

# The Sao Paulo Ambulatory Project

## Educational and Institutional Perspectives

By Pedro Prado<sup>1</sup>

I have been involved with the Ambulatory Project nearly from its inception. I first heard of it as an undertaking by young Rolfers in my community. Later, as an ABR Board member, I participated in discussions of how the ABR could collaborate in the venture. Then, as a colleague and instructor, I participated in body readings, gave clinical supervision, and attended general meetings. I have been surprised — as I often am with things that develop organically — by the possibilities now unfolding.

### THE EDUCATIONAL PERSPECTIVE

The Ambulatory Project offers several exceptional educational opportunities. First, it is a study group that really works. I have been involved with many study groups that started with the best of intentions, but after a couple of meetings faded away due to vacations, holidays, personal problems and inadequate motivation. But here, the students' commitments to their clients make them attend regularly. Since the project's inception, this gathering and exchange has gone on for over two years.

Next, because the participants do body readings and practice in community, the project allows "live" cross-fertilization among the ideas and areas of emphasis of different Rolf Institute® instructors. Although

the faculty tries to make the basic curriculum consistent and uniform, we all know that not all important material is even presented — much less taught at the same depth — in all classes. Normally, access to material not presented in one's basic training comes only from written handouts. The live exchange fostered in the Ambulatory Project is a far richer alternative.

The project also lets young Rolfers practice immediately. Professional growth requires hands-on experience; and young Rolfers often have more "juice" to put out than clients to serve. They are eager to begin, but building their own practices can take quite a while. As young practitioners work in the ambulatory clinic, they continue to learn — not only from their peers, but also from the supervision of instructors and more senior colleagues.

The supervision helps instructors, too. It allows us to assess how well students comprehend and apply the material taught in the basic curriculum. This is especially valuable here in Brazil, where trainings take a non-formulistic approach, provide certification in both structural and movement work, and teach students to combine movement and manipulation techniques. We continue to evaluate the efficacy of teaching from the principles rather than from the

recipe; and the project lets us do so from observation of the immediate results. We can also correct or further our teaching with respect to individual students by putting them "back on course"; pointing out mistakes; giving reminders; and forestalling establishment of bad practices and reinforcing good ones, both conceptually and practically (body use, touch, etc).

The rich educational aspects of the Ambulatory Project have led the ABR and its faculty to consider making it a part of the basic training. Between Units 2 and 3, students could participate in the project using the skills they learned in Unit 2 in a professional, supervised setting. This would help the students to learn, the community to serve, and the faculty to make the Unit 2 curriculum more effective. After Unit 3, the project setting could facilitate formal "for-credit" continuing education, leading to preparation for the Advanced Training. Finally, revenues generated by the project could be used to defray tuition costs, and even to fund a scholarship program. And placing emphasis on the socially beneficial aspects of Rolfing® might improve our chances of getting education funding from outside sources.

## THE INSTITUTIONAL PERSPECTIVE

So much is involved in bringing Rolfing to the world: understanding the work, developing it, researching its qualities (both good and bad), training teachers, recruiting students, teaching, improving the quality of the work, integrating it with other disciplines, building a container in which the practitioners can hold the work, letting the world know about it, marketing it, accrediting the trainings and licensing practitioners, and adapting the work to different cultures and settings. The list seems endless.

But, fundamentally, Rolfing is a professional service. Its mission is healing and fostering well-being. This mission goes beyond the Institution — which is, in the end, only our way of containing the service and addressing the issues involved in the actual “happening” of it. And in any true profession, consideration of the social aspects of its practice is essential. It is almost inconceivable that as an institution we do not address this dimension.

Focusing on the social aspects of Rolfing invites a change in the values of the Rolfing culture. Paradoxically, it is only when we shift the focus from I to We that we will create the greatest opportunities to enhance the image of the mark, which will, in turn, enhance our private practices.

Thus, it is to our advantage to have Rolfing associated with giving, with caring for the many. As an Institution, we can become a much “bigger” body if and when we reach out.

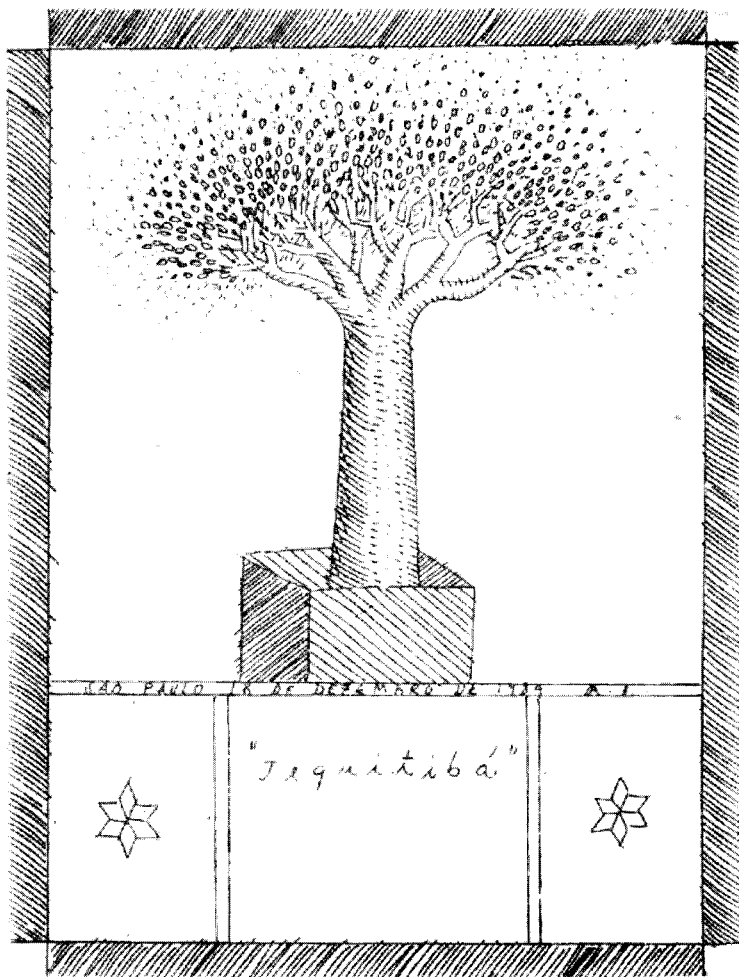
We have already felt this with the Ambulatory Project in three ways. First, we have noticed that Rolfing in a group seems to be a new kind of

changes — as well as problems — are collective. At another level, the supervision sessions present their own issues concerning setting, container, and group dynamics. But on the whole, the energy of the group enhances the processes of the individuals working within it. Rolfers have all experienced this in our trainings, when students produce

results well beyond what could be expected, given their expertise at the time. Now, we are beginning a systematic investigation of a new form of Rolfing — Group Rolfing.

Second, the group context seems to encourage research. Often, themes come to the fore and the participants begin — collectively and spontaneously — to reflect upon and study them. I have seen and continue to see the impetus for investigation and systematic research emerge not from theory, but from observation of reality. This scientific sensibility has gradually heightened, and I hope that we will soon start conducting controlled investigations.

Third, networking as an institution with other groups who offer their services in similar settings enables dialogue between Rolfers and members of other professions. This spreads the word about Rolfing in a healthy and positive manner based on direct experience; and allows us to correct misimpressions that other professionals might have based on hearsay or prejudice. We are currently



Rolfing; and we are gradually discerning its characteristics. These include the interactions among individual processes that go well beyond the traditional Rolfer/client process interactions. We also observe that the multiple processes within a particular group tend to move synchronistically, so that benefits and

cross-referring clients with the Bioenergetic Association and the Homeopathic Clinic; and multidisciplinary research is beginning.

But what of the individual Rolfer within the Institution? It seems to me healthy to turn from the self-focused questions of "How much more can I make?" and "How much more can I get?" in favor of the question, "How much more can I give?" This may not be easy, and may require an honest revision of values. But those who succeed will feel in their own flesh the truth of the old adage, "It is in giving that we receive."

The current Rolfering culture assumes private practices and fee structures that, in theory, should generate good incomes. But the reality is that Rolfers charge less to fewer clients than they would like. Their self-esteem as professionals goes down, and many have to maintain a façade of success. If we change our assumptions – as well as our vision of what is a successful practice – we can become more successful by serving more, and get more by giving more.

Working in community not only draws us out of and beyond our private practices, but also creates an institutional (focusing on education or social welfare) form of Rolfering. This, in turn, offers the possibility of a different style of practice. A Rolfer could work only in the Ambulatory, not have to build a private practice, and still make a decent income.

One overriding cultural issue is our perception – which becomes our reality — that the rules and guidelines concerning how to learn, practice and promote Rolfering come from above; *i.e.*, from a Board, Administration, Faculty or other hierarchically elevated body separate from us and from our work in the "here and now". Although some

"top-down" authority may be necessary, it causes many worthy projects to flounder in the morass of the bureaucratic and the theoretical. To even entertain the possibility that a "bottom-up" initiative might succeed and substantially contribute to the Institution may require a shift in our cultural assumptions.

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*To me, the ambulatory is most of all an open arena for discussion. It may well be the ground where we can begin to standardize more what we say and do. When we have more consistency in language, evaluation methods, and so on, we can command greater respect from other professional communities.*

Fernando Bertolucci  
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The Ambulatory Project is a true "bottom-up" initiative. It arose to meet a need that, in the moment, was perceived and felt by the members themselves. For this reason, it is centered in the work, not in politics. And it does not aim to go beyond what needs to happen in the moment. This kind of project, even though it can be developed on many levels, can also be limited in its scope and implemented only to the extent that it will serve those who create it; and each local community will have its own idiosyncrasies. For example, if in a particular area no instructors are available to provide supervision, the members might supervise each other. The form is limited only by the participants' ingenuity – which is substantial in a "bottom-up" project because more people are committed as "owners" of the idea and will take responsibility to keep it alive.

Our experience in Sao Paulo is inspiring other regions in Brazil to start similar projects. There is one starting in Bahia, and now another in Minas Gerais. As an outgrowth of our

efforts to support and pass know-how to these regions, research protocols are being exchanged. And the regions are forming natural bonds – bonds focused on the work, rather than on requests, complaints, and policy debates. It's this simple: if people want it to happen, it will; and if they don't, it won't. And whatever does happen will be at a level that is not only possible, but also desirable.

As a means of building community, the "bottom-up" approach yields an authentic form – one that takes shape not from a theoretical perspective, but from the genuine and immediate needs of the participants. And their needs, in turn, will evolve as they participate: the project is at once being formed and forming.

Some might say, "If this requires cooperation and coordination with the Rolf Institute, then forget it." This attitude might come from past experiences, from prejudice, or from ignorance. But having more communities or cooperatives of Rolfers begin to develop "bottom-up" projects appropriate to their own needs and circumstances might well be the key to a transformation our culture requires, but that cannot come from above.

This was our experience here. At first, the Institution resisted. But once the Institution saw the project's results and perceived its potential, the Institution itself changed to accommodate it, and even to use it. The important thing is to connect to one's needs — of being in community, of serving those who would otherwise not have access to the work, of continuing to learn, and of communicating. If this happens, the rest may unfold from there.

<sup>1</sup> Certified Advanced Rolfer, Rolf Movement Teacher, and Rolf Institute Faculty Member, Sao Paulo, Brazil.