognized that the space we have created may provide opportunities for systematic research about Rolfing. And these opportunities have rarely been available in the past.

WHERE WE ARE GOING

Our project is still growing. Since the start of 2001 – thanks to the dedication of our core group of Rolfers and other participants⁵ — the clinic operates five days per week. Our

financial situation allows us to pay rent on our own room and to purchase supplies (tables, camera equipment, linens, benches, etc.). And we have hired an administrative assistant.

We are also expanding the scope of the project. For example, Rolfers from other parts of Sao Paulo and other regions in Brazil have expressed interest in starting similar programs. We are studying how best to support and interact with them. We are considering making space for individual sessions (for clinic clients who need them), as well as for group movement sessions.

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For the last three years, I have provided supervision for the Ambulatory. This work touched me deeply because these friends and colleagues work from the heart – giving their time, competence and professionalism. I congratulate them.

— Walter de Mello Neto, guest instructor
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Beyond that, the need to refer clinic clients to other professionals has led us to contact other institutions that offer services in similar settings. Through those contacts, we are beginning to establish partnerships with other institutions, such as the Brazilian Bioenergetics Association. This allows us to participate in multidisciplinary work, which creates new opportunities for reflection, observation and learning.

So many possibilities have opened to us through this communitarian work. The daily contact among colleagues trained by different instructors provides rich learning opportunities. We are creating a space for discussion, growth and exchange. And the satisfaction of working together to produce something for the group and for Rolfing lets each of us feel ourselves as part of a whole. We know that we are collaborating both to enhance public awareness and perception of Rolfing, and to improve the quality of Rolfing by advancing the skills of its practitioners.

WHAT IT MEANS

The social reality and dynamics of every place and time is unique, and it is crucial to reflect on the needs and possibilities each presents.

Once, at an ambulatory project group meeting, Vivian Jaye and I discussed how each generation of Rolfers has made its own special contribution and had a unique perception of its mission. Vivian explained that her generation worked to make the school possible, to assure the transmission of the collective knowledge through teaching. That was the truth to which she and her faculty colleagues were dedicated; their mission was the establishment and transmission of Rolfing. And up until now, Rolfing has been an art transmitted from the school to the students.

Maybe the focus of the current generation will be how to give deep meaning and continuity to Rolfing. There are many more of us now. We must ask how we see ourselves as a community. What is our mission? Where is our faith as a group? To explore these questions, I see in the ambulatory project a tremendous opportunity for gathering and giving. It is a movement from the ground up – an outreach by the Rolfers to the community.

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³ "Associacao Brasileiras Rolfistas", the Brazilian Rolfing Association.

⁴ The ABR's equivalent of *Rolf Lines*.

⁵ Our core group includes Yeda Bocaletto, Marcia Cintra, Nadia Mangueira, Paula Mattoli, Vera Lucia Moreira, Beatriz Pacheco, Alfeu Riggi and Maria Beatriz Whitaker. Past participants include Eliete Donatelli, Alexandre Duarte, Eleonora Freitas de Paula, Cintia Mesquita, Antonio Brunoro Netto, Marilene Pedrini and Wanda Silva. And Patricia Franco, Florence Germaine Tible Lainscek, Rosani Romano Rodrigues Pehrsson and Vivian Saba have recently joined us.