# About the Canadian College of Osteopathy

## An Interview with Ron Murray, DOMP, Certified Advanced Rolfer™, and Allan Kaplan, Certified Advanced Rolfer

By Anne F. Hoff, Certified Advanced Rolfer

A small number of Certified Rolfers have enrolled in the Canadian College of Osteopathy (CCO), a five-year program in traditional osteopathy with campuses in Toronto, Vancouver, and Halifax. Here, we interview two graduates of the program to learn more about the school, its curriculum, and its relevance to a Rolfing® practice.

### ABOUT THE PROGRAM

Anne Hoff: Let's start with an overview of when you each did your training, and a bit about the program.

Ron Murray: I graduated in 2003. The program was five years part-time, and then after the program you have a couple of years or more if you choose to write a thesis. After you write the thesis, you get the full title – in the Province of Quebec they just give the title D.O.; in the other provinces you get the title Doctorate in Osteopathic Manual Practice (D.O.M.P.). When I did the training there was only the Toronto school.

Allan Kaplan: I'm a graduate of the program. I finished the coursework in April or May of 2007, and I did mine in Vancouver. When I started out I was in the second class year in Vancouver, but there was enough attrition that they combined the first two years together, so I was actually in the first class to finish, even though I started in the second class. I have not started on my thesis yet, and I'm in flux as to whether I'll go through with it right now, although I've finished all the course work.

AH: What's the mission of the school?

AK: I'd say the mission of the school is really to teach osteopathy, classical osteopathy, what Philippe Druelle, D.O., who started the school, considers classical osteopathy. It's pretty much based on the French school of osteopathy, There were some Brits who studied with A.T. Still, who was the founder of osteopathy in the early 1900s, and they went back to England and started schools there. Some of the French ended up going to those schools and bringing it back to France, and when the French were originally trained as osteopaths, they would get some training in France, but they would also have to go to Britain and get their degrees from one of the British schools. At least I know that's how some of the French osteopaths I know have done it. Since then I think they've got their own schools set up. Druelle, who is a French osteopath, came over to Montreal, and started his school based on that model. It's different from the American model – which is essentially like M.D. schooling – doing surgery, prescribing drugs – although theoretically from the perspective of being a holistic approach to the body; but not necessarily concentrating on manual therapy. This school has followed the French schools and is pretty much based on manipulation: fascial manipulation, bony manipulation, visceral manipulation and cranial manipulation. So that's the thrust of it, so to speak.

RM: No pun intended. [general laughter]

AH: Do you want to add to that, Ron?

RM: Yeah, osteopathy left the U.S. In 1917 John Martin Littlejohn took it back to England. He trained with A.T. Still; he's the guy known for bringing a lot more physiology to osteopathy, and is the one who detailed incredible amounts of information about what he called the "lines of gravity" – a lot of details about the mechanics of the body and gravity. Those "lines of gravity" are where his followers feel Ida Rolf got her inspiration, or a big chunk of her inspiration. Pretty much all of the osteopathy in Europe spread from him. And now, more recently, it's coming back across the water, to North America. So the school does not train "osteopathic physicians" [like the U.S. schools], it trains European-style osteopaths.

AH: You say it's part-time, what's the structure of the program like for the five years, and what type of people attend besides some Certified Rolfers?

RM: It's six or seven five-day classes a year. It's based on the traditional European model where students were already physiotherapists, and so this would be a post-grad program, for somebody who already has a physio title. Students include a whole lot of physiotherapists, athletic therapists, massage therapists [a much more rigorous program in Canada – 3000 hours training in British Columbia, for example], some chiropractors, acupuncturists, and then a smattering of other titles.

AK: Actually some M.D.s and some American-trained osteopaths have gone through the program.

AH: How do the U.S. osteopathic physicians that you've met feel about the Canadian school?

RM: [laughter] Most of them don't like it. There are a few that support it, but it's a real political issue, as you've probably seen on the Rolfing Forum, as well as [in this journal]. With osteopathic physicians who do osteopathic-based stuff and also happen to be Rolfers, some of them don't like it. They feel that if we live in the U.S. we should go to osteopathic medical school.

AH: Was that an option that either of you considered?

RM: I considered it, but I didn't want to spend that amount of time and money for something that I would not be using all that much. So this manual-based program fit in with what I was already doing as a Rolfer, and as a Berry Method practitioner.

AK: That's exactly my perspective as well. I didn't have any inclination to be a doctor. I wanted the manual information and that's what I was going to get up in Canada.

AH: What's your sense of how the Canadian program compares to the manual therapy

portion of U.S. osteopathic training?

RM: That's the only legitimate way to compare them. Canada has way more hours of manual training. I think it's around 1500 hours of manual.

AK: I know that in the States, they don't have a requirement to do that much manual therapy. I've met osteopaths who are just doctors; they took maybe one basic osteopathic manipulative therapy (OMT) class, and they haven't touched a body in that way in years. So it's really an elective course to follow.

RM: I've got these statistics: there's 65,000 osteopathic physicians in the U.S., give or take a few, and out of those 65,000 there's about 3,000 that do OMT.

AK: So that's like 5% that's manipulative therapy. So those that do cranial or visceral manipulation, it's a fraction of that.

RM: There are twenty-one osteopathic medical schools in the U.S. right now. I was told they each have between 150 and 350 hours of manual training. So some of them get a fair amount…

AK: It depends on the school. I know a lot of Rolfers who have gone to the school up in Maine, and they've found that it's pretty good that way, but then Rosemary Feitis, who went through the program, told me they only mentioned fascia on three separate occasions. I was absolutely mortified, because our program is all based on fascia – we studied fascia, we did techniques for fascia, that was the basis for what they talked about, and when you're doing osseous adjustments, you're looking for resistance in the fascia.

## ROLFING® AND OSTEOPATHY

AH: So why did each of you choose to do this program?

RM: Well, I did because every other word out of Rolfing instructors' mouths was "fascia", when I trained, and then about every second or third paragraph was the word "osteopathy", or "osteopathic", or "osteopathic-based." I didn't really feel I learned fascial anatomy from the Rolfing training, and I kept hearing about this osteopathy stuff. And I noticed that all the teachers would go out and take osteopathic-based courses and then come back and put their interpretation on what they had learned, and pass that information on, or some of it. I decided I needed to go as close to the source as I could. I also had trained in the bonesetter lineage, Loren Berry's work, and that has an old history that is somewhat related to osteopathy, and of course, now we know that Ida Rolf had a heavy influence from American and European osteopaths.

AK: As for me, soon after I started my practice [I've been practicing for about twenty years] I just started coming up with questions, and when I couldn't get answers, I took a training. So I did an advanced [Rolfing] training, and a post-advanced [Rolfing] training, and I sat in on more stuff, and eventually I found that I was doing things in my practice and they seemed to work, but I didn't really have any acknowledgement of what I was doing. I had touched on cranial work and visceral work briefly in a class here, a class there, and teachers had talked about it, and one day I decided to go do classes with Didier Prat, D.O. from France, who was teaching a lot of visceral work to Rolfers. I started finding answers to a lot of questions. Rolfing as it was taught by the teachers that I had and in the classes that I had seemed to dwell more on the outer shell, and nothing seemed to address the real core of the person. You could get at it from the outside, but you weren't dealing directly with the core structures, in my mind, and so there was a lot of fascia, a lot of stuff that wasn't getting addressed. Visceral work and cranial work were avenues to really go at those structures directly, or more directly. And so, I started in with visceral work and got very inspired, and then I did some cranial trainings but wasn't really satisfied. Then Ron mentioned to me one day that the CCO had started a program in Vancouver and that was very close for me, so I decided to go for it, to learn more about cranial and visceral. That's really what I cared about, and it turned out to be considerably more than that of course. But that was my motivation, to see what I could learn about addressing the entire person, and not just the outer aspects of the body.

RM: I like that, Allan. The way I say it is that "Rolfing taught me great work for what I call the 'meat suit'" – that's the term I use.

AK: "Meat Suit!" [chuckles] Yeah, that's great.

RM: Osteopaths would say the osteopathic anatomy is cross-sectional anatomy. And so much of the anatomy I had studied had been more the longitudinal structures.

AK: Right. I would see cross-sections in books and they would really get my attention, and when I would be doing analysis of a person at the beginning of a session, I would think, "The strains are going to go through the body, and not just around the outside, and I need to know what structures there are through there that are going to be affecting all this." That was definitely something that the [Rolfing] training didn't really have. You've got to hand it to Dr. Rolf, she came up with something really inspirational. Who knows, given the time, whether she would have incorporated these types of things into it or not. Maybe she wanted to keep Rolfing as it is taught, or if she had more time, maybe she would have said, "Ok, now we're doing visceral, we're adding more territories to the map" – or more maps to the territory, depending on how you want to approach Korzybski.

AH: You mentioned Littlejohn and his lines of gravity. How that is similar or different to what Ida Rolf put out into the world?

RM: It's similar and it's different. We see various forms of that in Hubert Godard's writings and Kevin Frank's and others' – T4 is G prime and G is down by the L3 area. And we see echoes in the physical therapy world, there's a thing called "T4 syndrome". Littlejohn's line of gravity intersect right in front of T4, and also right in front of L3, so there are correlates there, but Littlejohn's stuff was way more complex.

AH: Is there a reference where people can read his work?

RM: There are articles, but they're not readily available, you've got to search for them.

AH: Why don't you tell us a bit about what you know about Ida Rolf's background. I think most people have heard the story about her studying with Amy Cochrane, a U.S. osteopath, but then here's this piece by Jocelyn Proby, which we are publishing in this issue, and he obviously had some connection with Ida Rolf, but I don't think the community in general knows what it is, and who else she may have studied with or been influenced by.

RM: Now, John Wernham just died at age 100 last fall. He trained directly with John Martin Littlejohn. Wernham has many books and charts describing what he learned from Littlejohn about gravity

lines, and some of these are available. It is pretty funny, cause Jocelyn Proby was a colleague of Wernham, and Wernham loved Proby – except for Proby promoting Rolfing [laughter]. Mr. Wernham – they lovingly call him Mr. Wernham instead of Dr. Wernham – and now those he trained, teach at the classical osteopathic school in Maidstone, England. They maintain that it's the work that Wernham felt that Ida Rolf – how can I say it gently? – kind of borrowed information from Mr. Wernham and John Martin Littlejohn and watered it down a little bit, to make it simpler. Mr. Wernham felt that Dr. Rolf took a piece of osteopathy but kind of imposed it in a non-physiologic way on the body. So they felt strongly, they loved Proby but they could not get behind Proby's support of the work [Rolfing®]. Now they maintain that Ida Rolf trained with John Wernham around 1950-ish but I'm not positive about the exact dates.

Part of the reason I pursued this path is because so much information comes from osteopathy: Ida Rolf's work, Ida Rolf's movement work, cranial sacral, visceral, muscle energy, strain/counterstrain… It seems like we're all running on A.T. Still's original inspiration. Dr. Rolf even refers to him in the same terms a lot of those early osteopaths used – they called him "The Old Doctor." So I view osteopathy as a much larger body of knowledge. I view Rolfing Structural Integration as a subset of something much larger, and I also believe that Rolfing has its own strengths that are unique, just like all those other systems that are offshoots of osteopathy.

AK: Well, Dr. Rolf studied with osteopaths in the States. Ron, you mentioned to me that Fred Mitchell Jr. [founder of Muscle Energy technique] knew her, and she talks a lot about osteopathy. This came up on the Rolfing Forum one time when someone was saying something to the effect of "…oh well, Dr. Rolf never talks about osteopathy," or "osteopathy doesn't really have anything to do with Rolfing…" I pulled out my copy of Ida Rolf Talks About Rolfing and Physical Reality and copied down all the mentions of osteopathy, and there were a lot. She really spoke about it quite a bit, not only Amy Cochrane but just in general. I remember when I trained with Peter [Melchior] and Emmett [Hutchins], they would do things that were clearly from osteopathy, and they would talk about it, so it's there, even though people tend to think that Dr. Rolf is teaching her own pure inspiration.

RM: I was going through some old issues of the Journal of the American Osteopathic Association, and I came across an article that Ida Rolf co-authored with two or three American osteopaths, and it was all on biochemistry and I believe colloids. Obviously there are others who know more, these are some little pieces. I can tell you what Fred Mitchell told me, that she did a special course, I believe it was at the Kansas City osteopathic school. She taught the Ten Series there, and this one doctor started experimenting with having patients hold their breath, to induce more of an acidosis state in the body, and they felt they were able to get quicker changes in fascia by inducing that state than by the traditional way they were taught. But he said it was really tough, having people hold their breath for long periods of time. [laughter]

## WHAT IT'S LIKE TO STUDY AT CCO

AH: Let's go back to your experience of the CCO program.

RM: Going through the program as a Rolfer, I found that the first year was a little tough for me. I had been warned about this, but I still found it hard to put aside what I thought I knew as a Rolfer about bodies and gravity, and look with new eyes about what they were teaching me. I found that real challenging, but eventually I was able to get over myself.

AH: Was it a receptive environment to you coming in with your own viewpoint?

RM: They don't care about other viewpoints. If students are there to learn, they want them to learn. They're not hostile to other viewpoints, but…

AH: It could get in your way.

RM: Yeah, it certainly could.

AK: I had a hard time suppressing my Rolfing® self; it wasn't that they were adverse to any experience that I had at all, it was just that it was difficult for me to start out fresh and not rely on the techniques that I already knew. I almost wish that I had been a clean slate and started from scratch without my Rolfing background, just so I would have been possibly more open to what they were giving me and I could really devote 100% to that paradigm and that approach. I found myself more gleaning pieces from the program and putting it into what I already had instead of compartmentalizing what I already had and really looking at being an osteopath purely. I'm still kind of dealing with that.

RM: Most of the teachers are from Canada. The official numbers are supposed to be one teacher for every twenty-five or thirty students, but the classes in Vancouver tend to be a little smaller. Some of the classes in Toronto were quite large and then they bring in several assistants. It's mostly lecture, demo, practice all day long. Technique after technique, all hands on. There were some courses that were theory only, but mostly it was hands-on. [For each segment] there were usually four days of class and then a fifth day, a clinical day, at the end.

AK: The curriculum was quite intensive. I didn't know quite what to expect when I went in. I guess I was thinking "oh yeah, it's going to be a great series of continuing ed workshops, and then at the end I'll have the certificate." I was somewhat mistaken – it was much more intensive than I expected initially. Long days, tons of information, lots of physiology, neurology, mechanics, kinesiology… And you are really learning a very rounded amount of information about the body and how it relates to all the systems and how the systems impact structure. Each course, whether it was on the thoracics, or the lumbars, or gynecology, or the kidneys, or whatever, you would not just learn a bunch of techniques. You learned the physiology of the organs, you learned the neurology of the organs, you learned the mechanics of the bones, you learned the relationships through the body, and then you learned some techniques on how to deal with it: assessment methods, whatever. It was a ton of information. I ended up spending a lot more time with it than I had anticipated.

RM: After a student takes a class in the CCO program, they can forever come in and repeat that class for free. That is a nice option as it is such a huge amount of information. I look at the volume of it, and think I really need to go back and retake some classes 'cause there's just so much. Five days was spent just on the kidney. Also, the program gave me access to this much bigger body of knowledge so to speak, it opened doors to other courses that would have been closed to me as a Rolfer. For example, every June in Montreal they have this large osteopathic symposium, they will have a day of lectures and they'll bring in six to

eight very famous osteopaths from all over the world, and they'll give courses, and you pick whose four-day course you're going to take. What's been nice about it is certain American osteopathic physicians that teach manual therapy they will go up there and teach a seminar and I can take that, but that same seminar would be closed to me in the U.S.

AH: What about between the different modules of the training? Did you have things you had to do?

RM: [chuckling] Well, students are supposed to do a lot of homework – they expect a lot, but they don't assign a lot. People are really expected to know their anatomy and biomechanics and neurology, and if students are weak in those areas, they are expected to bone up.

AK: [groaning] The other thing is that for the first three years there were exams – when you came back for the next class, there was a two-hour exam on the previous class, and you needed to perform adequately. And then at the end of the year you did have to do a paper and give a presentation and also take a final exam for the year. At third year you had a cumulative exam for the first three years, both written and practical, and then the fourth year I think it was just a written exam, and the fifth year was a barrage – we're talking a full day here – of written, and also practical exams. If you didn't keep up with what was going on, you might not proceed to the next year, so it was not a given that you were going to move onward.

RM: I do want to put a little plug in here for Allan. I was on the jury for his third-year practical exam, and he did the best of all his classmates. The other teacher running it was the most impressed with Allan's skills, but what she was especially impressed with was the way he handled the patient on the table. I think that a lot of those skills came from his background as a Certified Advanced Rolfer™.

AK: Yeah, I think that we deal with people all the time, and the level at which we deal with them was certainly different than the physios up there do.

AH: Did you find that to keep up with the program you had to cut back on your practice or other things in life?

RM: Well generally it's expected that people should spend an hour a day studying, minimum, depending on their study skills. If they do that they're fine. There would be several weeks between classes.

AK: When I'd get back from school, if I hadn't started typing up my notes already, I would spend as much time as possible doing that. I'd have anywhere from ten to twenty-five pages of scrawled notes, and I'd transcribe them into a form that would make some sense, and I'd have also shot pictures of techniques and charts, so I would put those in my notes as well. So as far as having a life, it was curtailed to some extent. For me – and I don't think everyone did this – but when it was approaching exam time I really did put my head in the books and did cut back on my practice a bit, because I needed to review everything and make sure that I walked in to the exams feeling relatively settled.

RM: I want to say something about the thesis at the end of the program. It's something that you [can choose to] do after the five-year academic portion, and it really does complete the program. There's two different ways of doing the thesis: the quantitative, which is treat X amount of people and measure something before and after, and work on the concept of hypothesis. A whole other type of thesis is the qualitative thesis, of which there are various forms, and that one's more literature-based research, or surveys, or interviews, that sort of thing. It's usually a topic somebody has a lot of passion or interest in, so they really go into depth in that particular area of osteopathy, and perhaps discover some new information or reveal some old information that might have been forgotten about. It tends to be an integrator at the end of the program for people's experience.

AK: One of the reasons why I am still on the fence as to whether I'm going to do my thesis or not is that as a person from the U.S., the certification that I would get in Canada doesn't have any reciprocity. So in a sense doing the thesis would be for my own edification and to have a credential for Canada, but it doesn't do me any good down here in the States. So I would end up putting another two years plus into my studies for the program that I would certainly feel rewarded with at the end, but it really wouldn't make any difference as far as any professional standing that I could use. That said, the thesis is a very rigorous piece of work, and you are expected to do the research, do the academics, and then present the thesis to an international board and defend it. If you get through that, then you get the sheepskin so. Ron has done it, so he knows what it's like.

RM: If I had any more hair to lose, it would have fallen out!

## EFFECT ON THEIR WORK

AH: How has having done this training affected your practice? Has it changed how you practice?

RM: Well, Allan and I have had this discussion, and it's the ongoing discussion that comes in the Zen koan of "What the hell is Rolfing®?" I had classmates in Canada that would ask me "Do you still do Rolfing®?", and I will say for me, they are one and the same thing. Rolfers may articulate certain goals, but to me the principles stay pretty much the same. It's the tools and techniques that we use to get there that may be different. Do I occasionally get out the elbow? Absolutely. But, I have a lot of other tools in the toolbox, because they teach how to work with not just the tissues on the tissue level, but to work with the fluid levels as well as the field levels of the body. There's the classic Rolfing question "If you took everything from the body, what's the body mostly made of?" – and we answer "fascia". Well, the reality is, the answer is water. So there's a way of looking at the body from the fluid perspective, and that was a big tool that they added that was different than Rolfing training.

AK: Again, I came into the program just following the path of figuring out what was going on in the deeper dimensions of the body, if I can call it that. These days I've got a little bit broader perspective of what's going on when someone walks in and a different array of tools. And like Ron, I can work at a deep level doing visceral and cranial or whatever, and get a lot of work done, and other times I break out my elbow. For example, I had a guy come in the other day who first received Rolfing at Esalen with some of the real old-timers, some of the first people Dr. Rolf trained. I've worked with him on and off over the years, so when he called up (it's been about three years since I'd seen him) he says "So, you still remember that old Rolfing stuff?", and I said "Yeah sure, I can sharpen up my elbow and bring it out if we need to". So he was really up for that, but when he came in and I looked at him I thought "Well, I can sit here and do some good old-fashioned stuff, but what does he

really need?" He was complaining that he had a frozen shoulder that had more or less come back, and I remembered that he had had open heart surgery maybe five or eight years ago, and in my assessment I found that he had not only heart restrictions but lung restrictions. His pericardium was not moving as it should, it was actually adhered to his right lung and pleura, and that I think was pulling into the shoulder. So I could have reefed on his shoulder and ribcage all I wanted to and it would not get to the problem. I had to get his heart moving again on its axis, I had to separate it from his lung and get that moving again, and when I did this his shoulder was moving a lot better. Some of it was subtle, and some of it I was leaning on him pretty good. He has done tons and tons of Continuum, and was really happy with how I was affecting into his body and doing some movement on his own. He was impressed with how much easier it was to move deeply inside himself from having these adhesions released. That's stuff that just doesn't come out in a traditional Rolfing® sense. So it's broadened my ability to address what's going on – immeasurably.

AH: This might be a good point to ask about scope of practice in the U.S. Obviously, you cannot be an osteopathic physician. Can you practice most of what you learned?

RM: Of course you can practice what you learned. You have to hang the training on whatever previous title or license you have. So – high velocity adjustments, obviously we don't do those. The internal work, gynecology, not unless we have a license to do that. I would say for me that 95% of what I learned I can do within my scope pf practice as a Certified Advanced Rolfer™. When people truly need adjustments or other interventions, I have a network of people that I can refer them to.

AK: I'm also in Washington state, where Rolfers are licensed as massage practitioners, so we can't do internal work, and we can't do thrust adjustments, but everything else, it's not a problem.

AH: I'm curious how much this program and the way you work coming out of it dovetails with Rolfing theory and practice. If you had not gone into the program as Certified Rolfers, how much of what you came out of it doing would look like Rolfing or mesh with Rolfing?

RM: That's hard to answer because obviously I'm prejudiced by my Rolfing background, given that I did that first. But as an osteopath, ultimately for me there's only two things I'm thinking of when I'm meeting somebody: What is their relationship to the field of gravity, and do they have circulation in all of its forms? So, at its simplest, those are the two questions I'm always answering, and then of course, supplying principles and techniques to deal with that. Similar to Rolfing would of course be the relationship to the field of gravity. As an osteopath what's added for me is the idea of circulation of fluids in all their forms, not just blood but lymph and the trophism within the nerves and so on.

AK: Sometimes I wonder how much of my work is working like an osteopath and how much of it is working like a Rolfer. Some days I'll go "That was a really osteopathic session," and then I'll go "Yeah but, it was just a straight-ahead Rolfing session." I remember an annual meeting probably in the late 80s or early 90s, where Jan Sultan gave the opening address. It was a big period when many Rolfers were not happy with people doing visceral work or cranial work, venturing outside of what Ida taught. I remember Jan at one point in the address said, "I am orthodox!" and he was coming from the perspective of "If I am holding the line as sacrosanct, then I am Rolfing." That's kind of what I keep coming back to about my own practice. Certainly the CCO curriculum is all about gravity – what do we do to bring a person into a better relationship with gravity, [finding] what's holding them back from that, strategizing the session so that we can bring the body more into integration. The school talks a lot about integration; you have to integrate your client at the end of every session.

AH: When you say that the CCO is also using the idea of gravity, how are they assessing alignment in gravity?

AK: Yeah, a person stands up in from of you, you have them perhaps stand in different ways to see how their body responds and goes in and out of balance with the gravitational line. You assess it from the front, back, side to side, have them walk. They have some different cues that they look at [that Rolfers might not], but it's very similar. And then they go from there and do assessment through the body to see where the stuck places are and then decide which stuck places are the most important ones to take care of today, which ones we can do next, what can the body absorb in one session, what's the best way for it to deal with the information. So on paper all those things are virtually identical to the ideas that we're talking about in Rolfing® and the principles. But it's a little bit of a different language, and it's different techniques that they deal with.

RM: The only thing I'd add is about Dr. Rolf's concept of "Put it in place and call for motion" or normal function. [In osteopathy] you want to establish normal in the body. Detailed biomechanics – and I mean infinitesimal detail – is taught so that we know relatively what is normal. With my Rolfing toolbox I was not taught enough about biomechanics. [Rolfers] are taught to assess and say "Can you see how motion is moving through that area in the body," but not the specifics of how you get the biomechanics to transmit that motion. So on one level you have to know the biomechanics in exquisite detail. I think the training is a wonderful thing, but I think it's far too short of a program to approach it at that level.

AK: When you say "Put it in place and call for motion," Dr. Rolf wasn't the first person to do that either, at least from what I saw. We learned different techniques for working with the body that were attributed to Sutherland and these are [just like] tracking. You put the body into a particular posture, you call for motion and get the body to rearrange itself around that motion and get that motion to flow around the body and it repatterns the muscles, it changes the orientation of the body. When I first saw them showing these techniques, I was knocked on my butt, because it was tracking. A lot of the ideas that we attribute to Dr. Rolf, certainly she expressed them in her own way, but I have found many, many times that these were going on back in the 40s, back in the early 50s, and I can't help but think that maybe she picked them up. Maybe she came up with them at the same time, synchronistically, but it's fascinating to see how Rolfing seems to be more and more derived from osteopathic work in a lot of respects.

RM: There's an American osteopath Conrad Speece who does some very direct techniques with soft tissue that some people claim is just like Rolfing. His lineage is just one person removed from A.T. Still, and he's claiming that these techniques were directly from Still. We jokingly call it "redneck osteopathy".

AK: [laughing] He's a Texan.

RM: But certain techniques from Conrad I use daily.

AK: Well, he studied with Becker, who studied with Sutherland and Still, yeah?

RM: Well, Rollin and Alan Becker the two brothers, they trained with Sutherland. Rollin and Alan Becker's dad trained directly with Still. So, a very direct lineage there. I have a comment about osteopaths in general. They tend to be just like Rolfers – they can have large opinions about many things, and there can be a large spectrum of how they treat – it very much becomes an art. There's a wide range of how various ones treat.

## THE PHILOSOPHY OF OSTEOPATHY

AH: I've heard both of you use the word "technique" quite a lot, but it also seems like you're speaking of an overarching philosophy or view of the body that this program gave you. Would you say it's a third paradigm viewpoint they're giving you, with many techniques too, within that?

RM: There are principles that osteopathy is based on that come directly from A.T. Still. Theoretically any time an osteopath is working with somebody, they are being guided by those principles, and the techniques are simply that: just techniques. Still pretty much refused to teach his students "techniques". He wanted them to know the anatomy in infinitesimal detail, and then apply the principles with reasoned thinking to problem solve. That's how we are taught to think, and techniques are simply that – just techniques. It's how you apply them to deal with what's in front of you.

AK: The truth of the matter is, when you come across some sort of restriction in the body, it's never going to be the same from person to person or for that person from one day to another, so you are always adapting what you're doing to be able to address what's presented.

AH: Where does this program fit on the whole biomechanical / biodynamic spectrum, or does it not use those terms?

RM: It definitely uses those terms, but the spectrum out there in the cranial sacral world tends to be this either/or: there's the people that treat biomechanically, and there's the people that follow the biodynamic perspective. At CCO, all of that is taught, but it's a spectrum of meeting the person in front of you – again principle-based rather than being wedded to a specific philosophy.

AK: The cranial work that we learned is very clearly dealing with lesions. We're assessing the person, we're finding the restrictions – whether it's at a suture or within a particular bone, or a within membrane within the cranium, or coming from another part of the body – and we're following that and releasing it, and we're being pretty specific in that respect. I was told is it's Sutherland's cranial work, but not having known Sutherland I can't really comment on that.

RM: I would just expand on that a little. Where Allan said we would follow it and release it – that would be on the tissue level. Of course, [we do] the same thing on the fluid level, there's assessing and treating at the fluid level; that's where they would use the term "biodynamic". Now, biodynamic as is kind of a charged word, there's been debate in [this journal] about this. It really comes from one source originally, Jim Jealous of the American osteopathic physician world. But then people like Franklin Sills and Michael Shea are using it in the cranial sacral world, so there are two tracks of training out there – there's one in the osteopathic world, and one in the cranial sacral world. The CCO program kind of straddles that fence.

Another thing that occurs to me about the CCO program is they're really heavy on embryology up there. Most of the movements, especially the subtle movements we feel in the tissues and fluids of the body, are echoes of the embryologic journeys of the tissues. So they would say that the better one understands the embryology of something, the better they'll understand motion in the body.

## CONCLUSION

AH: A couple of closing questions. Do you have any criticisms of the program? So people have a balance point of view…

RM: [Laughter] Well I have to disclose up front that I am a teacher at the school now, so I would say there's always room for improvement, like most schools. Over time they have gotten better but they do have a ways to go in certain organizational areas.

AK: It's like any school. Some of the faculty are really great, and some aren't so good. The information itself, which is what I was looking for, was really, really good, but sometimes when I had questions I couldn't get decent answers, and that drives me crazy. Also I felt that the organization of the CCO was somewhat lacking in some respects. It's like any organization of this type, it's got its really strong points and then it doesn't quite come through sometimes, so it was a love/hate relationship for me.

AH: My last question is what kind of Rolfer would be interested in the program, or would fit it well?

RM: People who feel that they don't have enough information. One Rolfer who was in the program years ago (I believe he dropped out), he worded it very succinctly – he said that he wanted greater access to the body than he got in his Rolfing® training, because the fascial paradigm or viewpoint is just one viewpoint. You could just as easily look at the neurological way of viewing the body and see how that changes it in gravity, or how fluid pressures, how the fascia, nerves and fluids all interact to hold the body up – so it gives a better access to the body.

AK: I would echo Ron. If you're interested in a much more in-depth view of how the body works and how to affect it, then this is a good way to go, because there's a ton of visceral work, there's a ton of physiology, and biomechanics, cranial work… But don't think that it's just a waltz in the park, just a bunch of weekend workshops or something. It really demands a lot of time, you have to put your time in to be able to get through it, so I wouldn't recommend it for someone who isn't going to devote the amount of time that is necessary. It can be a chore but it's rewarding. It definitely is time-consuming, and I didn't quite realize to what extent it would take up my time. You have to really be able to accommodate it with your life.

AH: Well, congratulations are due to both of you for having gone through the program and all the work involved.

RM: For me, I have absolutely no regrets. It was the direction I was always headed, even though I didn't have a name for that. So I have no regrets absolutely about doing the program.

Ron Murray is a Certified Advanced Rolfer™ and a licensed Berry Method Practitioner/ Teacher. He holds a Doctorate in Osteopathic