Osteopathy in a Rolfer's Practice

Pilar Martin in conversation with Per Haaland

Per Haaland: With your background as a nurse/midwife, you are known to some of us in the Rolfing® structural integration world as a practitioner highly skilled in the visceral manipulation work of Jean-Pierre Barral. Tell us a little bit about how broader osteopathic concepts, and the visceral approach in particular, have been integrated into your Rolfing practice.

Pilar Martin: In a human body, membranes of connective tissue surround everything, from the individual cell to a group of cells, forming an organ, a muscle, a bone, an artery, etc. This is what gives us shape; without these membranes, a person would be reduced to a pool of fluid. Speaking metaphorically, life shapes itself as a container of "bubbles inside bubbles".

These membranes are continuously gliding, the fluids inside and outside constantly moving, responding to metabolic gradients, currents and flows, and our own mobility in space. Various causes, like infections, adhesions, physical or emotional traumas, repetitive motions, etc, can restrict membranes. When the "bubbles" get glued to each other, they create complicated patterns of transmission of forces; this is what the osteopaths call 'the chain of lesion'.

The concept of a "chain of lesion" is an important one. As an example, let's look at a whiplash accident. Your client arrives after an apparently minor car accident. He/she was stopped at a traffic light when another vehicle, unable to brake in time, hit him/her from behind. Nothing was broken, nothing was bleeding, but your client felt disoriented and bruised. As the days pass, he/she is feeling worse, the symptoms are aggravated; more headaches, more neck pain, more stiffness in the upper thoracic area, etc. Usually anti-inflammatory drugs are prescribed, but the symptoms keep getting worse.

Imagine our "bubble" model and you can guess what is happening. The vector of force coming from the right foot, trying to brake, hits the right kidney, impacting it against the liver. The seat belt, holding the left shoulder, makes the right shoulder turn diagonally against the left lower abdomen. Additionally, the head whips back and forth against the headrest. There you have a typical chain of lesion for a whiplash injury in a driver's position.

A practitioner may try working with this person by releasing the cervical area, the myofascial structures around the shoulders, etc. It is very probable that our client will feel worse. Why? Because by manipulating the myofascial tissues directly, we are taking away the compensatory mechanisms of defense against impacted organs and overstretched pleural attachments, and sometimes micro-tears in the dural membrane. An understanding of the visceral and craniosacral structures and how to work with them is obviously necessary.

PH: So in this case, the "chain of lesion" stretches all the way from the head and neck to the right foot, and involves several components along the way, visceral, cranial and musculoskeletal. I understand you to say that we have to be careful not to "chase" the loudest symptoms. Then how do we proceed?

PM: We start by "listening" to the organism and identifying the "chain of lesion". In our example with the whiplash, we may need to continue by releasing the interosseous membrane of the right lower leg, restore normal mobility of the impacted organs, and help re-establish good gliding capacities of the internal membranes, etc. By continuing our listening, the organism will let us know when we are done, what is next, and what was a compensatory adaptation and doesn't need to be treated. Later, we need to balance the subtle rhythms that osteopathy has taught us about; the motility of the organs, the craniosacral pulse…

PH: Give me another example of how the osteopathic concept of a "chain of lesion" can be put to use by a practitioner of structural integration.

PM: Imagine a person with an infected appendix that needs an emergency surgery.

The surgeon is focused on saving the patient's life, and may not have time to suture membrane by membrane. The tissues are infected, so infiltrated with pus that, as the area heals, the colon forms adhesions and becomes restricted in its movement with the peritoneum. As a result, the peritoneum now glides poorly with the lower right abdominal wall. The pulling forces travel through the peritoneum, to the diaphragm, and, via the pericardium, to the front of the thoracic inlet. You now have a client that comes to you with neck and shoulder pain, and limited range of motion of the right shoulder.

The organs in the abdominal cavity are constantly in motion. They are being moved by the breath; by the peristaltic movement; by the flow of blood. Just imagine: the liver filters a liter and a half of blood per minute and the diaphragm moves two inches each breath. The organs are moving with us, as we walk, run, turn or do headstands. Any significant restriction in the visceral space will have enormous repercussions in the musculoskeletal system.

PH: You had a career as a nurse/midwife. What led you to become a Certified Rolfer™?

PM: I became a nurse and a midwife in my early twenties and quickly became disenchanted by the allopathic approach to health. We were taught that the origin of most illness is idiopathic, that means "of unknown origin". I realized that our medical establishment is mainly interested in the treatment of the symptoms, not in the cause of imbalance. Midwifery offered me a close view of the origins of life.

Still, in institutionalized medicine, the routines of everyday life are very much oriented toward the politics of the administration, the protocols, and the hierarchical relationships. I felt that too much of my energy went into those demands, rather than into what was important to me: life, death, healing…and our relationship to these phenomena. There I was, in my late twenties. I could imagine myself becoming a bitter old lady fighting the system, or I could choose to

do something else. I didn't know what that something else was.

It came through a friend, an architect, tall and thin. He was always saying that his lumbar problems were gravitational issues, due to his head leaning forward, etc. Of course nobody around understood what he was talking about. We went together to see the orthopedic doctor at the hospital where I worked. I remember the words of the doctor very clearly: "We have to wait until you get worse before we can help you". Somehow that sentence was the last straw.

Afterwards, I went to the bookstore, looking for alternative literature on back pain, and saw the logo for Rolfing on the jacket of Peter Schwind's book, Alles im Lot. The logo was telling me what my friend was talking about, gravity and its relationship to the human body.

My friend realized that he needed to experience this method, so we went to Barcelona, to the only Certified Rolfer in Spain at that time. I was present during the first session. When the Rolfer was working on his chest, my friend started to cry. I inquired into the reason for his crying, was it painful? He said no. The Rolfer responded: "These are the emotions inside the body, the chest holds all these emotions from the past". Emotions? I asked myself, what does he mean? There's just tissues, lungs, heart etc, what emotions?

This experience opened a window for me; another way of relating to the body. I got so curious. I knew Rolfing was something I wanted to learn.

PH: Who have been your most important teachers? Can you tell us a little bit how each of them has inspired you and how they have contributed to your understanding of your work?

PM: My first Rolfing teacher was Peter Melchior. I was so fascinated by him and by how he was in the world. I will never forget the first image from the slideshow he presented on the first day of class. It was the one of the Buddha saying, "Do not believe in anything merely because it is said, nor in the mere authority of our teachers and masters, believe when the writing, doctrine, or saying is corroborated by reason and consciousness". It is on the first page of Ida Rolf's book Rolfing: The Integration of Human Structures. That was such a completely different paradigm of what education could be; I knew that these people were moving from a place where I wanted to be and that these people were my tribe.

Peter Schwind was my next big inspiration. I had just finished my basic training. I had reservations about the necessity of a "recipe" and about the emphasis on the musculoskeletal system. Somehow, the idea of pushing tissues around didn't resonate with me. When I met Peter, with his personal approach to Rolfing and his analogies with music composition, I was fascinated. I joined a study group that he led. It was Peter who encouraged us to learn from the French osteopath Jean-Pierre Barral. And I'm still learning from Barral, this is now sixteen years later.

Jean-Pierre Barral and later Didier Prat, another French osteopath, gave me a new perspective on the internal organs, which I knew so well as a nurse and midwife. They showed me how the organs relate to and influence the musculoskeletal system. They introduced me to the visceral and the craniosacral space, and helped shape my understanding of my role as a Rolfer. Through their work I learned to listen to the client as he/she expresses himself in this unique moment.

In the past six years, Hubert Godard, Certified Advanced Rolfer and movement analyst, has been a great inspiration. With him, I have learned to "see" the action of human movement and to appreciate movement quality and coordination. Furthermore, he has taught me about the enormous significance of perception and the perceptual field. I have gained a new understanding of the relationship between the inner landscape of the body and the greater environment in which it exists: the relationship to Earth, to gravity and to Space. This has broadened my spectrum of possibilities as a Certified Rolfer, my ability to guide others. There are so many wonderful teachers that have inspired me, too many to name.

PH: You mentioned Peter Schwind. I remember studying with him in the mid 90s, being so fascinated by the notion of organs and their fascial membranes influencing structure. To me, up to that point, Rolfing was all about affecting the muskuloskeletal system directly by stretching and releasing the myofascial tissue, tendons and ligaments. It was so intriguing, this idea that restrictions and adhesions in the organ's fascial "envelopes" could impede mobility and motility not only in the organ itself, but cause torsions, twists, strain and restriction in musculoskeletal structures far away from the origin of the lesion. Scoliotic patterns, we were taught, are in many cases held primarily in the viscera; any attempt to resolve them solely through direct spinal manipulation might actually worsen the situation. Tell us about your understanding of this.

PM: A scoliosis can be seen as a "chain of lesion". Our internal membranes, the "bubbles" inside us, always take up maximum space; in the case of a growing child, if his inner membranes are restricted, they will not allow this being to expand in space freely. The spine is going to rotate and counter-rotate in order to adapt to the restriction, creating a spiral, a scoliosis. A similar phenomenon will occur in an adult.

Not all scoliosis has a visceral component. Some may originate after a trauma on the growing plate of a bone, or an infection inside the spine, or they may be compensation to a perceptual imbalance. Hubert Godard is doing a lot of work around what he names "laterality", where the person has a "blind" or unknown area of his/her field of perception due to trauma or emotional confusion. In this case, it is the imbalance in the perceptual space that starts the scoliotic spiral, then the body follows it.

To treat scoliosis successfully, we need to be able to listen to the client and, like a somatic detective, go looking for the origin of it. Obviously the organs must be considered, as well as the craniosacral system and the locomotor system. We also have to consider the client's perceptual field and their "potential of action".

PH: You said earlier that you had reservations about the "recipe" at a very early stage in your Rolfing career. To me, the questioning and re-evaluation of the recipe happened later, four or five years into my Rolfing practice. In an advanced Rolfing training with Instructors Jeff Maitland and Jan Sultan in 1994, we were encouraged to "let go" of the recipe as a formulistic protocol. Our teachers suggested to us that we view it as a pedagogical tool, an inspiration, a kind of language that structural integration practitioners share. The recipe was not meant to be followed slavishly, or even viewed as a sequential order of events. Jeff and Jan proposed certain decision-making strategies and diagnostic tools as an alternative to the

recipe, some of these clearly inspired by osteopathic thinking and practice. Then, in visceral manipulation classes, I was introduced to the osteopathic concept of general and local "listening". When letting go of the recipe, we need to establish alternative decision-making processes that help us navigate through a session, in order to diagnose and make choices about what to treat, and in what order. "Listening" has become an invaluable tool for me, and I know that it is central in your work. Tell us about how you evaluate, how you arrive at a diagnosis, how the concept and practice of "listening" shows up in your work.

PM: "Listening" is essential. The first thing I do as I greet my clients is to listen to their words, the intonation of their voices, "listen" to the way they move in space, the way they sit or walk. Later, I "listen" with my hands to their organism, in standing and lying down. I "listen" to the biomechanical forces and how the different membranes are gliding or not, where they are restricted, how these restrictions travel, and where. Again: the "chain of lesion". I arrive at my conclusion of how the different forces are affecting this organism in this particular moment. From that moment on, I follow where my "listening" takes me. It could be inside the abdominal cavity, to an organ, to a bone; it could be a cranial issue, maybe a gait issue.

There is information arriving as we "listen". The organism tells us where it is "stuck", where it is not flowing; at the same time it is informing us of all that is flowing, vital, and healthy. Then we treat, or, better said, the treatment happens. As osteopaths say: "we bring the whole to the part".

PH: Would you say that general and local listening to some extent replaces the concept of "recipe" for you?

PM: I have come to use the recipe as a bigger frame, a context within which the listening is happening. I don't view it as a map or a sequence of necessary steps.

Are the feet "feeding" the spine? Is there enough support from the ground? What is the relationship of the different centers of gravity in the body with each other? How does this client relate to the space around her/him? These questions create the context in which the general and local listening of the organism happens.

There is a distinctive spatial organization occurring when all the different components of the human body are able to express their freedom of movement. This freedom of movement is expressed not only inside the human body boundaries, it applies to how this being relates to the gravitational field and to the field of perception. This spatial organization is what the recipe is pointing to. We as Certified Rolfers recognize its importance, and name it by its different manifestations, like "the Line", "lateral line", "medial line", "core", etc.

PH: What are some of the most important skills insights and inspirations that osteopathy has to offer to the field of structural integration?

PM: The founder of osteopathy, Andrew T. Still, stated that, in addition to manual manipulation of the bones and the soft tissues, the fluids could be treated separately from the organs, structures, and spaces that contain them. Blood, lymph, cerebrospinal fluid, and all other fluids in the body are involved in the dynamic movements that allow the potent life force to express its full potential. Based in this understanding, osteopathy has brought us the art of listening, the concept of mobility and motility, sophisticated palpatory skills, and a respect for the organism's inherent ability to heal itself. These are wonderful inspirations to all somatic practitioners.

PH: What does the field of structural integration have to offer osteopathy?

PM: We can inspire and support osteopathy by opening portals for them on how the organism relates to the gravitational field. Gravity is rarely addressed in the world of osteopathy. This relationship, the relationship between the human organism and the gravitational field, is our inheritance, our uniqueness, and our gift.

Our work is very beautiful, a mystery to explore, never boring, never the same. Let's continue to develop it, with intelligence, respect and sophistication.

Pilar Martin and Per Haaland are both Certified Advanced Rolfers™.