

# Ask the Faculty

## A Broader Perspective on Mouth and Nose Work

Editor's Note: We have expanded the original "Ask the Advanced Faculty" column to include the entire Rolwing® faculty, for broader participation and insight. In this issue we are fortunate to have a number of responses to our question. Please note that the topic is also addressed in articles throughout this issue.

**Q** Please discuss mouth and nose work in Rolwing® beyond the traditional seventh hour of the Ten Series. When would one consider it, whether elsewhere in the Ten Series, in post-ten work, or in advanced work?

**A** Dr. Rolf placed particular emphasis on the seventh-hour work. In her teaching she insisted that the object of the exercise was to "put the head on." The technical sequence of the intervention was designed to accomplish that objective. Simply put, the intra-oral and intra-nasal part of the session was to free the face from the neck, and to open the possibility of repose in the facial expression. The nose work was to open the nasal conchae, and the various sinuses associated with them.

Dr. Rolf's directive was to "exhaust the possibilities" of work outside the mouth and nose before going into those cavities. That meant working the cranial fascia, the muscles of facial expression, the outer layers of the neck, and especially the tissues at the occiput. At the close of the session there was strong emphasis on freeing the orientation pattern of the head and face so that the individual could access a new vantage point to view the world.

In my own process with this material, I came to understand that the head was not a body part to be worked on, but rather a meeting point of systems. Here we have the visceral cranium, consisting of the maxillae, palatines, and mandible, and arising embryologically with the gut. Then we have the neural cranium, consisting of the cranial vault, and the spinal column all the way to the sacrum. Finally, within this neural cranium we find the brain, the neural outflows, and the spinal cord descending

through the vertebrae and to the sacrum. The vomer, ethmoid, and sphenoid are the "bridge structures" between the visceral and neural craniums. The muscular connections between the face, jaw, and vault are actually minimal, being primarily at the digastric, which attaches between the mandible and the mastoids as part of the hyoid sling that carries the trachea and esophagus. The other connections between these elements are the huge outflows of the cranial nerve tracts into eye, nose, and tongue.

With this in mind, it becomes obvious that the work of the seventh hour can be differently distributed. If the fourth hour is about opening the "bottom of the core," then it makes perfect sense to do work in the oral cavity as part of that session. The impact of doing this is quite phenomenal. With both ends of the core activated, the client has a whole new sense of their inner volume, and its impact on posture. As there is continuity through the cavity between the pelvic floor and the visceral cranium, the connection makes logical sense, and felt sense, to the client.

The fifth session is a continuation of the fourth in that the legs are connected to the diaphragm, but it does not necessarily involve the upward lift that session four imparts. Then, the sixth session is absolutely about the relationship of the sacrum to the vault, via the spine and rib articulations. While the sixth session has a connection to the fifth in the emphasis on ordering

the legs to the pelvis, the latter part of the session is carried up to the occiput with high focus on "freeing" the spine. Here is a major connection, as the spine and vault are in the same embryologic layer.

This approach now has the work of the seventh hour well-prepared, and the refinement of nose and palate work can really connect the visceral and neural aspects of the system together, and provide the basis for the "lift" we are looking to evoke. Here the nose work helps to integrate across these systems, and the palate work is the "floor" of the nose work. It is also important to note that the impact of this work is less traumatic, as the preparation has been going on for several sessions, rather than having the whole focus on the head happen primarily in the seventh hour.

Another variant of this pattern lies in the organization of the arms. In some people the strain of the arm/shoulder girdle on the neck and head is such that the individual will get more from the whole series if the seventh hour is devoted to clearing the arms from the occiput to the palms, and then focusing on the order of the head in the eighth session. It should be noted that an arm pattern like this will be present at day one, and your emphasis on that should be continuous throughout the series. If the arm pattern is suddenly visible to you at the seventh hour, you probably "missed the boat" with the client.

These observations allow you to get more value from the series for the client, and make your work more congruent with the embryologic organization of that individual. Clients come to us for resource in their own development, or help with structural problems they are experiencing. Here is a refinement of "the Recipe" that supports that resource, and provides you with better tools to help.

Jan Sultan,  
Advanced Rolwing Instructor

**A** When asked about the traditional seventh-hour work, I think about the various influences upon this anatomical territory. The usefulness of working on this area in the series is a basis for considering when to use these approaches in non-series, post-ten or advanced work.

So, I think about the major goals of the session. Differentiate and relate the visceral cranium and neural cranium. Differentiate the neck to shoulders and neck to head. I will work these areas outside the series when clients report headaches, migraines, eye strain from computer work, whiplash, recovery from colds or flu, or dental appointments.

The neural cranium and visceral cranium junctures present a very complex relationship, with major areas of neural, emotional, endocrine, and visceral functions in close proximity. Working the surface of the cranium and intra-oral structures offers access to many of these relationships, but seems limited in direct effect.

But, if we look at the pathways of the cranial nerves, a rich source of continuity is highlighted to complement the membrane and connective-tissue continuities. As articulated by Drs. Don Hazen and Jean-Pierre Barral, the tethering of the nerves due to inflammation or strain may restrict the movement of the bones and the sensory afferents of these nerves. So, vestibulo-ocular reflexes can be affected by the tension and imbalance of these fascias. Strain on a nerve may add tension to the associated fascias and restrict range of motion and function of the neck and head. Vestibular "clarity" is affected by cranial strain. Feedback of the suboccipital muscles, rich with stretch receptors and vital to orienting, may lead to significant issues and affect basic orienting and thus muscle tone throughout the body.

These structures and their continuity can be addressed by manipulation and release of the nerve sheaths (perineural fascia) along their pathways. When the nerves can move more freely they have less drag on the associated fascias; function and movement are restored.

I see this with many nerve pathways adjacent to fascias we work directly with. For example:

- The hypoglossal nerve runs along the floor of the mouth and emerges near C2 and C3, lateral to the foramen magnum, and seems to influence the dura.
- The roof of the mouth is rich with nerves. Addressing these first can ease the roof of the mouth and impact the continuities to the dura and thus again to upper cervicals since the dura anchors to C2.

- The olfactory afferents read the tension on the conchae. If the olfactory nerves in the nose are tethered to the membranes, this will result in fascial tension. Releasing the various olfactory nerves first through gentle manual manipulation can reduce the tension in the nose and related fascial structures and make the traditional nose work more effective.
- Traction placed on the ear, with different vectors of pull, can access different nerves (trigeminal, falx, tentorium, hypoglossal). The tissues and fascias from the ear canal are continuous with the tentorium and on to the falx as well as to the jaw, eyes and nose. It is the "vectorized" tension placed on the ear that directs the technique to the associated fascias and then to the nerves. The tentorium and falx have nerves within their pathways. The nerves can be released by tensioning the membrane with an "induction." When the preoccupation from nerve tension is released, fascias associated with the dura (falx and tentorium) have less tension. Since the dura anchors to C2, I see the release of dural strain in the cranium translate to more ease in the upper cervicles. I use this approach with upper neck and jaw issues and have had great results.

I now understand the nerves and their fascias to be crucial to mobility in the neck and the orienting of the entire system. I am new to exploring this but am finding an incredible depth to the effects in clients since adding this refinement. Jean-Pierre Barral's new book, *Manual Therapy for the Cranial Nerves*, is reviewed in this journal issue and is an excellent source to review this valuable work.

Jon Martine, Rolfing Instructor

**A** First of all, I want to emphasize that I almost (99% of the time) never leave out nose and mouth work in the Ten Series. For me, this is would be like leaving out the fourth hour pelvic floor work. It is an extremely important structural piece of the whole with which a practitioner should feel comfortable working.

I would consider doing mouth work anytime after the fourth session if the client comes in with a clearly visible contracted ocular segment, temporomandibular joint (TMJ) issues, and/or a trauma that has affected his perceptual field around the

head/eyes/ears. Vestibular disturbances creating dizziness and disorientation can be helped with both mouth and nose work.

Post-ten work: For the client who presents with chronic occipital pain, broken nose consequences to the cranial structure, sinus problems, or dental work that has offset any balance from the upper thoracics and higher, it is much like opening the lid on the whole structure that has gotten screwed down too tight. This can happen anytime in life, and seventh-hour work strongly supports the opening of the client's kinesphere and perceptual field, which can be inhibited or restrained from trauma and/or impact.

In teaching the Ten Series, I notice students are the most anxious about doing the seventh hour. Viewing the cranium and pelvis as equally essential to the integration and organization of our structure and "being" can help students and practitioners to always approach the mouth and nose as an integral part of our principle of holism. Seeing the cranium from the inside out is always a core piece of the overall integration.

Valerie Berg, Rolfing Instructor

**A** Whenever the client brings TMJ issues, mouth/nose breathing issues, or whenever I see major imbalances in the face, I strategize a seventh session including mouth and nose work. Whenever major issues are reported or observed in the neck/shoulder region, that is where I spend most of the time, as well as in the support needed to give peace to such structures. Although I find useful the mouth and nose work in the seventh hour, if I do not find time to do both, I would choose the mouth since I find the results more effective. Usually for post-ten work or an advanced series, my clients come with some specific goal to achieve, so this becomes my focus.

Cornelia Rossi, Rolfing Instructor