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# Iconoclast: An Interview with Michael Maskornick about Rolwing<sup>®</sup> SI and Craniosacral Work

By Anne Hoff and Michael Maskornick, Certified Advanced Rolfers™

*Note from Anne Hoff: This article came about for two reasons. One is that I've been particularly interested in biotensegrity lately, and how to bring that more explicitly into our work. I was intrigued by Michael's article on this topic in our December 2016 issue, his empirical approach and his curiosity with hands-on exploration and model-building. The second reason is that I had a bad fall this past summer, landing on my face, particularly impacting my right eye socket. In the weeks after the fall, my cranium felt mushed, its biotensegrity disrupted. Michael came to mind as someone who could help me resolve that. I had studied his approach to craniosacral work some years before, and in my trips to Bellingham to get some help with my injury, I decided to interview him on this topic.*

**Anne Hoff:** Michael, over the years you've written a few articles for this Journal, and taught your approach to craniosacral work in and near Bellingham, Washington, where you live and practice, but otherwise you've kept a pretty low profile. Why don't we start with you saying a bit about yourself?

**Michael Maskornick:** Okay. In my mid-twenties, I got really interested in the human potential movement. I came from a really strong science background, the details of which aren't really important, but I got to a point where I no longer wanted to do what I was doing. I thought I was going to go and study as a gestalt therapist,

and around that time I got introduced to Rolwing® Structural Integration (SI).

**AH:** This was the 60s, 70s?

**MM:** This was probably in 1974. The first session I had was with somebody who was not a Rolfer but had hung around the Rolf Institute® and actually was training to be a Feldenkrais Method® practitioner. He was up in Amherst (Massachusetts) at the time, and so I had a session with him, and the first session was one of these *aha* moments, like, “My goodness. This is really important stuff.” I had it set up for two sessions in two days. The second session wasn’t anything special, but I’d already been sucked in. At that time, I was living down in New Orleans, and the nearest Rolfer was in Houston. We arranged to drive over to Houston and get a couple of sessions. We did that a couple of times, and at that point, it felt like, “I’ll just keep getting sessions. These are really important for me.”

**AH:** Important in what way?

**MM:** No clear way to talk about that. It touched me deeply. On some level, I was uptight and tense and sort of corporate and all of that, and I know that was getting worked with, but really, that wasn’t it. It was like, somehow, it was allowing me to make some decisions on how to change my life.

**AH:** How did you become a Rolfer?

**MM:** When I was living in New Orleans, I became friends with a woman who had been a masseuse at Esalen, and thus started hanging out with a couple of people that would come through from Esalen. Once, it was the end of the workweek for both of us, and after the massage was over, we started talking. I said to the masseuse, “You know, I’ve been playing around with something. Let me have your hand.” And she looked at me like, “What kind of weird shit’s this?” but gave me her hand, and I started doing what I was doing, which was a lot closer to the way I work today than to anything I subsequently studied. I had her hand for about two minutes, and she said, “Would you please stop?” And I said, “Okay.” She said, “No, no, no, no. I’m not criticizing. How did you do that? I’ve never had anybody get that deep into me in that quick a time. What did you do?” Anyway, that was the first affirmation I got that maybe there was some part of my mind that was already working in different patterns.

After a couple of years, I decided to quit my job and move to Boulder. I enrolled in

the Boulder School of Massage and sent in my application to the Rolf Institute. By that time, I had had sessions with Leland Johnson, Jan Sultan, Peter Melchior. Those were the three primary people that I worked with, and I thought, “Boy, my ideal would be to have one training with Jan and one with Peter” – and it didn’t work out that way. But I audited a class with Peter, and that really set the tone for feeling, “This is the place. I’m going to the right place.” And I learned from more than formal training. Several conversations and interactions I had with both Jan and Peter (though of little significance at the time) seem to have stayed with me for many years and now appear twenty-five years later as seeds for the directions my thinking and work have taken in the present. So I’d like to add a sincere note of appreciation to both of them.

While I was at the Boulder School of Massage, I continued exploring and asking people, “You want to experience what I’m doing?” Some would come, and almost everybody who came got a little bit addicted to it. I wasn’t charging. I was just, “Let me work with it,” and all of them were saying, “What are you doing? Who taught you this?” Here are my ten little teachers [wiggles his fingers] – here I’m paraphrasing Peter Melchior, who said, “Your fingers are your teachers.” He also said, “You’re born a Rolfer: we get together to reinforce that we know what we’re doing, in case we’ve forgotten.”

**AH:** So you studied formally, massage and Rolwing SI, but you also found your own way of working. Tell us about getting into craniosacral work.

**MM:** I remember Jan Sultan wrote a little article about John Upledger’s first book, saying, “You’ve got to read this.” I got the book, and it felt like I already knew that stuff. I took a real basic workshop in the material. My hands already seemed to know what to do. So, I started working with craniosacral, even though this was a little bit arrogant, because the way I learned Upledger’s stuff was sort of on the fringes, which certainly fit my iconoclasm. I started talking to people around town. I said, “Why don’t you come hang out with me? I’ll teach you a little bit of this stuff.” I was just using their protocol, ten handholds or whatever, and it didn’t feel very satisfying to me. I did that a couple of times, and then I decided that until I figured out what I was doing, I wasn’t not going to teach again – which

is true, and it took me probably another ten years.

**AH:** What wasn’t satisfying about it?

**MM:** It was like a mechanical toy. “Do this. Do this. Do this. Do this.” The one thing that I’ve heard many, many times about craniosacral trainings is that many students say, “I don’t feel anything,” and are told, “Just do it. It’ll come to you.” I didn’t have that problem. I was feeling all sorts of things that went way beyond what they were talking about. I recognized that I could do this protocol – not that it was bad or wrong, I really have to say that, it’s designed so that you can do this, do no harm, maybe do some good – but that’s not near the edge, where I like to live.

**AH:** That makes me want to ask you, what is your relationship to the Ten Series in Rolwing SI? That is maybe a more intelligent protocol, but it still has the elements of a protocol.

**MM:** Well, I came out of the training realizing I wasn’t taught how to be a Rolfer – I was given the tools to learn how to be a Rolfer, and the tools were this protocol. So probably for at least ten years I was a pretty straight arrow, by the numbers. I didn’t mix and match, none of that stuff. And somewhere along the line, I started realizing, “There’s more to this.” I started thinking about, “What’s the next step?” I started thinking about, “What’s the source of the first session, or the fourth session, or the eight session?” And I started looking at bodies in terms of what’s deficient in their structure.

**AH:** Give an example of what might be deficient.

**MM:** Somebody who is not very well grounded, looks like they’re lifting off the ground, and thinking about that in terms of [sessions] two or four. Or people who are having problems, their breathing wasn’t organized, and I thought about that in terms of how that might relate to [sessions] one, five, or six. I wrote that tensegrity article where I was talking about my journey around that time when I started thinking that the Rolwing Ten Series is really only one session that’s broken down into these components. If you think of it this way, that opens up how you do the work. There are all these stories about Ida Rolf. Somebody would come in, and she was talking about the first session, and then she’d start working and do something completely

different. Everybody said, "Why did you do that?" And her answer was, "That's what he needed." That sort of triggered my thinking about all of that.

Talking about my development of cranial work, probably the most significant person I studied with was Alain Gehin, [a doctor of etiopathy in France], he did a 100-hour training in Seattle. He was introducing some of the anatomy and physiology, but when it came to doing the work, I wasn't learning much, even though Gehin was doing really complex manipulations. I'd see other students who at the end of the day weren't looking too good – remember as students we were using each other as models – and some of them would come over and say, "Can you help me?" I'd put my hands on them, do whatever I did, and they'd go away and they'd feel better. For me, it was easy, though the thought always was "Where do I get the hubris to be doing this kind of stuff?" It just came out of me.

**AH:** It sounds like there was a recognition that you knew something, even if you maybe couldn't articulate how you knew it, how you learned it.

**MM:** Well, my hands were talking to me all the time about how close I was to the edge, and was I going in the right direction. Even following a protocol, it was like, "Oh, yeah, don't push it that way."

**AH:** So you were able to read something very precisely.

**MM:** If you pay attention to how the body is talking to you, the chances of you getting in trouble are reduced by orders of magnitude. I had already gotten to a point where I trusted, and I still do: I trust my hands. I read a lot of stuff about different forms of cranial work, and there's a chiropractor who has an incredibly complex protocol, each finger doing something to the head with five levels of differentiation – that guarantees that you're going to be totally confused, because it's all intellectual, coming from ideas of here's how the bone is, here's how the bevels are, here's how the sutures are . . . So if you're working around the mastoid suture, you got to press this way and turn this way and hold this way.

Reading ideas like that, I get into an internal turmoil about, "There's got to be another way to teach this stuff." I was still teaching protocol, but I started saying, "Okay, we're in class now. Suspend your disbelief. I'm going to tell you that there's a subtle thing

that you can feel there, but I'm *not* going to tell you *what* it is." That's the first rule. I'm not going to tell you what to feel. That developed into, "I want you to tell me what you feel," and students usually would come back and say, "What do you want me to feel?" I thought it would be an easy way to teach – what a mistake that was – but over the time that I was teaching, I got a catalog of language about what people felt through their hands. They never felt sutures moving or the bones moving. It would feel like, "Oh, there's a pulsation going on there or a fluttering going on there."

I broke down the different things that people were talking about into categories like rhythmic movements (tides, waves); smooth movements; abrupt movements (like a snap or a jump or a pulsation, a single pulse); strong movements (like where your hands are being pushed away, or the bottom would fall out of something) . . . And again, this started me on the path of, "Notice the language people use when they're challenged." And people would say, "I can feel something, but I don't know how to talk about it." I said, "Okay. This is your challenge: find some words that you can reproducibly say, 'That's pretty much what I felt.'" And you start gaining a repertoire of language.

I had people reading Upledger's book, so they knew sort of what was 'supposed' to be going on, this idea of a smooth wave this way and a smooth wave that way, but nobody was feeling that and it was a great relief to them to know that they weren't wrong. So they would describe movements like chattering or saw-like movements, and then things like whooshes . . . And by the time people had run out of things to say, they would say, "You know, every once in a while, I didn't realize I was feeling something until it stopped, and the cessation was almost immediate, and it was like silence." And they realized that was important too. This is where I started realizing, "Okay, we're developing a language which is really pretty different than is in Upledger's book or in Magoun's book, but that sounds a lot like a still point."

**AH:** You were teaching people to listen and to develop trust in what they were feeling.

**MM:** And I wasn't telling them which were important. They're all important. By the time I had done this a lot, I started using the language of, "Okay, go in and feel what's there. Once you can reliably

say, 'I know what I just felt,' give yourself permission to put that aside and ask the question, 'And what else is there?' And turn that into a mantra. 'And what else is there? And what else is there?'" Then it gets to the point where I basically would say, "Among the thousands of things that are there to feel, what's the one that's most in the foreground?" That gives a totally different perspective on what you're looking for. It's like there's this congregation of information that's there, and you're making a choice, which is really different than saying, "You're going to feel a restriction."

**AH:** I first got interested in your approach to cranial work years ago from the way your class descriptions talked about feeling the whole of the cranium. So I want to bring in tensegrity, biotensegrity, which is the last topic you wrote about for this journal (Maskornick 2016).

**MM:** If you think you're working with bones, you're limiting yourself to the surface of a sphere. For a while, I used those big long sausage balloons, a student with closed eyes feeling one end and another student on the other end making very minute movements. I thought that would really sensitize people, but what we're feeling in the cranium is so much more subtle than that. But at least it gave the idea that you can feel things that relate to the volume changes and perhaps tissue changes.

**AH:** But it sounds like you were figuring out something about how you worked and how to get people to the same place.

**MM:** Right. That's what I introduced at the beginning of any teaching, that what I was teaching was intended to save them five to ten years of learning in their practice. Part of the training was to have students notice when their 'practitioner' was really present and when he faded away, when he was active and when just present. By mentioning it and giving them that direction, they could feel the difference. I remember one person said, "I only work with my hands out in the aura," but when other students gave her feedback, they said, "It doesn't feel like there's anyone there." She was freaking out, concerned she was going to disrupt her model's energy field. I told her that saying that when the person was asking her to do more was diminishing them, taking away the person's authority over his body. She really got that, so she was willing to try, to go way beyond her

previous boundaries, and people were saying, "You know, that feels good when you do that." Likewise, when people would try to work on her, she was initially afraid it would be overwhelming, but before the workshop was over, she let people work on her a little more, and she wasn't freaking out.

One of the things I got from Gehin, which was really great, he said that in the world of physical manipulation, there's a range. On one end, you've got the hard bone-crunchers and people who bruise everything, and it's easy to say they're bad, but they're not. If they're really good at what they do, that's the way they do it. On the other end, there are people who are energetic healers that can work across the country and across the room, and if they're good, they affect things. The trick is to find where you sit on that continuum and get really good at it. That was another part of my development, learning the boundaries. A lot of people say I work in an energetic realm. I don't perceive myself as doing that, but I know I don't want to work on the other end either. I'm somewhere in there, but not on either extreme, and that's what I wanted to start teaching, providing a safe environment to explore that range.

In my teaching, the first level of contact is what I call *listening* – you're touching, but you're not trying to influence the system. You're trying to just get what's there. That's an easy one, but it's hard to feel what's going on, because your contact is lessened. Next is *interaction* as you start making more contact – when you feel something coming to you, you don't try to influence it, but you allow yourself to go with it. It's a little bit like surfing; you're not affecting the waves, but you're not resisting them either, and that's more contact. The third is *directive* – where at some point, you're saying, "I think I want to explore a little bit more about something that just happened, so I'm either going to re-target or advance it by using my hands." My hands are always moving a little bit, so I'm always in what I call it 'the dance'. It's like 'push hands' in tai chi. I'm always in the dance, and occasionally, the dance means that I'm going to lead. There's a lot of levels of direction: if you continue to push where the system says no, it's going to feel bad; good directive influence is when the system gets that you're not letting it just flap around. You're holding it a little bit. You're directing it a little bit, and it still feels good. This allows you to avoid red

herrings – where it feels like something really is happening, but if you wait for twenty minutes, you find you're right back where you started. When you start directing things, maybe you go through a couple of red herrings or cycles, but then you say, "We've been here. I don't want to go there again. Is there a place where I can begin some direction that will get this more into a healing phase?"

The next level, which I never really teach anybody, is what I call *the challenge*, and that is where you come to the end of the direction and you say, "Everything inside me says we have to go beyond this boundary," and you start really making tissue move, and all sorts of things move. That again has lots of different levels all the way up to what I call *the far end of the spectrum*, and I never go there, but I do go into that challenging phase occasionally.

**AH:** It sounds like when you do that, there's a very clear knowing of the appropriateness of doing it – you recognize something.

**MM:** The metaphor that I used teaching was being in a ballroom. In the interactive phase, you're dancing, one of you is leading, but it's basically you're having a good time, nothing particular is going on. The directive phase is you want to talk to somebody over on the other end of the room, and you start directing the dance, and in two or three minutes, you're over there, where you wouldn't have been otherwise. In other words, your intention gets drawn, and you go there. The challenge phase would be telling your partner, "We're going over there," and you start going over there. The really strong challenge phase would be you pick your partner up and walk them to the other side of the room, but you don't hurt them. You're still respecting them, and you're trying to get them somewhere.

**AH:** This is quite a learning curve for students.

**MM:** All of this gets really far away from a protocol. It's about a process. So I had to start teaching a different way of thinking about the skull, the bones, the tissues. Being an iconoclast, I never believed that the cerebrospinal fluid is the driver in the craniosacral system. Chaitow has a description of how little fluid is involved; I never bought the idea of the closed hydraulic system of the skull. I'm more intrigued by Traube-Hering-Mayer waves. It's not the cerebrospinal fluid – it's the cardiovascular system that we're paying

attention to. Compared to the small amount of change in cerebrospinal fluid, this tidal wave of blood is going through the brain, the brain is not a closed system. It's got this river going through it called the cardiovascular system, and any changes that are going on with that are magnified. It also helps explain why you can feel the cranial rhythmic impulse in other parts of the body. I never got to a place where cerebrospinal fluid made any sense about that. Cardiovascular made more sense. This guy Botte used very sophisticated math on heart-rate variability called Fourier transforms, Fourier analysis. When he did that, looking at heart-rate variability, you can pull out all of the cranial rhythms, the long tide, the mid tide, the normal one. This expansion and contraction of the cardiovascular system is happening in the skull, putting pressure on the ventricles that cause the cerebrospinal fluid to flow out of the skull and down the dura and back again. It's a better driver.

Since I'm already in iconoclast mode, let's talk about lesions, because a lot of cranial work is about lesions and it's always said lesions are a limitation of the sutures. I realized, yes, the sutures are vital, as is their movement, but the bones are softer than we are taught. Spinal models make you think that's what a bone's like, hard, but it's not. If you put your hands on something and you feel hardness, it means the whole system is compressed.

There's the idea of *vectors*, that something goes through the skull, but it doesn't involve a suture necessarily. It goes wherever it goes. The lesion may be in a part of the bone, and because of the movement of the skull the stuckness migrates to the nearest suture. You can go after the sutures, or you can try and find where the entry point was of the injury and work there. When I feel softening, I know I've released the system and started getting some space in there. So my preference these days is to find the primary source of it and notice how the sutures then start *responding*. Our language informs how our hands work. If we talk about 'vectors', our hands start thinking about arrows. If we start talking about entry areas and how impact migrates, that's a different story altogether.

So this was the third big iconoclastic thing for me, and from it I allowed my hands to go where they're comfortable. Placement has a function, but you can start teaching your fingers to be intelligent and to pay

attention to small movements. You start by just putting your hands where they're comfortable and noticing what you feel. So rather than a preconceived idea of what is supposed to be going on, one of the metaphors I use is to imagine you're in a roomful of friends – they're all your friends, but you recognize different personalities. Now, here you've got eight major bones and imagine that they have personalities. How would you describe them? Which ones move easier? Which ones feel more friendly in your hands? Which ones seem to be resistant?" After a while, you start understanding, "Oh, I've touched enough frontal bones. That's what frontal bones feel like." The elements that you're feeling are shape, density, fluidity, resilience, and responsiveness, and those are going to be different for each of the bones.

**AH:** Yeah. How much are you on individual bones, and how much are you taking in the cranium as a whole?

**MM:** I think I'm always taking in the cranium as a whole, but you've got to get to know what these bones feel like and how they talk to you, so that when something feels really stuck when you're dealing with the skull as a whole, you can place your hands on a particular bone knowing you might get a little more reaction or a little more movement or a little more change. You'll know what they feel like, how they react.

**AH:** You said to me earlier, before we were recording, that there's a wave response. Even if an injury comes as a vector, when it meets the cranium – or any part of the body – the response is not going to be like an arrow, but more like an ocean wave.

**MM:** If we think about the skull as a three-dimensional, semi-spherical thing, you've got shape; you've got density as you go through the bone, different densities depending on whether it's a thin bone or air-pocketed bones; then further inside the cranium you can start to feel how there are again different densities, or more to the point, different resilience and responsiveness in the dura and other surfaces. Then you've got the brain itself, medulla, cerebrum, cerebellum, brain stem, and you've got the ventricles wherein cerebrospinal fluid is generated. The density changes as you go to these different things. If you think about the skull as the earth, with a fluid core that the crust lives on, you can get a sense of what we're talking about here.

Because people get locked into what the sutures look like, I started talking about 'domains'. Each of the bones has a domain. In the middle of the bone, it doesn't move very much, because it's all locked into the bony matrix, but as you get toward a neighbor, you have a relationship between two different domains. Notice how your hands think of that differently than if I say, "There are the sutures" and you pull up a mental picture. It allows you to be far more expansive. You can put your hands almost anywhere on the head and start feeling how it moves or doesn't move, this three-dimensional sphere that is full of different densities and different fluidities. Your hands go toward more fluidity, more space, they never want to make it tighter or more dense. Just the nature of that exploration often creates more expansiveness.

**AH:** What I'm hearing is that your hands have to encompass these different domains, internal environments, and the relating between the domains. You've got different densities at each layer and multiple layers, and you're forming a relationship to the whole of it.

**MM:** Absolutely.

**AH:** And feeling the shape of the whole of it, the resiliency, the mobility, and where there's things that are not consistent with what you feel would be the integrity of it.

**MM:** And the language you use really affects your hands. I keep emphasizing that, and letting the somatic experience of your fingers teach you what's going on. To get an idea what things look like, have good anatomy books and a skull (both complete and disarticulated). You need that. Textbooks, references, and models are valuable for consulting, but always ask your hands what their perception of the tissue tells you. The work depends on really getting sensitive with your palpation.

**AH:** It seems like you had that from the get-go. Were there things that helped you develop that?

**MM:** One of the things that really interested me was neurolinguistic programming, which Bandler and Grinder modeled on Ericksonian hypnosis, or indirect hypnosis. He wrote a foreword to one of the books, said they were good modelers, but then at the end of it he said something like, "But don't confuse what they're saying with what I'm doing." Ernest Rossi, who was a student of Erickson and wrote a book

about him, noted that Erickson had polio as a kid and was disabled by it. He thought that Erickson's experience recovering from this disease taught him how to bypass the intellect and talk to the unconscious parts of our being. In my work, I talk to the client's body. I talk to the client too, and use her ears as a translator so that her body can cooperate, but I pay attention primarily to how her body answers. I've had that right from the get-go.

**AH:** So that's typical in the session – that you're talking – but you're really talking to see how the body responds to what you're saying, more than the person answering.

**MM:** Right. A lot of sessions have sort of a stream-of-consciousness element. I notice that when something important starts coming up, the person shuts up, I shut up, we go into it. Something happens. Then we come back, and we sort of continue our conversation. So it's not that we're chattering away and just wasting time. It's like we're keeping our conscious minds out of the picture so that this unconscious stuff happens, and when it gets important enough it sounds a klaxon and says, "Okay, idiots. Now pay attention for a while."

**AH:** I think it's probably good to bring in what you framed at the beginning of the first session you did for me. You are working with a direct trust of your palpatory skills, but you've set a framework in the beginning for the client to tell you if anything doesn't feel right.

**MM:** Rule number one for the client is, "You're in charge. The only reason you're here is your well-being. You know more about that than I ever will, no matter how good my intentions or intuitions are." And then, the rest of it goes with what you say. If it ever starts feeling like we're going off-track or too fast or anything, say, "Let's hold it. Time out." The other thing I often say is, "If you ever say 'Stop', I will not say, 'Let me finish what I'm doing.' We will stop." That's about edges. Work like this is really creative the closer we get to the edge, but if we go beyond the edge, you're not going to let me go near an edge again.

**AH:** Also during the session you were continuing that trust-building. You said things like, "Okay, I feel it. We're almost there. Here it is." So besides my body sense that things were going well, I could note, "He's tracking what he's doing, because he's telling me what he's tracking, and therefore . . ."

**MM:** And that's like biofeedback. You're feeling something, maybe feeling a multitude of things, and you're saying, "Oh, of all the things I'm feeling, he's tracking this piece." I've had people say, "How do you know that? You can feel that?" Because they didn't think anybody could feel stuff like that.

**AH:** I think that's quite interesting, because often with cranial work, we expect silence. That probably works really well for some people, but I see that your way brings a different element into the process.

**MM:** It's the collaboration of our nervous systems.

**AH:** I wonder if that was part of what allowed such a phenomenal amount of change to happen during that session.

**MM:** Well, part of it is that I'm always testing to see what your system is doing. The client's system is going to put a couple of tests for me. I don't always pass the tests, but if I'm pretty good at it, your system says, "Well, yeah, that's worth another try." And after a couple more, it's like, "Oh, we are working together." And after people have come for a couple of sessions, they start trusting me more than I ask them to, and I sometimes will challenge them. "Remember, you're in charge. Don't give up your authority. I want us to meet as equals."

**AH:** Thank you, Michael, for sharing some of your story with us.

*Michael Maskornick is a Certified Advanced Rolfer who lives and works in Bellingham, Washington. He spent eight years studying chemistry, and eight more years in the chemical industry, before realizing it wasn't right for him. He trained in Rolfing SI during the last year of Ida Rolf's life and never had the opportunity to meet her. Since then he has been living in this wet corner of the US using his skills to help his clients cope with this grey, depressing climate.*

*Anne Hoff is a Certified Advanced Rolfer in Seattle, Washington and the Editor-in-Chief of this journal.*

## Bibliography

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