

A Doula's View of Rolf Movement® Integration in Pregnancy

A Conversation with Monica Caspari

By Heidi Massa, Certified Advanced Rolfer™ and Rolf Movement Practitioner and Monica Caspari, Rolfig® and Rolf Movement Instructor

Heidi Massa: Monica, before you became a Rolfer you worked as a doula for nineteen years. How did you get into that?

Monica Caspari: Though my academic training had been in nutrition, when I was about twenty-five years old, my nineteen-year-old brother was dying of cancer in excruciating pain. You know, back then, about forty years ago, we did not have the potent painkillers that we have these days – so he begged me to *just do something*. I had no clue what to do, so for lack of a better idea I started rubbing the place in his back where the horrendous pain was. It did not take very long for him to start relaxing and go to sleep. After that, I got good results for other people with various health issues, so I learned that my hands were good for something. Around the same time, many people started asking me to touch them. Some, like my brother, were dying – including my gynecologist – and others were pregnant women. It seemed that my hands could help them through these transitions of being born, of giving birth, and of dying. Anyway, it was the gynecologist who started sending her own pregnant patients to me, and so I became a doula.

HM: Tell us how you would help these pregnant women. Did you assist only in childbirth itself – or did you help them beforehand?

MC: I worked with them beforehand, as well as during delivery. I would have three different groups of pregnant women, each of which met once a week for two hours. It gave them the opportunity to ask questions, check in with their feelings and anxieties, and practice yoga stretches I taught them. To better serve these women I studied and practiced various body techniques, including Hatha yoga, of which I became an instructor. And again, to better serve those women who despite the yoga classes



Monica Caspari



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still felt discomfort or pain in their back, legs, etc., I studied massage specific to pregnant women.

HM: As a doula, was there anything uniquely challenging about practicing in Brazil?

MC: Certainly. Here in Brazil we have the world's highest rate of cesarean section. It is part of the culture here, so women who want vaginal deliveries – not to mention having natural methods of assistance – need a lot of courage. Being their ally and

encouraging them to take charge of their processes was part of how I helped my pregnant clients.

HM: When you were a doula, were you familiar with Rolfig Structural Integration (SI)?

MC: No – not for most of the time I was developing myself as a doula. But my work as a doula was the gestation that eventually gave birth to the Rolfer in me. And – because it was working with these women that taught me how to work with groups – it was also the gestation of my career as a Rolfig teacher.

HM: How did you make the transition from being a doula to being a Rolfer?

MC: Well – it wasn't necessarily smooth . . . I started Rolfig training in 1989, in the old days when candidates for admission to the training program were put through a grueling interview process. I remember being right there in my admissions interview with my pager going off because one of my clients was in labor. Of course, I had to answer the page and take care of the client – and the admissions committee's attitude was, "She is so arrogant . . . Who does she think she is, anyway?"

HM: Has that attitude changed over time?

MC: Not really. Some people still feel that way about me – but I don't mind. They have the right to think whatever they want.

HM: How should we even begin to discuss structural and movement integration in pregnancy?

MC: We should start with the context. After all, the mysteries of pregnancy and birth are surrounded by taboos. More than just biological processes, they are socially significant events – and social needs often take priority over biological needs. We see an example of this with the prevalence of cesarean deliveries in Brazil – but it has been so throughout human history.

HM: We differ from the animals by emphasizing the social context of pregnancy and birth?

MC: Yes. There is not much evidence of just how prehistoric deliveries happened, but some anthropological studies (Arruda 1983) suggest that from 500,000 to about 30,000 BC, a female in labor left the group, gave birth, cut the umbilical cord, buried the placenta, and went back to the group with the baby in her arms. Because the

females did not have stable partners, they did not know the origin of pregnancy and males were not interested in assisting birth. And most likely, back then the females gave birth not in the laying position, but in the vertical position – just as is done even today among some isolated populations such as the Yanomami in Brazil (Sabatino et al 1992).

HM: So in pre-human times, females had control over what was a more purely biological process?

MC: Exactly. But as time went on and our body structures evolved, women came to need assistance. From 30,000 to 18,000 BC, as our hominid ancestors became *Homo sapiens*, we became truly bipedal. During this time, the human pelvis also changed: the bones got thicker, the pelvic floor stronger, and the birth canal narrower. And – at the same time the volume of the newborn's brain and head approached the limits of the birth canal, so that the baby had to twist and turn quite a bit to navigate its large head through the limited space of the birth canal. And to make things even harder, when most babies start to be born, they are facing their mother's backs. This position makes it more difficult for the mother to breathe and to push the baby out. So – sometime in the Neolithic period (the Stone Age, approximately 18,000 to 5,000 BC) now-stable male partners began to assist in childbirth (Faria and Sayd 2013).

HM: So when did the doula originate?

MC: Being a doula might not be the oldest profession – but it's close, going back as far as the *metal* ages in the more populous areas of Greece (Sabatino et al 1992). By the *middle* ages (fifth to fifteenth centuries AD), childbirth was assisted by registered doulas who used special chairs that put the mother in the vertical position (Faria and Sayd 2013). Only later did physicians get involved in childbirth.

HM: I'm starting to see a theme of verticality emerging here . . .

MC: Well, more like abandoning verticality in favor of horizontality; and that's paralleled by social demands prevailing over biological needs, and body image emphasized over body schema.

The huge technological and medical developments of the last 150 years or so allow doctors to assist in difficult childbirths to save the lives of mothers, as well as premature or delicate babies. We

have arrived at the age of maternity wards – areas of hospitals or even whole hospitals dedicated solely to childbirth. The dark side of this is that today, broadly speaking, the woman is separated from her family members and immobilized. Her uterus and vagina are palpated by strangers. And – she is usually stuck in the horizontal position, exposed with her legs apart, enduring lots of unpleasant and undignified procedures. These days, unfortunately, anyone who wants to assist the mother-to-be has to navigate or work around the technology used to direct and control the delivery.

HM: How much of this has to do with eliminating pain?

MC: A great deal. In today's medicine, it is taken for granted that women should avoid pain in delivery, and that a woman should not wish to have the possibly painful pleasure of a natural experience. But it is also true that ancient methods of assistance reduced pain. And today, many alternative or complementary approaches – such as relaxation and deep-tissue massage, acupuncture, *do-in*, shiatsu, watsu, Continuum™, music therapy, aromatherapy, reflexology, and yoga – either alleviate pain and general discomfort or promote overall conditions of ease. But the medical establishment questions both their general efficacy and their safety during pregnancy.

HM: What about SI? Do you feel it is safe during pregnancy?

MC: Pregnancy can present many high-risk situations where structural work is inappropriate, and the practitioner should be cautious even in normal pregnancies. A structural integrator who wants to work safely with pregnant women should have a firm understanding of the physical and psychological effects of pregnancy. The work can help pregnant women, but practitioners have to know what they're doing, which requires training well beyond their SI training.

HM: So – structural integrators should generally *not* be part of the pregnant woman's care team?

MC: Generally not – while she is pregnant. But since pregnancy is a big physical undertaking, SI before pregnancy can help her a lot.

- The more integrated her body, the more easily she will accommodate the physical changes of pregnancy.

- The more balanced and supported her body, the less back pain she will have.
- The more oriented she is to the *up* and *down* directions, the better she is supported in space.
- The more integrated she is, the better she can assist the birth process rather than hindering it.
- The more she is aware of her body and the power of her sense perceptions, the more likely she will embrace her sensations and give herself over to the immediate physical and sensory experience of labor.

And of course, an SI series can be very helpful some months after a pregnancy to decompensate the woman from the stresses of the pregnancy and rebalance her structure.

HM: In your own Rolfing practice, do you work with pregnant women?

MC: I do. As a Rolfer, movement is what interests me the most. I want my clients to experience delicious movement – not just to look better, but be like ancient Greek statues. Based on my many years as a doula, I believe that Rolf Movement and the theory of tonic function, were they more widely known, could really advance the way we care for pregnant women and prepare them for delivery. It could help women to become and feel more competent, and to re-take control of their process and their experience.

HM: Give me an example of how you use this in your practice.

MC: I often see women who are horrified by the idea of giving birth to a baby who is bigger than their pelvis. Usually, a few pelvic-girdle movement sessions can calm their fears of being too tight or too small to give birth. This is work with perception and coordination to change the woman's body image. As another example, many women, not able to move freely in the pregnant body, feel trapped. Following a Ten Series done with a functional approach, these women feel more mobile and less like prisoners in their own bodies. Another functional pattern I see often is postpartum: the twenty-four-hour-nonstop-crying baby. In my experience, the baby's distress comes from the tonus of the mother, who supports herself and holds her baby with her extrinsic muscles. Once the mother learns to use her intrinsic muscles, the baby calms down.

HM: It sounds as if we've come full circle, back to the importance of touching others in the right way.

MC: Yes, I suppose that's true. And in my own practice as a Rolfer, the same as when I first started touching others and as a doula, I still help my clients to make those big transitions. According to the Dalai Lama, our primary purpose in life is "to help others."

Monica Caspari lives and works in São Paulo, Brazil where her practice emphasizes better movement through the theory of tonic function. For more than twenty years, she has taught Rolfing SI and Rolf Movement Integration in her native Brazil and throughout the world – in Japan, Australia, the US, Argentina, Ireland, Germany, and South Africa. As an avid traveler, some of Monica's special interests are the differences among cultures and how to adapt Rolfing teaching and practice to particular cultural milieus.

Heidi Massa, a Brazil-trained Certified Advanced Rolfer and Rolf Movement Practitioner, has been guiding the somatic adventures of the discerning, the curious, and the brave since 1994. She has served on the Rolf Institute's Ethics and Business Practices Committee for twenty years, and has been an editor for this Journal since 2000. While Chicago is home to both her Rolfing and complex business litigation practices, as well as to her architectural and interior and landscape design interests, Heidi travels frequently to Colorado, where she maintains a fine pre-War home in impeccably original style, hikes in the mountains, and dances the tango.

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