

Advanced Faculty Q&A

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Q Ida Rolf is often quoted as saying: “Put it where it belongs and ask for movement.” I’ve noticed that many Roling practitioners who have been practicing a long time don’t ask for much movement, although I assume they did at one time. Could you comment on why this might be true?

A Dr. Rolf’s “Put it where it belongs and ask for movement” is a statement I quote frequently and often, particularly to students enrolled in either the basic training or continuing education workshops preparatory for advanced training. After more than twenty years of practice, I continue to ask clients for movement.

Initially therefore, my response to this question was that my own experience did not verify the assumption made. Upon reflection, however, I recognize that I am more apt to “put it where it belongs and call for movement” during some sessions and less likely in others. In consideration of why this might be so, I would like to explore the following questions with regard to Ida’s oft-quoted directive.

In terms of “that was then and this is now,” how does today’s milieu differ from that in which Ida’s quote originally emerged?

It serves to consider the framework within which Ida’s quote emerged against the context of our work today. When Ida coined this phrase, anatomy and biochemistry were at the forefront of our trainings. Current research such as demonstrated at the Fascia Research Congress in Boston last year shows fascia as more responsive to movement than initially supposed. The findings also support the approach that considers the embryological origins of connective tissue as more relevant to structural integration than the anatomical model used in Ida’s day. With these considerations in mind, let’s reconsider the basic Ten Series, and how calling for movement may or may not serve.



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Within the framework of the basic Ten Series, which sessions lend themselves best to Ida’s call for movement?

Let’s begin with a consideration of the layered learning that goes on during the education and maturation of the practitioner. Based on the vantage point of having taught many Unit III Clinical Application classes, I have noticed that the beginning practitioner is generally more attuned to larger gestures while deeper experience reveals the more subtle movements available. This is the beginning of a layered learning curve inherent within the series itself, which we could view from the perspective of movements ranging from large, extrinsic gestures to smaller, more incremental, fluid movements.

Fortunately, this learning curve lends itself well to the logic inherent in the unfolding of the ten-session protocol. It is as if Ida’s phrase: “Put it where it belongs and ask for movement” is tailor-made for the initial project of addressing superficial fascia and belongs particularly to sessions one, two and three. Calling for extrinsic movement while ordering and organizing the superficial fascial layers allows us to be clear and accurate about what we see and what we feel.

As we apply ourselves to the task of differentiation during sessions four through seven, our superficial considerations become inclusive of the deeper and more profound fascia layers. Optimally, movement during these sessions will enhance practitioner perception of how easily the work transmits through the client’s structure. And to the extent that it does not, movement may assist the Roling practitioner’s determination of which layer is limiting the goals of the session in particular, and/or the series as a whole.

Closure sessions eight, nine and ten provide the practitioner with a broader palette of intervention in the service of re-addressing the client’s primary patterns and integrating available options. “Put it where it belongs and ask for movement” as one employs the various tracking techniques during this segment of the series permits integration across the various layers simultaneously.

Why not ask for movement?

A significant level change in the layered learning curve occurs after sessions one to three. In sessions four to seven, as we address limitations to palintonicity and visceral core restrictions, our interventions deepen to the level of the prevertebral fascia.

The transitions that occur in depth at the juncture between sessions three and four behoove the practitioner to modify both the quality of touch and requests for movement to a more intrinsic level appropriate to the deeper layers being addressed. The practitioner is attuned to the more subtle perception of inherent motion and the transmission of motility through structure. As such, calling for movement on a larger level at this stage will be a distraction.

Regarding session five, please appreciate the tonic and phasic fibers in the structure of the psoas muscle, which tell us it is involved in both voluntary movement

and as scaffolding in support of movement around it. Because of the tonic function, any manipulation of the psoas must be done with sustained, steady pressure. Thus, addressing the psoas at the level of tonic function cannot be accomplished via “put it where it belongs and ask for movement.”

Session seven, even amidst active or passive client movement, also solicits our unwavering attention to inherent motion. As we initially address the differentiation of visceral cranium and neurocranium or subsequently transition toward closure and integration, the vestibular considerations of seven demand the integration of movement at the subtle, fluid level of motility and inherent motion.

Thus it is during the core sessions that experienced practitioners are less likely to call for movement. While the initial skill level of the newer or beginning practitioner is adequate, it is in this “core” regard that further exploration and education can refine our work. Optimally, this honing of skill at the table is augmented by the acquisition of new skill sets via continuing education workshops, mentoring, and eventually the advanced training. The various continuing education offerings available in visceral manipulation, for example, can deepen our understanding of our work at an organic level. Courses in craniosacral therapy lend themselves to palpatory certainty at the subtle level of motility and inherent motion.

Why call for movement at all?

The established procedure of anchoring and calling for movement is kind to the practitioner’s structure and integrates the work more fully in the following ways:

- It improves interstitial fluid flow.
- It enhances client proprioceptive awareness.
- It simultaneously allows the work to travel through more layers of fascia and neural patterning.

Conclusion

By slightly reframing of the question, I have attempted to distinguish how calling for movement can add to or distract from the efficacy of our work.

It is my hope that this more differentiated position recognizes both the value in calling for movement when it is appropriate and a fuller appreciation of when it is not.