

## Review of *A Headache in the Pelvis*

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*A Headache in the Pelvis*, 3<sup>rd</sup> edition, by David Wise, Ph.D. and Rodney Anderson, M.D. 350 pp., pub. by National Center for Pelvic Pain 2005. ISBN: 0972775528

Though the ideas in *A Headache in the Pelvis* are well known within the Rolfer® community, it is important for practitioners to be aware of this book. The next time a prospective client calls and says, "I have prostatitis and have been to everyone, can Rolfer help?", you will have little hesitation when reaching for your appointment book.

The book marks a shift within the medical community for a host of conditions related to the pelvic floor for both men and women, which have been problematic for medical protocols. These include but are not limited to prostatitis, interstitial cystitis, levator ani syndrome, and pudendal nerve syndrome. These conditions are grouped under the heading of Chronic Pelvic Pain Syndromes (CPPS). The emphasis in the book, however, is on prostatitis and, similarly, this review. It is important to note that all these conditions can result not only in pain but also in sexual dysfunction, thus severely impacting a person's life.

Medical progress, despite headlines about miracle drugs, can be agonizingly slow when it comes to low grade non-life threatening conditions. Prostatitis is a good example. While there are several categories of prostatitis – bacterial, nonbacterial, chronic, acute, etc. – the physician treats all of them, no matter, with the same protocol, beginning with the antibiotic Cipro. There's only one problem. Only 5% of prostatitis, according to the authors, has any linkage with a bacterial organism.

Paradigms shift when old models are no longer effective and fracture under the weight of inconsistencies. Such is the case with the outdated protocol in regards to prostatitis, probably still taught as gospel at medical schools. One of the authors, psychologist David Wise, suffered from seemingly incurable prostatitis for about 20 years

until he met a doctor at Stanford University Medical, Dr. Rodney Anderson. Together they developed what is now referred to as the Wise-Anderson protocol, or more simply the Stanford protocol.

Medically, there are three choices as to how to view prostatitis: bacterial, auto-immune, or muscular. In their summary of understanding, Wise and Anderson take what for them is obviously a dramatic leap of faith in relation to the medical community but what for us sounds like the usual commentary in Unit 2 training before the 4<sup>th</sup> Hour.

"We have identified a group of chronic pelvic pain syndromes that we believe is caused by the overuse of the human instinct to protect the genitals, rectum, and contents of the pelvis from injury or pain by contracting the pelvic muscles. The state of chronic constriction creates pain-referring trigger points, reduced blood flow, and an inhospitable environment for the nerves, blood vessels, and structures throughout the pelvis basin."

4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> hour work, or, better yet, the whole Ten Series!

The essential features of the Stanford protocol are twofold: release of myofascial trigger points in the pelvic floor; and a program of "paradoxical relaxation" to train the patient to recognize and then learn how to let go of his pelvic floor muscles.

The trigger point work, done by a physical therapist, is done internally. The current third edition has detailed diagrams of how and which muscles the P.T. accesses and is of some interest anatomically. Usually, a client will, according to the authors, have between 10 and 30 sessions, all depending on their response. A second feature is training the spouse to help to release the same trigger points internally.

"Paradoxical Relaxation" is the brainchild of a psychologist, Dr. Edmund Jacobson who began treating many physical conditions in the 1930's, including hypertension, spastic colon, spastic esophagus, headaches, and even heart problems as stress related, well before Hans Selye's groundbreaking book on stress in 1956, *The Stress of Life*. Jacobson's obsession with measuring muscular tension led in the 1940's to the development of the electromyograph, a forerunner of the biofeedback machine. One must also note wryly the title of one of Jacobson's books on relaxation, *You Must Relax* (my emphasis).

Jacobson called his method "paradoxical" because one cannot try or make an effort to relax. His methods were particularly aimed at eliminating any movement in muscles related to speech and vision to rid the client of internal dialogue and thinking. The client thus can achieve a total quieting of his body by nullifying all muscular activity.

This method begins by directing the client to first continuously tighten and relax a muscle, the idea being to teach them to feel and become more connected to their body. Then, the client is directed to muscles other than the pelvic floor, thereby not adding more tension to that already stressed area. After being taught how to feel tension, the client is directed and taught how to decrease stress by accepting tension, what we might call "not fighting it." The next stage involves coordinating breath and heartbeat to stimulate the parasympathetic nervous system to achieve deep calming.

The patient then practices Moment to Moment and Intensive paradoxical relaxation. With the first, the patient is asked to tune into his body as many as 50 times a day. Sometimes, a specialized pager goes off to remind him/her to relax his pelvic floor. In the Intensive mode, the client practices two sessions of 30-45 minutes of deeper states of relaxation per day. As the authors acknowledge, though Jacobson vehemently did not, these forms of relaxation are similar to states achieved through yoga and meditation, certainly familiar to the audience reading this review.

So much of this book, in fact, is familiar to SI practitioners. One chuckles when the authors discuss the possibility, for example, of unexpected emotions arising during myofascial work. Or, shades of the 60's, the description of chronic pelvic pain as occur-

ring with pelvic muscles are “up” and “tight.” In fact, so much of this book is familiar to structural integration practitioners, it would be easy to dismiss this book as “been there, done that” and move on to more captivating literature. And that would be a mistake.

This book is a bridge between the medical community and the structural integration community. Our attitudes about structure, our concern for myofascial continuity, and our espousal of connection and intimacy with the body are embedded in this book. While our community does not practice intra-pelvic work, everything about our approach and thinking is in line with the protocol proposed in this book. In a response to an e-mail, David Wise said that he had received about 40 SI sessions, but not specifically for the problem he had, and that when a myofascial therapist is not available, he recommends Rolfing, i.e., structural integration.

Though as practitioners we will not find anything astoundingly new or dramatic in this book, our clients might. For a potential client that has suffered interminably from pelvic pain, rounds of antibiotics, and seemingly nowhere to turn, this book will seem a godsend. It is obvious from the book's easy style and concluding chapters of testimony from patients, that it was written for the patient first and for the professional second. A visit to <http://www.pelvicpainhelp.com/>, the website supporting this protocol, will attest to the positive results for many patients, who have, in their healing process, discovered this book and then brought it to the attention of their physicians (another testament to how the internet is not only educating the public but also their doctors). For many, this protocol may result in fundamental lifestyle changes and, for some, profound personal transformations, hallmarks of our work as well.

This book is a point of reference and an opportunity to position our work within the mainstream. For that reason I recommend that the book be purchased and take its proper place on your bookshelf. Despite the fact that Rolfing is mentioned only once, as one of many supporting modalities, one can hear, somewhere in the bowels of this book, the relentless truth of Dr. Rolf's ideas and vision. □