

# Changing the Trajectory of Life, Part 2

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*Editor's note: Part 1 of this article, concerning Rolting® Structural Integration (SI) for children, was published in the September 2017 issue of this Journal.*

## Introduction

My exploration into working with pregnant women came about as a direct result of the admonition that Ida Rolf put in the first edition of her book. This was a quote from Gautama Buddha:

*Do not believe in anything merely because it is said, nor in traditions because they have been handed down from antiquity. Nor in rumors as such: Nor in writing by sages because sages wrote them: Nor in fancies that we may suspect to have been inspired in us by a deva: Nor in inferences drawn from some haphazard assumption we may have made: Nor in what seems to be an analogical necessity: Nor in the mere authority of our teachers and masters. Believe when the writing, doctrine, or saying is corroborated by reason and consciousness (Rolf 1977, 8).*

This advice led me to seek out mentors in the SI world, look for scientists doing research that illuminated the Rolting principles, and to push my work into areas

that were not usual for us, just to see if the Rolting principles could be effective there as well. For many years I studied with four teachers trained by Dr. Rolf, among them was Stacey Mills from Hawaii. I integrated their approaches and perspectives on the Ten Series into my own work. Rolf was adamant about studying and focusing solely on the Rolting Ten Series for five years as a way to truly understand its depth. It was after that length of time that I started branching out into other areas, and I also found the work of Dr. A.J. Ayers, an occupational therapist doing research on fetal and childhood development. I was looking for other paths of reason that corroborated (or didn't corroborate!) with Rolf's assumptions.

The wonderful paradigm of Rolting SI is that our work holds a different premise than the predominant paradigm of our culture that focuses on alleviating symptoms. We have the power of a whole-system process that establishes the proper relationships within the body and between it and gravity. I cannot emphasize enough the underlying

magic of applying the goals of the Ten Series.

One of the major principles that I have discovered and keep in mind is that, as practitioners, we must stay organized – organized in our approach to the client's body, and organized in our own. One of the ways we become disorganized is by simply not having taken the time in our early practices to just do the Ten Series and discover what Rolfing SI is all about – particularly these days, when most of us are under state licensing that requires annual continuing-education credits and the mushrooming bodywork world bombards us with technique workshops promising to fix every structural element a doctor can diagnose. It often looks like a relief to us to see classes that take on the particular ailments our clients walk in the door with, because our training can leave us feeling like we don't know nearly enough. We are on shifting sands. But – we're supposed to be! Until we really get it that we are working with the more fundamental and all-encompassing factors that affect structure, we can be easily enticed by the one-day fix-it technique class. Our profession offers something that is still relatively rare, and it would be a shame if we were to cave in to the pressures of symptom-educated clients, insurance requirements, and our own insecurity.

I say all this as a preface to taking on the Rolfing SI of a pregnant woman and her fetus. I have worked with women during all stages of pregnancy, which for me includes pre-pregnancy through postpartum. With the exception of the first trimester, which can be a very delicate time for the fetus, Rolfing SI can help in different ways throughout this whole cycle.

## Pre-pregnancy Work

Let's start with the women who have been unsuccessful at becoming pregnant at all. It has been my experience, as well as that of many other Rolfers, that for some reason the problem of infertility may disappear during or after a typical Ten Series. Now, I never advertise that or tell an infertile woman that Rolfing SI is going to solve this problem, because we just don't know that for sure. But in my experience, about 80% of these seemingly infertile women are pregnant within a year of experiencing a thorough Series. Usually after the seventh session or later, they are suddenly able to get pregnant and go to completion, delivering the baby with no trouble at all.

It is impossible to know why infertility is happening. It might be an effect of birth-control medications, a system that is too acidic, or a structure or biochemistry that is too far out of a normal range to allow pregnancy. These things have to be looked at holistically with all factors taken into account to create the best possibility for an embryo to take hold and grow.

There are many reasons to work with women before they become pregnant. It is not just about making it easier to carry the growing fetus structurally, although that's a big issue, but it can also have a beneficial impact on the child itself. In the 1980s, Ayers finished some important research on the relationship between touch stimulation and neural organization, especially that of the vestibular system, in a developing child. The skin and the nervous system both develop from the same embryological germ layer, the ectoderm, hence the relationship between touch and the development of an organized neurology (Ayers 1989, 39). In-utero stimulation is the only touch an embryo and the later fetus will have, consisting of the mother's circulating fluids, her structural pressure, and the force of gravity. Is the mother's fluid flow interrupted or diminished by stiff, thick, or pressurized fascias? Is her thorax slumped heavily onto her lower abdomen creating excessive weight onto her uterus? What happens to fluid or oxygen circulation and pressure when the mother is in chronic pain because her own structure was not ready to carry this extra load? These are all situations that can be cleared up by pre-pregnancy SI.

Rolf's writings have been a reminder to me about the necessity of good structural alignment for the unhindered flow of fluids that supply nutrients, oxygen, hormones, and other proteins, as well as taking waste out of the system. Rolf understood that unrestricted flow was not just a molecular phenomenon, but also an energy exchange (Rolf 1977, 179-180). Effort is needed to move through a gravity field. When a structure is unstable it becomes heavy and ponderous in its structural relationships. Vital energy is used up just staying upright or even sitting. Rolf was aware that spatial organization often equated with psychological behavior and emotional state (Rolf 1977, 286). This has been my experience as well, and one has to wonder what affect a mother's sense of well-being and vitality (or lack thereof) has on a fetus. And what might be the ramifications for postpartum depressions

that are so terribly debilitating? We don't have researched answers to these kinds of questions, but our understanding of how structural stability has a direct bearing on quality of life does not make it difficult to connect the dots.

Women come in for pre-pregnancy work for a variety of reasons. Some are already having chronic low back or neck problems and were worried about those problems impacting the pregnancy or their bodies. Some of these women have had at least the Ten Series already and know how important an aligned structure is. A psychotherapist once referred her client to me because she did not feel like her body was a part of her and could not experience well-being. She had the Ten Series pre-pregnancy to prepare physically and spiritually. Another mother of two came in before her third pregnancy to deal with physical abuse issues from her childhood. Their stories vary from needing physical comfort to an emotional makeover. In every case, I work to get their structures at ease with gravity and am still surprised at the ramifications of this work on the totality of their systems and on their babies.

## Rolfing SI During Pregnancy

As an example of a client who used Rolfing sessions as a way to help her through her pregnancy, I'll relate my experience with Carly, a large mesomorphic woman, very athletic all-American soccer player, and very tight and muscular. She had been through the whole Ten Series, had advanced work, and then at thirty-seven she had a few more sessions to prepare for her pregnancy. Three months after she became pregnant she returned for a little work, and found that if she had no Rolfing sessions for two or three weeks she became very uncomfortable in her lower back and neck. She delivered her son naturally and brought him in for a session when he was one month old, and then again at three months. His development was incredible. At only four months old he looked like a little boy – no random movements and very organized in his gestures, very strong, calm, and mobile, and aware of everything going on.

I've had similar experiences with many women and their newborns. Mothers who have used Rolfing work to help them through pregnancies often bring their newborns in for work as a way of working through birth trauma. It is not uncommon for mothers with older children who hadn't had the advantage of a 'Rolfing pregnancy'

to see that this latest baby was born with a noticeable difference. One mother put it to me this way: "Oh my goodness, this child was born already looking conscious, looking so awake, so alive."

This has been very interesting for me to observe because as I have worked with the mother through the pregnancy that baby is already receiving stimulation and organization. Getting the mother more structurally sound and comfortable has allowed that baby to grow more comfortably in a confined space.

With my pregnant clients who have already had the Ten Series I like to introduce the idea of receiving work after the first trimester to sort of 'let out the seams' – just make them more comfortable in their bodies so they could avoid back pain and be in better alignment. This goes back to Rolf's idea that the better aligned a woman is through the whole pregnancy the easier it will be for her to deal with gravity. Gravity is constantly shaping us, and as the baby gets larger the pelvis tips forward more and the gravitational pressure on the low back and front of the pelvis can get extreme. If women can maintain or continue to hold their alignment as they get larger with the fetal growth in front, it allows them to have a lot more length and space for that baby to grow in – not to mention more space for the mother's own organs which get quite compressed during pregnancy. I always ground my thinking and explanations in gravity – it makes sense to people.

I find it important when working with a pregnant woman to be consciously aware that there is another being that I am contacting through my touch. I am first working with the mother, opening up more spatial freedom to carry the baby more comfortably. But I am also expanding the container that the baby is growing in, so that all of its developing systems can grow with the most optimal relationship to gravity. Two beings are being touched and contacted in a way that is significant for each of them individually, and also as a mother-and-child unit. I hold that intention, knowing that it is in fact two beings that I am working with. I am often asked to work with these babies shortly after birth, and am very aware that there is a soul and I can feel an energetic and spiritual connection between the child and myself. They very quickly become comfortable with my touch and with my assisting them to release trauma from their births.

## Issues from Delivery

C-sections are a problem that mothers and babies face more and more often these days. They have become very routine, and have consequences for both mother and child. For the mother, they leave a legacy of abdominal scarring that can have terrible structural consequences years later. I have studied scar-tissue work with Sharon Wheeler, and find that addressing the different kinds of connective tissue through the abdomen has helped to resolve a lot of chronic low-back issues and free women of all that C-section trauma.

Turning to the baby, there can be developmental problems for the child that did not ever have to travel through the birth canal, a process that stimulates the cranial system. Some of these C-section babies have a lot of birth trauma that needs to be released. This trauma expresses often as constant crying or anger. After that first post-birth session they become much more at ease in their bodies. It is very important to know how to do some mouth work and cranial work to help stimulate the cranial developmental process, with a focus on how this relates to the whole structure of the child.

Another disruptive factor is that after a C-section the woman is now a mother and needs to take care of an infant. She has a lot of pain from the surgery, and is going through a lot of adjustment herself while holding this little being. Energetically, all of that has an impact on the child. In sum, I believe those operations are a huge trauma for both the mother and child.

## Postpartum Work

Everyone who has been pregnant knows that every single piece has been pulled, stretched, tugged, and put in positions of great stress. Postpartum work gives women a feeling of empowerment as well as structural relief. It helps to release whatever sort of trauma they may have gone through.

I usually have women wait a bit for postpartum work – something I learned from Stacey Mills. She would tell me to let everything settle and after about six weeks they'll come back in. As every single piece of a woman's anatomy has been affected by her pregnancy, helping her re-establish her 'Line' and open up her breathing again is huge. My clients receiving postpartum work have all been able to feel the changes emanating from

everywhere and to everywhere (which is very informative about the systemic impacts of our work). Often many of these women wait a few months and then come in to go through the whole Ten Series again. I think that is very appropriate, because then everything can be addressed systemically and systematically. Women often tell me that they feel like they get their bodies back.

## Conclusion

People have a lot of expectations about how a birth process should happen, but the truth of the matter is that you do not ever know how it is going to go. You can do everything in your power to prepare, but the woman's body, the child, and their interaction during a very powerful process has a life of its own. They have to be able to adapt and be ready for anything. And nothing facilitates adaptation like Rolfing SI.

Being able to work outside the symptom-oriented norm is a huge service to women and the developing child. Very few professions can offer this kind of support. In 2017, as we are more and more pushed into working symptomatically, Ida Rolf's advice to us via Gautama Buddha becomes even more important than it was in 1977. The pregnancy process is an event that has a beginning, middle, and end – it is a process to follow and support, not a symptom to alleviate.

*Briah Anson, MA, is a Certified Advanced Rolfer and Rolf Movement Practitioner with over thirty-eight years of experience. She is a pioneer in the field of Rolfing SI author and publisher of Rolfing: Stories of Personal Empowerment (1991/1992). She also produced and directed Growing Right With Rolfing (1996), a documentary featuring her work with children under the age of four. Briah has a private practice in St Paul, Minnesota. Continuing her evolution as a healer, Briah completed her training and certification in 2001 as a practitioner of Frequencies of Brilliance – a form of quantum energetic bodywork. To date she has completed twenty-five levels of this transformative healing work. Briah is also presently pursuing a four-year program in classical homeopathy at The Northwestern Academy of Homeopathy in Minneapolis, Minnesota.*

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