



The Enrollment Process

by Jeffrey Galper, Ph.D.

When clients make a first Roling appointment, they complete a "process of enrollment" for themselves. Looked at this way, deciding to be Rolfed is not a discrete, single event. Rather, it represents one more step by that person along a continuum. The time between hearing about Roling for the first time and deciding to make an initial appointment may only be a minute or may be decades. In either case, moving from one end of this continuum to the other involves passing through a series of specific and identifiable stages.

Identifying these stages conceptually and learning to recognize and work with them in practice can be a powerful tool for enrollment and service. We can be more helpful in working with people's issues concerning their bodies before they ever get to our offices. We can see where we fail to support people adequately in moving through issues related to their bodies, and we can get another handle on how to have full practices. In this article, I will outline these stages as I have come to understand them, and in several places will suggest strategies for intervention that can help people move to the next level toward a commitment to be Rolfed.

Stage 1: Information: What Is Roling?

No one chooses to be Rolfed who does not know about Roling.

Although we may not always do a great job of informing people about Roling, no one will argue about the importance of this stage. However, I caution

against the view suggesting people only *knowing* about Roling is all that is needed, or all that is possible, or all that is ethical in the enrollment process. An "information only" strategy is limited and actually does a disservice both to people who could benefit from Roling and to our own need for full practices.

Stage 2: Inspiration: Roling Addresses a Desire or Need

This stage has two parts. First, the potential client wants something, whether it be pain relief, better posture, improved athletic performance, greater flexibility, emotional growth and so on. In other words, there is a desire or need. Second, the person gets the idea and is excited about the possibility that Roling could respond to that desire or need.

On the one hand, this may seem like the most straightforward part of the process. We all have desires and needs, all the time. We want all kinds of things for ourselves. Along comes Roling and says it can help you with this or that need of yours.

On the other hand, much stands in the way of our fully acknowledging these desires and committing ourselves to their satisfaction. For example, few people are raised in an environment where childhood wants are okay to have, separate from the issue of whether we get to satisfy them. We learn early that some of our wants are not okay. Later in life we may try to satisfy certain desires, and we fail, so we reinforce earlier messages we internalized that it is better not to feel our





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wants and move to satisfy them, so as to avoid disappointment. As we engage the enrollment process in Rolfing, we come up against these common dynamics at this stage.

Sometimes we engage this stage with a potential client impersonally and from a distance through an advertisement, newspaper article, a radio or television show or a brochure. For this reason, it is important that our long distance or arms-length communications to clients emphasize benefits. Of course, even in a brief ad, and certainly in an article, brochure or talk we are likely to discuss fascial or connective tissue manipulation, ten sessions, structural alignment or integration and so on. However, keep this in perspective. Our goal is not an informed but uninspired public. It is an inspired and enrolled public that has enough basic information about Rolfing to make an informed choice. The emphasis needs to be, "As a result of Rolfing, you are likely to stand straighter, have fewer aches and pains, be more flexible, etc.," rather than "Rolfing is a process of fascial manipulation that reorganizes connective tissue so that the body is better aligned around a vertical line."

Very often, and actually over half the time in the four practices we have at Rolfing Associates, Inc. in Vermont, we are in direct contact with a potential client at this stage of the process of enrollment, usually by phone. Often, the process of inspiration has already occurred or we would not be on the phone with that person. At the same time, it can be solidifying to that person's commitment to be Rolfed to clarify and amplify the desire or need that connects them to us at that point.

Even when you are talking with someone who is ready to make a first appointment, and certainly with people who are not, we often ask the question, "What is it that you would like to get from Rolfing?" Listen to the answer, and ask if there is anything else they want to get. If a goal is inappropriate for Rolfing, let the person know this. If it is an appropriate goal, let them know this as well. Our response is not, however, the critical factor here. Rather, allowing the person

to contact and surface their own wishes through words is critical. Because people do not always feel their wants deeply at a conscious level, a chance to express and feel these wants in a conversational climate (by giving permission to the person to want what they want deeply) allows people to inspire themselves and to create a base for the Rolfing process itself. It also creates a more sure footing for getting through the inevitable, and sometimes fatal, next stage on the way to action.

Stage 3: Considerations: Why Rolfing Is Not a Good Idea

If all it took for people to move forward with their growth in general, and Rolfing in particular, was information (Stage 1) and Inspiration (Stage 2), we would all be leaping forward as individuals and as a culture, not to mention all Rolfers would have long waiting lists. Obviously, something happens; and for many people what happens is that some issue or fear or barrier or pattern of self-sabotage or reason-why-not gets in the way. Sometimes the issue emerges so quickly that the stage of being in touch with the desire is squelched and suppressed into the unconscious before it is even consciously experienced. Often the specific issue looming largest for any one potential client regarding Rolfing is a version of the same issue as it operates elsewhere in that person's life. Fear of change or pain, not enough money or time, or skepticism that anything makes a difference are the big three—at least regarding Rolfing. In the face of these concerns, how can we move the action forward?

The most obvious first response to these issues is to provide straightforward information that pertains to the issue, at the psychological level at which the issue is presented and in the terms with which it is presented. For example, if a potential client says "I can't afford it," or "That's pretty expensive," the first response is simply to listen and to communicate verbally or non-verbally that you have heard the concern and you appreciate that it is a concern. You are not agreeing that Rolfing actually is expensive, or suggesting that it is not expensive. You are not suggesting it would be a bargain for that person, given the results they might have and the difference it would make in their life. You are

simply letting them know you have heard and appreciate that for them, at this moment, the cost of Rolfing registers as expensive. Your empathetic hearing may, by itself, be enough support to allow the person to move past this issue as a reason not to be Rolfed. Make a note to yourself here that if you are out of touch with your own sense of self-worth and with the value of the service you are providing, or if you are experiencing scarcity feelings around money so that paying for Rolfing seems out of your reach if you were to imagine being Rolfed, then you will consciously or unconsciously invalidate your potential client's consideration rather than diffusing it. Changing the words you use will not help, and you have to work with your own issues of okay-ness and self-worth, alone or with support.

Having heard the client's consideration empathetically and finding it still intact for the potential client, you then have the option of a second response: giving them information concerning the issue. For example, in our practices we make liberal use of extended payment plans, often at the rate of payment for one session per month regardless of the rate of actually completing the process. Having this option frees many people to be Rolfed who otherwise would not be. Likewise, same people with money issues become clients when they learn we can accept payment by credit cards. These are "informational" responses to the money issue.

Similarly, in response to the issue that Rolfing hurts and the person is not sure if he/she could "take it," we listen appreciatively to a real fear, and then we may give information, e.g. the work goes slowly and there is time to get used to the feel of it; that degrees of pressure are individualized according to the need and readiness of each person; that clients are instructed to say "Stop" at any time, and we will stop immediately; that the hurt of Rolfing is a beneficial, releasing hurt, not the sensation of being injured, and so on.

On the issue of skepticism that Rolfing will make a difference, our main informational response is to suggest people try three sessions. By then, we explain, they will either be convinced for themselves it is worth the full investment of time and money, or they will stop without a large investment. This practice is both truthful and reassuring to people.



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If these two levels of response do not move the action forward, you can move to a deeper level, if you can obtain the person's permission to do so, or you have lost a potential client and they have lost the opportunity to be Rolfed, at least for now.

If you do move deeper, it is necessary to understand the way people present these issues initially is often a translation or re-definition of some other issue that is harder to surface, and that the process of re-definition is usually not conscious. The translated, "public consumption" version of the issue attempts to do two things. First, it makes the problem yours rather than the potential client's. You are charging too much. You practice a process that causes pain. You have not proven the efficacy of your work. Second, it keeps the potential client from confronting an uncomfortable personal issue that underlies the more socially acceptable issues that "things are too expensive," "why pay for something that hurts?" or "there are lots of quacks out there so you must be careful."

What is the more uncomfortable personal issue under the surface? It varies, of course, and part of our job is to listen sensitively for it. This job is made easier by the fact that the major issues people face regarding Rolfling tend to cluster around certain key items. When people say they cannot afford Rolfling, they often mean that relative to other things Rolfling is not, at that moment, a high priority, even when the wants and desires that gave rise to their interest are strong ones. And it is not a high enough priority because spending money on oneself, on the physical and mental being, requires a reasonable level of self-valuation. "I can't afford it" often translates to "I don't think I am worth it." The person with this issue can imagine, and may create, being teased or criticized by friends if they knew he/she were planning such a large expenditure on bodywork, though the same person might imagine and might create being praised and envied for spending that money on a more conventional consumer item.

The issue that Rolfling hurts is often the issue that the client hurts and is already expending energy coping with the

hurt, often by doing everything possible not to feel it. For people to acknowledge the hurt and fear they live with is not always easy. People expressing the most concern about Rolfling being painful are people who already carry the most hurt with them, or who sense or fear they would discover hurt if they looked inside.

Skepticism about whether Rolfling works is likewise both a reasonable consumer concern and often the surfacing of a more difficult personal issue in a socially acceptable way. The underlying statement may be "I have tried to do things for myself before and not followed through with them, or have fallen back into old ways. What makes this any different?" Doubts about Rolfling's ability to make a difference may be rooted in the client's doubts about his/her ability to change long-standing patterns.

Assuming you hear or suspect these underlying messages, what can you do? You can ask the person if they are open to discussing the issue with you. For example, you might say you have discovered some things about this issue in talking with many people about Rolfling and there can be value in exploring the issue because it can uncover other related issues which brought the person to Rolfling. There are many levels at which you can enter this discussion and this can be a straightforward or far more complex interaction which I will only sketch here.

Given the potential client's permission, one possibility is to share what you have seen about the issue in other people with a similar issue, i.e. cost, pain or skepticism. Does it ring a familiar bell for the client? Does recognizing the deeper concern make a difference in the person's thinking about being Rolfed?

An alternative to presenting a possibility of an underlying dynamic is to ask the potential client to look more deeply for the issue under the issue. You may ask that several times as the person keeps looking. You are not doing psychotherapy. You are exploring the degree to which the client can contact the underlying issue.

When you have gotten as close as possible to the bottom line, the next step is to inquire where else in their life this issue operates or controls them. Your purpose here is to help the person distinguish a specific concern about Rolfling from a controlling psychological dynamic that runs and limits their life in several areas.

To the degree the underlying dy-

amic is identified, your next step is to help the person clarify the cost of that dynamic and then to pose the question of looking again at the choice of Rolfling from this broader perspective. If the person still chooses to be dominated by the dynamic, you do not have a new client, and at the same time you have potentially made an important contribution to that person. If the person chooses to be senior to the dynamic, you may have a new client and you have a beginning relationship rooted in sharing a core issue that can only deepen the Rolfling relationship.

Once you resolve one consideration, you may need to repeat the process for another. You also may complete the process for one consideration only to find it resurfacing, indicating you did not complete it after all or that a deeper consideration fuels the one you dealt with. As you move through these levels, stay in touch with the degree to which the client is staying in touch with Stage 2, Inspiration. You may need to backtrack to this stage to help the person re-contact the desire, as support in handling a painful or frightening consideration.

Stage 4: Commitment

Whether the potential client has navigated a mine field to handle a consideration, or several of them, or lightly waltzed through this stage, the final step of making a specific commitment still remains. We would not be able to survive as humans if we did not have a homeostatic dynamic in us, and while we long to grow and evolve, we also have a built-in conservatism serving as it limits us.

You can facilitate the potential client's movement toward commitment in a straightforward way. Ask the question, "Do you want to be Rolfed?" Notice how much we tend to resist asking this question, partly because we fear a "no" that can register as personal rejection and partly because, as humans, we are in touch with our resistance to being asked to commit. If asking this question registers to you as "selling Rolfling," you may want to do some personal inner investigation of where you are stopping at this point in your life in moving forward through the next level of your own growth.

If the answer to your question to your potential client is "yes", get out your appointment book. You have a new client and they have made a significant decision on their own behalf. If the person has



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clearly chosen no, acknowledge their integrity and clarity in the process, ask if they would like a future contact from you in a specific amount of time, record that information one way or another in a way that keeps it organized for you, say a nice good-bye, and make your next call. If the client says, "Yes, but..." look to see if it is appropriate to re-engage the process of working with a consideration, because a new one has re-surfaced or an incompletely resolved one is lingering.

You might try this exercise with a partner, or with two or three partners at once. Regardless of the circumstances of who the partner is, for example someone who has been Rolfed or someone who has no idea of what Rolfiging is, instruct them to look at their experience without analysis or content and to answer "yes" or "no"—only one of these two words—to the question you are going to ask them as an exercise. Face the person, look them in the eye, and with the intention of eliciting a "yes" answer, ask if they want to be

Rolfed. Hear their answer, then let it go, and practice again. You may discover the answer you get has a good deal more to do with you than with your exercise-partner. If you are clear that "Of course, this person will want to be Rolfed by me," and if you have let go of the inner reverberations of the people who have recently said "no" when you asked them the same question, you are likely to get a yes-answer. If no one around you is committing, once again the next task is an inner-look at yourself and commitment. □

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I provide

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About Jeffrey Galper, Ph.D. Advanced Certified Rolfer

I have been in practice for 10 years. In addition to Rolfing 25 clients a week, I am Director of Rolfing Associates, Inc., a practice with 4 Rolfers. I have been Chairperson of

the N.E. Region, a member of the National Admissions Committee and on the Board of Directors of the Institute. I am a regular contributor to the Rolf Lines Entrepreneur section, have given workshops on practice building to Rolfers and to other professionals and offered individual consultation to Rolfers on practice building for many years.

Before Rolfing I was a Professor of Social Work. I am the author of 2 books and over 25 articles on social work. I do not wear polyester suits or slick back my few remaining hairs. When excited, however, I do sometimes talk fast. I am deeply committed to service and to success, and I keep my promises.

For more details, a brochure and start up information, call or write:

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