

A Reply

By Stephen Paré, Certified Rolfer

The length of Dr. Maitland's critique is flattering — to look at it another way, he finds a great deal in my little article to criticize. He discusses some interesting issues, too; the points about scientific precision were particularly interesting for me, though I don't think that they apply to my article.

There's something I'd better address from the outset. It's a little thing; maybe it's nothing: Dr. Maitland finds that I have "be-littled" his theory by saying it has multiple personalities. I bring this up because it sounds as though he thinks I'm being condescending. Nothing could be further from the truth, and I hope he will agree that condescension gets in the way of a frank discussion of ideas.

What I need to do here is to outline what I was attempting to say in my article, and why I wrote it the way I did.

I wanted first to see if a theory could be constructed that could encompass the various ways that we've talked about the core and the sleeve. Incidentally, I think the greatest weakness in my paper was in not including Jeff Linn's recent article in my discussion ("The Core of the Matter," *Structural Integration*, Winter 2002).

I said at the beginning of my article that I would reject my theory in favor of going back to Dr. Rolf's original formulation. That we ought to go back to Dr. Rolf on this subject does not need justification (I gladly concede that this is not the only reasonable position), because she was the first to use the term in the context of the human body.

What, then, is the point of constructing yet another theory, especially one that is immediately rejected? The whole thing sounds like an academic exercise, if not a perverse one (I do admit to some perversity in doing this). But I think that there are at least two good reasons for doing so. The first is

to see if all the different ways we talk about the subject could be reconciled, and if a reason could then emerge why we have so many different ways — are we the seven blind men touching different parts of an elephant, or are we touching different things? Do the many things we have said add up to different perspectives on the same thing? Given that as the case, what would the elephant look like? I do not reject the possibility of different perspectives; quite the contrary, I assume them. And it is not really a new theory, of course; it attempts (corollary of Occam's Razor) to fit observations into an existing theory.

Dr. Maitland mentions "the visceral space and celomic sacs," and then again the "core beliefs of his [i.e., the client's] worldview." If these are the same things viewed from different perspectives, surely it is incumbent on him to say why.

The second reason for constructing a theory that I did not intend to advocate was to suggest the kinds of things that a theory of Core and Sleeve ought to have: observable evidence for it that can be repeated, and concrete predictions about it that can be tested. What is it that you are actually seeing when you see that "emergent quality"? When you've seen it many times, is there something you were doing, previous to seeing it, that seems to correlate to it?

My suggestion about observing "intradivisional" as opposed to "interdivisional" effects, which Dr. Maitland finds awkward (the terms do sound bureaucratic, but I think they at least say plainly what I mean), is an attempt to think about how you would go about demonstrating that what you think is the core really is distinct from what you think is the sleeve. It's a guide to where to look for evidence. That Dr. Maitland observes "clear intradivisional as well as interdivisional results" from his celomic sac work is a fine thing therapeuti-

cally — but ambiguous as far as demonstrating that the visceral space behaves as a core is concerned, since the whole point is to distinguish the two; his “shoulder and pelvic girdles moving in a freer independence as result of work on the core” is an interdivisional effect, and so is not a good indicator that what he considers to be the core is really distinct from its supposed sleeve (or surface).

It’s my opinion that Dr. Rolf used the core and sleeve metaphor because it had descriptive power, not because she was always talking about the same thing when she used it. I concluded this because I cannot reconcile the different things that she said; they’re not the same elephant. I’d better go into this in more detail.

I know of five comments that Dr. Rolf made or is said to have made on the subject. The two that she actually published naturally take precedence, though the ones remembered by Jan Sultan and Ron McComb are also of great interest - not least because they are so different in kind from what she actually published.

I have referenced her printed statements in my paper. They are: 1) the core is the spine; and 2) core/sleeve = intrinsics/extrinsics; she makes clear that in talking about intrinsics and extrinsics she is referring to what she calls “muscular elements,” and equates this opposition to the familiar polarity between agonists and antagonists. This is the way that, for instance, John Cottingham uses the term in his *Healing through Touch*.

It is obvious that these two, while having much in common, are not the same, since “intrinsic” can apply to a location in the leg, or anywhere else in the body where there are layers of “muscular elements,” and not just to the spine. It is also obvious that neither of these can be the visceral space.

Ron McComb’s recollection (*Remembering Ida Rolf*, p. 107) is that she said, when asked directly, that “Core is whatever you can’t live without.” If it’s anything you can’t live without, then it cannot also be the visceral space with its upper boundary at the nasopharynx; that would not include the brain. This consideration applies, of course, to her printed statements as well.

I’m not arguing against visceral manipulation, or even that the visceral space, however defined, is not distinct from the rest of the body — and not even that it does not

deserve a special descriptive name. I’m arguing that it should not be called the core, because of Dr. Rolf’s precedence.

In response to my claim that Dr. Rolf did not mean the visceral space when she said “core,” Dr. Maitland says, “...it is all too clear...that Dr. Rolf really did have some notion of an inside or innermost something in mind, an important event or emergent quality that was both energetic and somatic...” But this description does not equate to the visceral space; if it does, it is not at all too clear why.

I have not discussed Mr. Sultan’s recollection, which I think is quite interesting; I also haven’t mentioned the fifth statement attributed to Dr. Rolf about core and sleeve, which relates quite closely to Mr. Sultan’s; I discovered this statement after writing my paper. I’m going to write a note about these two soon, as part of a larger project.

Once you accept that Dr. Rolf is to be the authority in this matter, then you must also face the fact that she was not consistent about it. This is clearly not a question of different perspectives of the same thing, but of different things; they can be described by the same metaphor, but to imagine that this makes them the same is to forget that a metaphor is not the same as the thing it represents.

I think the crux of the problem is represented by this statement: “...if there really is a core and sleeve [!], a more complete description of these concepts requires that they be articulated across all taxonomies.” But if the concept(s) are in doubt to begin with, and are not even plainly defined, articulation across all taxonomies can only create false correspondences - castles in the air. The “visceral space and celomic sacs” and the “core beliefs of his worldview” do have the “core” metaphor in common, but we are not interested in demonstrating how widely applicable the metaphor is. What is it, exactly, that makes them the same thing viewed from different perspectives?

Dr. Maitland concludes by saying that perhaps “the concept of core is just poetry.” If it is a metaphor first and an observed phenomenon only after, then that is true. If it is an observed phenomenon first, then the question is what it should be called.

Is Dr. Maitland no longer using “surface” instead of “sleeve”? I must say that I liked “surface,” with its implication of interface with the world, though it lost the electro-

magnetic allusion of Dr. Rolf’s “sleeve.”

We would ideally now all agree on what we mean by “core and sleeve.” But even if we could, the matter appears to have been definitively settled for us. Pilates teachers, personal trainers, and aerobics instructors routinely refer to “core strength,” meaning, I take it, competence in the lumbar spine. The idea is now in the marketplace and has momentum and a life of its own. This use of the term is not far from Dr. Rolf’s two published ideas, so this is not a disaster. If we are to continue to influence the discussion - we ought to, because of our special competence in this area -, we will have to accept the terms of the marketplace to do it.