

Rolfing® and the Seventh-Hour Head Work

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INTRODUCTION

Traditionally, the seventh hour of the Rolfing structural integration Ten Series is focused around the neck and head. We address the neck to increase circulation into and out of the cranium, balance the cervical curve, work on the cranium itself, do the mouth and the nose work, and complete the session by balancing the spine and sacrum. In this article I will explain the specific benefits of mouth and nose work and give some examples of its importance in sessions with babies, children and adults.

Dr. Rolf taught head, neck and nose work for the seventh hour. Due to the time constraints of the early classes, and because these classes were limited to six weeks, there simply was not enough time to discuss when and where one might do head work earlier. Dr. Rolf would sometimes work on a baby, child, or adult's head outside of the "Recipe" if she felt that it was critical to the person or that they might not be able to receive an entire Ten Series.

As an example, Dr. Rolf had me come to New Jersey to assist her with a twelve-month-old baby. Dr. Rolf's health was failing, so she decided to address the child's two major problems that day and then have me or someone else follow-up. She started with a little leg work, because the legs had some distortion along with the pelvis. Then, after some brief neck work, she put on finger cots and had me look into the mouth at the upper palate. The nurse of a pediatrician I had invited also examined the baby's palate. (The pediatrician could not attend.)

The baby had a distorted palate and twist in the midline of her facial bones. After a few minutes of mouth work, the palate and face looked amazingly better to everyone in the room – the grandmother, the nurse and myself. We were all astounded at how much

change happened in such a short period of time. The palate was more aligned between the right and left sides, coming together and looking more balanced. Prior to this work, the two sides had looked distinctively crooked and misaligned. Remembering this case has often helped me over the years.

In another case, a woman brought her three-month-old daughter in for a treatment. This baby had been in the hospital almost since birth. She had no sucking reflex and was being fed by a tube into the stomach. The first thing I did was go into her mouth and do some light maxilla work. I then did a midline release to stimulate the sucking reflex and release the facial bones, which seemed jammed back into the cranium. I then did some light mouth work and addressed the anterior compartment of the neck, thoracic inlet and diaphragm. After the third session the baby was able to start eating orally and was able to swallow. The family moved away, but I get a photo from the grandmother every couple of years expressing her appreciation and thanks.

The thing to remember when working with babies and children is that the touch is generally so light that you could work on them while they were sleeping. Also, you would never do inner nose work on a baby or child. I have worked on over four hundred babies and always check the midline of the palate for jamming, which frequently occurs during birth. Obviously, not every baby will have as dramatic a change as the one described in the last paragraph. Also of important note, I've referred every child I've ever worked with to a cranial osteopath.

Dr. Rolf started me working with babies and children in 1971, and I was lucky enough to observe and assist her every year from 1971 until her passing. With babies, I seldom do a Ten Series, but I do use the template of Dr. Rolf's work to guide me.

When doing mouth work with adults, I find that each person has his own set of problems and distortions that need to be resolved, making the work a very dynamic puzzle to be solved. Traditionally, some mouth work is done before the inner nose work. When working in the mouth, we are loosening the soft tissue to allow the head and face to breathe. This allows for a rebalancing of the facial bones, which may have been compressed and jammed into the cranium due to various accidents.

There are many elements to balance in the mouth:

- Do the maxillae spread, and do they need decompression?
- Does the vomer rock on its axis?
- Are the vomer and ethmoid aligned?
- Does the ethmoid breathe?
- Does the ethmoid-frontal complex need decompression?

Everyone has had various blows to the face that create distortions. These distortions can be grouped into the following categories (based on the work of cranial osteopaths, such as Dr. William Garner Sutherland):

- (1) compression
- (2) lateral strain
- (3) torsion
- (4) inferior or superior vertical strain
- (5) stuck inflection
- (6) side-bending strain pattern
- (7) loss of inflection or extension

These categories were initially used to describe the sphenobasilar mechanism; however, we can feel many of these patterns within the facial compartment and within each facial and cranial bone. It is not unusual to have a combination of these. An example is a compression – a compressed head with a lateral strain, inferior vertical strain and torsion (very common).

I first read about the motion in the cranium and these various strain patterns in October 1970 while preparing for a class I would be teaching at the request of Dr. Rolf; she had loaned me her copy of Sutherland's *The Cranial Bowl* as a reference. During the class, she passed around her copy of the book and stated that while she found the ideas useful, if we wanted to learn the specific techniques, we should take a class from an osteopath. Whenever Dr. Rolf worked on someone's head, you could see she had a vision of the head breathing while she worked.

During mouth work, we are affecting the axial and meningeal fascial layers and the tubes of the esophagus and trachea. Clients have reported a visceral-tube change from mouth work as a feeling of the lungs opening up. Another common result is the feeling that the jaw moves more easily and that the tongue no longer feels like it is jammed up to the roof of the mouth.

Dr. Rolf sometimes demonstrated throat work as part of a seventh session. She taught us that throat work can be done



Jim Asher demonstrates ethmoid lift



before or after mouth work, working with the suprahyoid and the infrahyoid muscles. She encouraged us to feel the hyoid bone for balance to make sure that it is not pulled to the left or right. In her demos, she sometimes included work with the larynx and the esophagus, working the esophageal tube from the sternum upward to the hyoid.

Nose work is certainly very beneficial to a number of people, but some find it intimidating. I personally give my clients a choice, and therefore teach students how to do "inner" or "outer" nose work, depending on the client's needs and wishes. If an adult has an objection to inner nose work, we can have an effect on the nose by working on the outside using these and other steps: lifting the zygomatic bones, releasing the frontal-ethmoid sutures and releasing the vomer-ethmoid suture.

In my practice in Colorado, the facial and mouth work is especially useful due to a large number of bicycling and hiking falls in the client population. As an example of what results, clients will frequently come in feeling foggy, having difficulty putting thoughts together, feeling lethargic, slurring words; they also tire quickly when doing any computer work or reading. These people typically need multiple sessions focusing on the head, mouth, inner or outer nose work, neck, and thoracic inlet, and of course work to guarantee that there's some support below.

In closing, mouth and nose work are essential for many clients, yet often neglected because of a lack of understanding, education and emphasis.

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