Preliminary Considerations for a Theory of Core

by Peter Schwind, Certified Advanced Rolfer

edited by Aline Newton

What follows is the edited text of The First Annual Ida P. Rolf Science of Rolfing Lecture, given at the Annual Meeting in August 1992. In this talk, Peter looks at some of Rolfers' favorite questions like, "What is the core?"; "What is structural integration?"; and "What was Ida really doing?". It seems to be an important perspective in the ongoing dialogue about our work, and I am happy to be able to make it available to the members who could not be there in person to hear it.

-Aline Newton

When I read that this would be the First Annual Science of Rolfing Lecture, I thought this a little bit incongruous with what I have to say: I have chosen the theme of core, because I thought "this is really one of the issues I don't know anything about." It reminds me a little bit - because of all the language problems we have in Europe in the first class where I was an auditor: for almost five weeks, everyone was talking about the hinge and hinge function. I didn't know what a hinge was, and I didn't dare to ask so many questions. I had a dictionary, but I didn't find what a hinge really is. Finally I found out that it is not easy to translate the notion of the word "hinge" into German. However, I was certified as a Rolfer, and later I was certified as a Rolfing instructor without knowing what a hinge is.

With the term "Core", I had a different experience: it seemed to be clear at the beginning, but after a while it showed its complexity. The starting point for me is that there is a theoretical and a practical necessity to use this term. The problem we have is that Ida Rolf's concept is not a strictly empirical or logical theory. I would call it a polymorphous theory, in the sense that you cannot really falsify it within the limits of the theory itself. Take, for example, the theory that Hans Flury has been trying to evolve in his *Notes*. This is a theory which can be falsified in a way, yet even the falsification will lead to some very direct consequences in the practical work. One of the goals of this lecture is to use the notion of core to explain some of the potential contradictions which we find even in the only consistent theory we have, the theory of Hans Flury. I think it is possible to find contradictions in the theory just by using empirical observation and logical argument.

But let's look at things historically first. The starting point should be one of the statements of Ida Rolf. While in her oral teaching she emphasized the notion of core, in her writings she didn't really say very much about it. The same is true, by the way, for the Line. Oral tradition has its problematic sides, and we easily forget that we have only interpretations of Ida Rolf's thinking. Nobody "owns" her thoughts. Historically, she made a few profound statements in the big book about structural integration. There she is mainly talking about the extrinsic system and the intrinsic system of the body.

This is a bit simplistic, because by doing so she escapes into the traditional field of anatomy. She names certain layers and tissue types to describe that which she calls intrinsic and that which she calls extrinsic. To quote her, she said, "eventually," and she was very careful when she made this statement, "eventually a body must be recognized as an outer structure balancing an inner - an extrinsic structure balancing an intrinsic." This picture requires detailed understanding of what lies deeper - the realization of how deep ligamentous, tendinous and other deep fascial structures balance softer, outer tissue. This was her basic statement, but she doesn't mention the notion of core itself.

The other places in her writings where she mentions the notion of core have to do with the kind of vision which she had about the spine, especially as far as the mobility of the spinal segments is concerned. She said that at the final end of the Rolfing process the spine should have the possibility of moving independently of the pelvic and shoulder girdles. Then she said, "The vital core is free of the working sleeve and is characterized by a vertical thrust." So she talks about the vital core.

Of course, this is again a term which is fairly vague. In this case it's not anatomical, but I would say it may be more comprehensive as far as the problem goes. When we try to define a notion, we easily run into the problem that if we try to make the definition absolutely clear, let's say a one-to-one, clear relationship of a statement about this kind of object of observation, it's very good, but on the other side it may limit the range of perception of the problem - in this case, the range of perception of structures and their integration.

On the other side, if you use the term in a very general and a very vague sense, this will lead to a situation where two people, or 500 or 600 people, think they are talking about the same phenomenon or about the same observation they made, when they are actually talking about something very different. One is talking about wine and the next one is talking about water. If they are German or Swiss, they will have a lot of arguments and if they are American they will be very happy and try to love each other - but they are both distracted a little bit. If we have - as is often the case with very talented people - if we have at the starting point a very polymorphous theory, it is really necessary to try to break things down to a certain empirical and logical ground. Hans Flury has done much about the basics in his writings. However there remain questions about the more complex aspects of the theory: Why did Ida Rolf use this

vague term "core" so much in her practical teaching?

I want to talk a little bit about that, first by talking about gravity segmentation of the body and what is known now as normal function. We could say: let's define the core of the body in a very simplistic way: We shall say that the core is what is inside, and the outside is the sleeve. You can say it's not very refined, but because of the tradition of our profession, we say that the inside is more important than the outside. Actually it's very difficult to prove that, but as long as we see it as a hypothesis we will not run into trouble.

A second possibility would be to say that we define the core anatomically. That means that we collect the different elements of the body which are most significant for the maintenance of the structure in time - for the maintenance of shape of the body, of the organism. We might say we collect those elements which are outside: it may be the left ear, the right nostril, the little toe and the appendix - but we believe that they are the most significant for the body, for the maintenance of body shape in long-term development. And that's the core.

Finally, there is a third possibility: a geometrical definition of core, which would mean that we try to find the gravity centers of the individual segments of the human body, and observe those gravity centers. If we move them in certain positions, towards a central line, around that area we will find the core.

I will start with the last one, because this is the most interesting. A definition should be done so that it leads to refinement of the practical work in a practical context which has been established. This will probably not happen with this type of definition, because, as you all have heard - Wolf Wagner has explained this pretty well - the gravity centers of certain segments of the body, in certain positions and certain movements, are actually outside of the body. So we would arrive at a theory of the core which is even more bizarre than the one with the left ear, the appendix, the small toe and the right side of the nose, because we would actually find the core of the body somewhere out there.

I do not think it is reasonable to define it that way because of the practical tradition of this discipline. As I said before, the core was developed in a practical context: it has to do with what you really touch with your hand and where you reach in - it has this practical dimension. In other words, the geometrical definition of core can be very charming and we could make some very nice diagrams with it, but it's not leading to a refinement of the practical approach.

Going back to the second attempt at a definition: the anatomical definition of the core has no chance of giving any explanation of why one anatomical unit of the body should belong to the core and why another should not belong to it. It is totally arbitrary; there is no reason to say, for example, that the spine is the core or the viscera are the core. Logically, there is absolutely no reason to do that. Anything could be the core. Again we arrive at a definition which does not truly work.

I said already that the first definition is not so intelligent to use, so we really have to ask the question from a new perspective, and try to see whether we arrive at a definition which is finally meaningful and helps us to make either analysis of the human structure or manipulation of the different units of the structure which finally leads to better and more stable results.

Why do we need this kind of definition? I want to start with a story - I think a good story is sometimes better than a bad analysis. The story which I want to choose is this:

It was reported that once a class member in Ida Rolf's classes went home during auditing, as it happens so many times, and after each lecture and demo IPR did, the auditor would do a model at home. After the class was over, and after he was a practitioner, and he was certified, he dared proudly to show her the "before" pictures where you could see this crooked man and the "after" where he had a beautiful Rolf Line. IPR looked at it, and then she smiled and said "Well, you got a very nice change on the outside."

I think this story illustrates the problem of core in a very clear way. In a way, I think it illustrates the dilemma of our discipline and the dilemma of some of our best theories, like the one which Hans Flury has been trying to develop. The evaluation that we are doing after we have done sessions of structural integration focuses largely on what we see as the contour of the body and the mass of the body. The problem, however, is how to define the several units, the segments, the blocks; and then, having defined that, how do we find the center of gravity of these blocks?

It seems to be very easy at a first glance: if you just look at the body from an approximative standpoint, you can say it's here or there, but if you really look at it in a detailed way, it's more complicated.

First of all, I believe that the phenomenon of that which we call structure in a biological sense is not adequately covered by the theory of solid state physics. It reminds me of the old problem which Newton's theory ran into with the philosopher Kant. Kant said of Newton, "With his theory, he is not even able to make a significant statement about a blade of grass." The phenomenon of grass does not only include a reality of gravitational force and ground force but it includes the whole phenomenology of growth. Again, that's a very general statement that I make. We can make statements about the human organism just using the perspective of solid state physics, but we can only do it up to a certain degree. I think that it is important, but at the same time it's important to see the logical and the empirical shortcomings.

I'll talk about the empirical shortcomings first:

Try to find the center of gravity of a segment of the body, for example, this block here, the thorax. Wolf Wagner has suggested a model of a body which is "bags on bags on bags" and "bags into bags into bags". This is a very good model to start. However, the assumption that it's not important what is in the bag is misleading; the different bags, like this bag here called the thorax, contain substances of different specific weight. So the evaluation we have been doing traditionally, using the logo as our starting point for looking at people, and all the models that you find in the *Notes on Structural Integration*, somewhat assume that the center of gravity is more or less in the middle of the segments. Then you can make a consistent theory and say that if the blocks are in line with the central line then you have a better condition for more economical movement, right?

However there is a problem: Take, for example, what I called the Swiss reformation logo: in it, the traditional logo with a blown up chest forward, which was already outdated twelve years ago when I was trained, is replaced with a sort of logo where you have symmetry in front and back of the line

(this is seen from the side). Empirically, it's very obvious that if you apply the law of gravitation to that, it cannot be economical; in the front you have the lungs which are almost nothing (except the pleura which have some weight). So there you have a lot of space, while in the back you have quite a bit of bone. Logically, applying the law of gravity, the front has to move a little bit forward, though it doesn't have to move as much forward as on the logo.

That's very obvious - but to try to put it in that place would actually mean that a man who has a lot of muscles around the pectorals would need to have a strong kyphosis to balance it. Again, this would run against certain laws of physiology. Of course, my friend Hans might say that's not important, because structure is not about physiology. But then I would say that that's an attempt to self-immunize your theory. My first argument was an empirical one; this is the logical argument.

In other words, when we look at how the body segments fit together, one of the problems is to find the center of gravity in a really precise way. A complicating factor is that it also changes to a certain degree through breathing. Hans has written an excellent article about breathing; I think it is the article which I like the most of all the *Notes on Structural Integration*. It is very interesting to read and I think it successfully combines the geometric analysis with a dynamic view.

My understanding is that looking at the body from a Platonic idealistic view - the body which is standing, the body that is somewhat still - is necessary to a certain degree, but if we apply it as the basic perspective to organize the whole organism, we might arrive at very bizarre results.

Again I want to go back from this theoretical statement to the empirical side. I think one of the problems which we have had with structural integration for a long time, is that Ida Rolf's yoga-influenced tradition leads to this sort of "extension mode" of the whole organism. The organism comes upward; there is the desire for the experience of weightlessness, for the stress-free physical body. This naturally will end with a sort of a flattened back, especially in the lumbar and cervical areas. This has lots of disadvantages; for example, the back itself usually looks straight if I stand "waist back, elbows out." The back looks very straight, but the fact is that if you take an x-ray, the spine will go very steeply forward around L4-L5 and then the sacrum will come back at a very steep angle in most of these people. This is not so good for the overall structure of the body in gravity, because in movement eventually some structural elements will bounce against the others so much that they injure the human integrity. Like core, this is a very vague term but I think it is very important to surround the more precise terms by some very vague terms, otherwise we cannot make any meaningful statements.

Let's look at the new block model: the pelvis shows a forward tilt. If I try to bring everybody, in the most important everyday activities, into this kind of tilt, in some people there is a tremendous risk. Around the psoas area you have the kidneys sitting in two fascial bags which are open downward. If a person goes into a forward tilt pattern too much and you ask them to let the inside of the pelvis drop and drop, you actually may cause a ptosis of the kidney, especially on the right side. There is a strong tendency toward this. The kidney goes down - it may be a few centimeters - and it won't go up any more, even if you stand on your head for two hours. Then as a consequence of that, very soon the structure of the knee and sometimes the shoulder/neck will be affected, and you won't get it up any more by working on the rhomboids or the teres or the levator scapulae.

I have said before that it's very important to surround the very precise linear terminology with some very vague terms which always keep the practitioner open to a larger field of perceptiveness and observation in working with the human organism. The notion of core belongs to this type of terminology: I have always asked myself, "How come sometimes a session is experienced as something which has a long-term effect, which has an effect on the whole personality, and in other situations it's just something like a very nice massage, or in the worst case a very painful massage, which actually doesn't touch the whole organism in a deep way? I think there is a very charming answer and the reason is very simple: it is because in those sessions which lead to a significant stable or progressive result, the practitioner has managed to bring a more congruent picture of the puzzle of the organism to itself.

So now, you see, I have added another term, the term of puzzle. It's a non-anatomical term and its a non-geometrical term; it's a sort of a systemic term. When I say "puzzle", I mean something like this: that an organism has different components - it is not necessary that you name them anatomically -; and those components, taken all together, shape what I would say is the individual puzzle of this one organism. It's something like a mosaic. There's a big difference between looking and analyzing the puzzle, and looking at the contours, the mass or the centers of gravity of the body. It is much more difficult. Ida Rolf made some statements about that, although she didn't use the word puzzle. She said that it is so difficult to work with the human organism because things are always moving. So what I'm saying is that the puzzle is actually moving all the time in space and time.

When I say moving, I don't mean locomotion. Most of normal function is about locomotion: how I raise an arm, for example. It's very important, but not at all interesting for the theory of core. It's very preliminary; it doesn't say anything. I think that normal function is a very important thing for Rolfing movement education, but I think it's not as interesting for structural integration, because in my understanding, structural integration is trying to handle, on a very deep level, different *organismic motion* systems which are mainly passive. This has nothing to do with the movement cortex. I think that if you don't draw this distinction, in five years we will be where all the Alexander teachers or Swiss physical therapists are who are trying to teach the whole world how they should sit, walk and breathe. The planet is full of these schools. Their teaching has practical value. It is important to know some mechanical laws, but if you get a puzzle that matches its components on a very deep level, you can move whatever way you want. Of course then you are a stupid person if you do the same movement all over again, all over again. Then you will again end up with certain fascial planes which are rigid and have less fluid content.

I believe that true structural integration has little to do with locomotion. If I wanted to have perfect normal function, I would not go to see a Rolfer, I would go to see an old Chinese guy who really knows something about Tai Chi. Not the kind of Tai Chi which looks like you shit in your pants but the kind of Tai Chi which actually illustrates Hans Flury's points in a very important and very reasonable way.

So back to the term of puzzle. To talk about the puzzle I need to define structure first. My favorite definition of structure is that structure is not solid. It is not permanent. It is not one thing here relating to that thing there, which is solid state physics and geometry. Structure is a repetitive picture of movements of different systems of motion - passive motion and active motion - in the organism, which shows up in the living process of the whole organism. Maybe this is a little abstract. I want to repeat it: Structure is a repetitive pattern of active movement and passive motion in the living organism, which shows a certain picture. It actually shows the mosaic, as I would call it, or it shows the puzzle. The problem, however, is that to see structure is very difficult. Very few people have the spontaneous gift to see it. Usually we all have a very hard time looking at a person and saying "Okay, this right kidney doesn't move", or "This side of the cranium doesn't have enough motility", or whatever. It opens a field for projections and nonsense so we have to be careful about that.

And now I have some practical suggestions about how we can talk about structure and how we can analyze structure in a way which is not conventional to our Rolfing tradition. It has to do with what I have called the puzzle before. I want to give one example. Let's say we have two components of the body; it doesn't matter which ones. You can choose part of a form, for example the arm and the shoulder, or you may break it down to traditional anatomical elements, for example the liver and the diaphragm; or you can go deeper and cut it down in the atomistic way to tiny layers which are getting tinier and tinier. To analyze that by vision is very, very difficult, but I would like to encourage us to train our hands to analyze the puzzle and the way different components of the puzzle relate to each other in space and in their mobility and motility. We will do that by using the hand.

There are several ways to do this. The easiest one, which I want to describe in this lecture, is the one which has to do with what I would call the passive breathing motion of the core of the structure. If I inhale, according to the theory of Hans Flury, the inhalation process should start with a little relaxation, a tonus reduction of the outside of the body. This relaxation of the sleeve, as he calls it, will lead to an inner pressure change inside of the thorax. It actually brings the diaphragm to a sort of passive action. So at the beginning of the inhale, the belly will drop in a tiny, tiny bit. Then with the change of the thorax, it will move down a little bit; it actually will fill. In terms of geometry and gravity, it means that most of the breathing motion, its most significant part, is seen in the back. This is Flury's theory. It's not belly breathing or chest breathing, it's actually back breathing. So the back should move as freely and as fully as possible. It would mean that in the end you get a sort of a filling motion in the whole torso and the back. The barrel shape of the torso will change more toward the shape of a cylinder. But the movement of the back is only free if the inside of the thorax and abdomen has components that can slide on each other.

While we have this filling, if you want to have a perfect action in the field of gravity, actually, we get Ida Rolf's famous "elbows out" - because to balance it while inhaling, the arms have to rotate internally a tiny bit.

This is an important step but it only says something about our speculations about weight distribution in the body. It doesn't say much about what I would call the interaction of the core structure. The interaction of the core structure, in this case, means that because of the movement in the abdominal cavity, each of the organs has to make a certain journey through space during the inhalation and a certain journey back. For example, the liver will move in certain ways - in general, it makes a movement downward. The stomach makes a very similar movement. They both make a movement towards the umbilicus.

So, to make it very simple and practical, to evaluate the core system in this space, the best way to teach ourselves is actually to use our hands to listen for the motion of those components inside the plastic bag, how they travel through breathing. I think this will give much more significant information about the arrangement of the core than looking at people from the side and from the front when they are standing. Even if they are breathing freely, you only see the movement of the contours outside, but we don't see the more subtle movement because it's covered, like the shirt covers the skin. I think it is easiest to start with that. There are other ways, but this is a very clear way to explore the core.

The first step would be to have a theory about how these organs should move. This has been developed by my famous friend, Jean-Pierre Barral, in France, who is unfortunately not a Rolfer but an osteopath. The theory has been developed very precisely. In my practical experience, it has a lot of consequences for how we should teach basic Rolfing from the very beginning because breathing and the inner breathing motion seem to be so essential for the whole structure. It is much more essential than the outer fascia of all those stupid muscles. I say stupid muscles because I think some muscles and bones are basically very stupid, but membranes and the nervous system are very intelligent. It's more productive to talk to the intelligent components of the body than to the stupid components of the body because with the intelligent components we can have a much better dialogue.

Back to the core structure: aside from this passive motion of the organ, there are other phenomena which we have to explore with our hand which will give us some beautiful information about the puzzle. Besides the motion of the organs in breathing, there is another reality which we can observe to get more exact information about how well the mosaic really fits together. One of them is temperature. If one component of the puzzle is stuck to another component of the puzzle in an (again, very vague) non-vital way, you will have an increase in temperature. The problem is that if you want to sense it with your hand, you will not get the correct information because, first of all, the temperature difference is only 200 parts of one degree Celsius. That is very little and requires some practice to sense. The other thing is that as soon as you touch it, because of the liquid content of the skin, you don't get the correct information from it. The only way to feel the temperature difference is at the distance of approximately two and a half inches from the skin. You can feel it best with the palm of your hand. As a Rolfer it is very difficult to feel, because when we press hard our hands are so warm that we don't feel it. You have to give yourself a break occasionally during the sessions to feel it and to train your hand.

This is in fact one of our true disasters about structural integrity and gravity. You can't really prove scientifically where you have the true restriction that fucks up the whole system. You can't look at it like an engineer. It hasn't been measured so far. The same problem comes up with normal function: if we let go here, is it really more economical to stand up by letting the pelvis drop? If I

move from here to there, yes, here I let go much more but here, for example, there are some really bizarre muscles which connect the organs with the back of the spine. I am not aware of it, but if I move forward they actually contract. I may save some energy with some muscles and at the same time I bum more energy with other muscles. What I'm saying is that it's not as scientific as it looks at first glance.

As I said, in my practical experience the most objective information we get about true structural restrictions of the organism is manifest in temperature changes at a certain distance from the surface of the skin. Nuclear scientists have been trying to take measurements in France for many years. They have finally constructed a little machine which can measure exactly what Barral had found just using his hands. When Barral teaches courses in Munich, the people in training have to line up and check where this disturbance of the puzzle is manifest, and then we take the machine and check whether it was right or not. This is true empirical research.

Of course, there are components of the mosaic of the puzzle of the human body that can be perceived in a non-geometrical way, which are still relevant for the geometrical arrangement of the body when it stands up in the field of gravity.

For somebody who's very tight on the outside, much of the work on the superficial fascia - actually the attempt to shape a body through its muscle - will be very meaningful. But there are many other structures which shouldn't even be touched once that way in the course of all ten sessions. Their whole arrangement in space is, for example, 80% defined by ligaments and by membranes which are related to some very deep places inside the body. If you had this kind of type, very thin, very soft, and you work on the fascia of muscles, what happens, even if you just work on this so-called primary shortness, is that they will collapse more. Because he/she actually has to tune up more in the overall muscular structure to have better support. We have to focus on finding different types, not only different types of the whole body in stance but different types of tissue within one type of person, which is very significant for this problematic situation.

Back to the theory of core. On the practical experimental level that means that the very deep membranes are much more related to the core - I don't say they are the core - but they are much more related to the core structure of a body than the fascia of the muscles, for example. The tragedy is that most of the writing of Ida Rolf - for example, in her book all the drawings show muscles, and she talks about muscle fascia. Only in the chapter about the upper pole does she talk about the significance of ligaments which connect, for example, the bones of the upper body. In another passage of her writing she actually talks about the significance of the liver for the whole structure. She basically says that if you have disturbed liver function, you actually arrive at a bad economy of the whole structure. (in *Ida Rolf Talks*). She was at least as polymorphous in her practice as in her theory. We shouldn't force ourselves to be too limited by using one or two models which are basically the models of solid state physics. I think the core of the human structure (that's one of the big problems to describe with photographs) has very little to do with how a body looks from the outside. It has much more to do with how all the different components of the organism interact with each other. So my definition of structural integration in that sense would be that structural integration is a method which leads to better interaction of all the different systems of the human body with each other.

OPEN QUESTIONS

Question

I want to know why the temperature is going up in those areas rather than going down if there is slower physiological function.

Peter

I'm not exactly sure, but there are certain situations where it is quite clear, and it has to do with the venous blood coming back more slowly. A very good example is the liver: If somebody, for example, has had serious hepatitis, what happens is that the falciform ligament and the ligament coronare (which fix the liver backward in the direction of the diaphragm) become very stiff and somewhat hard and immobile and it means that the blood is pressed in there. It gets stuck in there and per unit of surface, you get more heat from the blood because it stays longer in the veins and it takes more time to come back.

I'm not absolutely sure about that because we have some other phenomena which are a little more outside, in the electromagnetic field of the body, which are again different from the temperature field; and there seems to be interrelating between the two electric systems. It's damn complex. But to make it easy I would say it probably has to do with the fact that we have more circulation of blood in restricted areas. It's as though you have something warm in a heating system and you make it move more slowly through certain heat units, and then it will heat up your room very quickly.

But what I say may be totally inadequate. I know that the French Osteopath Didier Prat has done some research on different types of lesions, related to their aging process, and we have a sort of "cool" lesion as well.

Question

I'm interested in how your view of the puzzle or mosaic goes back to define the notion of lift and support in gravity.

Peter

I can give a sort of hypothetical answer on that: My hypothesis is that if you find the most significant restrictions of the puzzle and you actually ease them out, you put the puzzle into a more creative picture of this organism, you automatically arrive at the maximum of lift and weightlessness with this one person, but it's not the other way around. If you work generally on the human organism to arrange the main segments and it looks like you have a lot of lift, you don't automatically have elements of the puzzle which fit together well. Do you understand? This is my hypothesis. It has to be proved.

Question

But you don't have weightlessness?

Peter

I think there is no such thing as weightlessness, there is an experience of weightlessness. This is a very important statement. I believe that if we remove the main restrictions within the components of the puzzle - it may be only five places in this organism, or seven places - if we remove it, we automatically arrive at a better and a more economical - even just applying the laws of solid state physics - at a better economical function and alignment of all the different components of the body. But if we try to do it the other way around, we don't arrive

there. That's probably the reason why Ida Rolf was using the notion of core. I want to give one other example for that because sometimes those people who are very talented are aiming in the right direction but they are not using the right word and the right analysis for it. One of the topics is the theory of the psoas. It has been argued about whether it is an external or internal rotator of the hip for decades. For years osteopaths have been discussing that. Now we have this discussion, what it does or what it does not do in walking - I think it's absolutely not interesting. I don't care whether it's an internal or external rotator. I don't care what the psoas does in walking. But Ida Rolf knew that when you work around the space around the psoas, if you create some activation of structures in there, that you have a higher level of vitality in a human organism. Of course it doesn't come from the psoas, it comes from the mobility of the kidneys which ride on the psoas. In inhaling and exhaling the kidneys move up and down. So I would say her theory was wrong but her practice was efficient.

Question

It seems to me that what you are suggesting would put movement or motility at the center of a theory of structure - that you're saying integration is really only accomplished when you have continuity of motility throughout the structure.

Peter

That's what I am saying. I think that motility of the deep components of the human organism is much more important for the overall system, and even for the maintenance of the blocks in the field of gravity, than something nice seen from outside.

Question

So we've really overemphasized voluntary motion at the joints, for example. We could say that the core really functions through this range of involuntary motion which we now call motility, as distinct from, say, the voluntary motion of the joints, which we are looking at when we work these large muscles.

Peter

Yes, that's the way I see things. I still would like to add on to that one other aspect. I remember 20 years ago when I wanted to learn this work. First I wanted to learn Feldenkrais work but then I thought, "I'm too stupid for it." So I thought I would become a Rolfer instead because then I just have to handle those blocks and have a nice touch and all this kind of thing. But then very soon I realized that, in a way, my old interest had caught me again: I worked with brain-damaged children and people who were supposed to not benefit from standard Rolfing and tried to refine the approach in a way that they could learn a better, more efficient way of moving. For example, I would work with a child who could not do handwriting well and try to find a way to work with his wrist so that he could do better handwriting and things like that. This exploration has led to a very general statement from my side about structural integration. I think that it came from the requirement that I had to refine the approach with the spastic person - in a way, I thought, but in a way, we are all spastic to a certain degree. It's just not the right thing to tell a spastic person: "Please move your arm straight out with a hinge motion." I think my critique of us, against ourselves, is much more radical than Hans' critique.

Question

I read an interesting interview about four or five years ago with Judith Aston in which she was attempting to criticize Rolfing. She said that she thought that the body was a negotiation of asymmetries. And I always liked that. When you were talking about the puzzle, I was thinking, "Yeah, the body is a bunch of asymmetries." The puzzle is all of these strange components that all fit together in some way that produce a certain kind of functioning. If it's a negotiation, there has to be a principle of negotiation. I like what you said about function and I was wondering: it's interesting that this notion of economy of function gets limited to locomotion. I think what you've said is that we need to broaden the notion of function beyond locomotion. When we talk about function we also need to talk about physiological function.

Peter

Well, I think that's why I call it a polymorphous theory. I think that Ida Rolf has definitely made that statement and not only in the oral tradition. That is what she was aiming for. It was function but not only locomotion. And I think this is the true joy or real truth of our method, that it has this broader perspective.

Question

So economy of function includes continuity of tonus; it includes physiological function; it includes locomotion, and motility perhaps.

Peter

Still, I have a hard time with continuity of tonus. I would rather say "homogeneity of certain types of elements/components of the body". There's still one little thing I want to add to that: I think that it would lead somewhere else but I think that a very interesting question is, how do biological units rearrange themselves and what does an overemphasis of order mean for a biological unit. A biological unit as a living unit is much more defined by actually taking order from outside and actually creating disorder in its environment. It needs a certain amount of disorder in itself to survive. So the whole solid state physics argument about saving energy - I mean, I read all Hans Flury's writings before I came here. Hans is very smart. He opens a lot of doors for self-criticism in his theory. And one of his most beautiful statements is that you do all this normal function to save energy but the problem is that most people have too much energy anyway.

Question

My question is the corollary to that last one: not why do those two pieces of the puzzle get stuck together, not why is the temperature differential created, but what is your focus in terms of trying to resolve the problem or stuck-ness or amorphous dysfunctional whatever? I mean, when as a Rolfer you see this, what is your focus or what is your intent in terms of trying to resolve it?

Peter

Well, I would say that, while I use different modes of touch, my intention is much more about observation and being perceptive than about doing something. If I find it by temperature, or it doesn't have enough space or it doesn't move or it doesn't show motility - you all know what we are talking about.

The most important thing and the suggestion that I have for all of us, is that instead of having a concept of what it should look like and then taking a bow and arrow and aiming for it and then looking to see what happens - instead, it's like keeping the hands as if in a fluid system and observing what happens with all the other components, while we are trying to do something

to two of them. I think this is the true meaning of Ida Rolf's "go where it ain't": that you can put your hand here at the ankle and actually shift some elements in the puzzle here in the right side of the neck. But this is not possible by trying to separate something which has been glued together. It's only possible if you put your hand into, let's say, the biological computer. And that's why I think Robert Schleip is very correct and has led my thinking in that direction: the nervous system is actually a very important component of our work. There are even some ligaments in the pelvic structure which have contractile fibers like muscles. If you want to change the tonus pattern, you have to manipulate them very differently compared to the retinacula or some ligaments between bones here in the foot. I suggest to all of us that we don't use only our eyes but we use our hands - a thinking hand, a perceptive hand, to quote Sutherland, to make observations about that which happens with the mosaic, what happens with the puzzle.

I would like to give a very interesting example of that. There is an old doctor in Vienna who has been collecting a specific sort of art of the 20th century. He has all the Schiele paintings, these very decadent Viennese paintings. And he bought all those when Schiele was not known, and he has a huge collection. He has other painters of that period; and he knows very well the paintings of one painter (not Schiele, it's another one). There was an auction, and they asked him to testify that a certain painting was made by this painter. And he went there and he looked at the picture, and he said, "One third of this picture is missing." And they said, "You are crazy. We bought this in New York City at Sotheby's. How can you say that?" He says, "I'm sure one third of this picture is missing because otherwise, this painter wouldn't have painted this picture." And then he said, "It must be an object of this size, and it must be green." And he had never seen the picture before. Then the guy who had originally sold the painting in New York got pale. He said, "Actually what happened is that when my family escaped from the Nazis in Vienna, to make a little bit more money, we cut the painting into two halves to sell two paintings."

To me this shows the complexity of human perceptiveness because the old doctor who collects these paintings has seen, let's say, 80 paintings of this one painter - and then he can project what painting number 81 should look like. Being perceptive to the human organism has a little bit to do with that kind of experience.

Question

I' m wondering how your thinking has developed where you have some implications about how to approach pre-training and basic training of Rolfers, because what you say makes a tremendous amount of sense to me. I'm wondering, have you tried to see how we could apply this to the problem of working with people's perceptions as they begin to learn Rolfing?

Peter

I think it is possible. I still believe that much of what I would call the mechanical school is very important on one side, but that on the other hand, we are all on the way, when I think about our discussions at the faculty, and when I think about the classes. I saw Robert Schleip teach a basic class recently in Germany and I was truly impressed by the opportunity for easy access for beginners to this very complex field. I had a much easier time teaching basic, very beginning Rolfers all that than talking with my colleagues who have 20 years of experience, sometimes, because the beginner hasn't developed those things yet that are an obstacle. I think that we are well on the way to changing our basic training. I like very much working with Rolfers or osteopaths who have done their basic training and then they come one day a month to my office to study. This can be tremendously vague. There is the danger that I start to live in my fantasies. I think, like Hans Flury, that a little bit of psychosis is important for rational thinking, but if you have too much, it's not so good.

Question

As I listen to this, I recognize that when I'm working with my clients, I use locomotion. I have them move while I'm working with their tight hip or whatever. And my understanding has been that the body is tight on the outside or tight on the inside and it can't move. And what I'm hearing you say and I'm not sure this is really what you are saying is that if I could find those five or seven places that are stuck and I could let them go, or help this person to let that movement come in, then I wouldn't have to worry about their tight hip because it would resolve on its own.

Peter

Exactly, but unfortunately, many times, the fat Bavarian beer brewer comes to my office, and first of all I don't find the five places, and even if I did, I wouldn't get there because there is so much around it that I have to lean into it with my elbow.

Question

Isn't there something like fibrosis?

Peter

Yes. But that is only one very stupid and boring attitude of some small places in the body.

You know, I am a specialist on TMJ problems and it is one of those very interesting places; the TMJ is the only place I can apply traditional Rolfing theory and Rolfing practice at the same time. What happens in most of the TMJ problems is that in the upper part of the joint capsule, you have sort of fibrous structures which lose their liquid content, and then the discus cannot move forward freely anymore, and then the more they talk and open the mouth the more they ruin the joint, you know. And it can be released by really just getting in there. But when I was trained originally, people would go in there and tear, and it was really true torture. Now the way I do it is to go in while I am asking them to open, close a little bit, (it is described in an article in *Notes on Structural Integration*), and at the very end when I am up there, they have to close, and that passively stretches the inside of the joint capsule.

Question

I just finished the visceral manipulation class last weekend, so I'm just curious, what do your sessions look like now, how much traditional muscle fascia work do you do? Because the message that I got from Frank Lowen was, you can handle knee problems a lot of the time with visceral... So I' m just kind of curious about your sessions - do you do a Ten-Session type thing, do you talk about that with your clients anymore, do you do a lot of visceral work?

Peter

I think I did much more visceral work before I was trained in visceral work; it's just that I was not able to do it precisely, and I didn't know I was doing it; I thought I was on the psoas when I was mobilizing the mesa of the descending colon, or I thought

I was on the psoas and I was underneath the kidneys. Now my work looks almost the same as before, but the sessions are much shorter and they are less dramatic. It doesn't mean that the experience is less deep. Actually, the experience is deeper.

I can give you a typical example: I was working with one of my colleagues: she was coming once a year for three sessions, for seven years or something like that. She really looked better, but I had a feeling that I never could handle that structure, really. She looked more and more symmetrical. She had a very dramatic kidney surgery done once, under very funny conditions, years ago. Many years later when the kidney was mobilized, her whole personality changed, and the relationship of the segments changed. You know, Jean-Pierre Barral touched her once, and he did more than I did in seven years. I have to acknowledge that. But I don't imitate his methods, and I don't copy his techniques. Sometimes I use his techniques but I have a different philosophy of the organism. He has an osteopathic philosophy which is a medical philosophy, and I have a biological philosophy of the body. It means for example, that he will take the liver and mobilize the liver in relationship to the structure which is next to the liver, while I will, for example, with this hand, take the whole thorax and decompress it and while the liver starts to stumble around and float in there, I will actually change the shape of the whole thorax, the outside and the inside of the thorax, which means the tensional pattern of the intercostal membranes and then remove my hand, and maybe the liver moves a little bit better at the same time. That is a very distinct difference.

The same is true in my understanding of cranial work. There have been many approaches to the cranium, for example, Dr. Jones' in Oregon. He thought that the Sutherland approach was too complex to learn and he developed his own cranial approach which uses a significantly stronger touch and it's very efficient. So the final goal is not the method. It is very good to define a method and it is a sort of scholastic necessity to do that, but the final goal is the exploration of the organism. And if the exploration of the organism leads to a better long-term development of the person, then it's okay to do that, even if it is very vague.