

Structural Integration: An Art or a Science?? An evolutionary journey.

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In the field of rehabilitative therapies, Structural Integration is a methodology that is growing in popularity, because it provides an effective holistic addendum to more traditional forms of treatment. Although this sounds like a latter day complementary therapy it has however been around since the 1950's. The woman responsible for the creation of this method was the inimitable Ida Pauline Rolf, who received her PhD in Biochemistry from Columbia University in 1917 whilst doing research for the Rockefeller Institute. At the time she was one of the few women ushered in to their hallowed halls who rose to any level of importance. It was the ultimate men's club with most women who worked there being kept in the less glamorous roles of technicians and laboratory assistants. Dr Rolf worked there for nearly a decade in the molecular sciences as a biochemist, however after a sabbatical to Europe in the mid 20's she became inspired by the world of physics just at the time it was experiencing its biggest paradigm shift, where Heisenberg, Schrodinger, Niels Bohr, Einstein and others were hashing out the details of quantum mechanics (Johnson 2006:11). Her studies in physics and mathematics, begun in Zurich during her sabbatical, exposed her to the new theories of quantum mechanics, and the theory of relativity which turned the reductionist world of Descartes on its head, or at least in large part. Quantum theory provided the scientific language to describe that which had been intuitively known for millenia but least pragmatically understood. The notion that everything is connected in a complex web of relationship is an uneasy bedfellow to the Cartesian theory that the universe is made up of discrete parts that can be studied and understood in isolation from each other, more importantly though it did make sense to Ida Rolf. She saw the logic in its application to the human body and in particular gravity's influence on structure and function and how it organized postural dynamics and dysfunction through the continuous and interconnecting web of fascia. At the time the 'fascial system' was a long way off from being recognized as a separate system so Dr Rolf was certainly ahead of her time.

As an aside and for those who have an interest in astrology, Dr Rolf was a triple Taurian. She was certainly a force to be reckoned with, and she needed to be, because she was stepping outside the comfortable world of Newtonian and Cartesian science and in to the less measurable and certainly the more arguably mysterious world of alternative or holistic medicine. It was a time where the Flexner report commissioned by the Carnegie Institute denigrated modalities such as Homeopathy, Chiropractic and Osteopathy as quackery and absurdly inadequate, and furthermore that they should be shut down. Sadly the old Hippocratic ways of holistic medicine were being traded in for the more popular new hard sciences.

Dr Rolf developed her theories of Structural Integration over at least 2 decades although details about it are rather sketchy and not much is actually written down over this early formative time. Her brilliant insights saw postural impairment not the result of any one symptom, but part of a disorganized whole, which drew on her affiliation with Quantum theory of interconnection. In her original descriptions she talked about the work as *postural release* and a reorganizing of a person's *structural dynamics*, the implication being not only about a reordering of alignment, but also a reordering of energy efficiency. She saw compensations in the body as shortenings, thickenings, displacements and immobilizations of the connective tissue matrix, which resulted in a loss of energy and more observably a loss of relationship with gravity. She maintained that man becomes weighed down and heavy, everything is an effort and the dance with gravity becomes a battle. She resonated with the idea that energy and matter were interchangeable and that as we lose energy, we gain a kind of heaviness, we become out of relationship with gravity and start the unhappy compressive decline toward earth. At that time it was not known that fascia had a contractile nature, however I wonder if Dr Rolf had some early intuitive understandings that were a precursor to the until recently heretical notion that Robert Schleip presented in his 2006 PhD doctorate, that fascia has a contractile capacity. She postulated that by manipulating and releasing the contracted tissue in a systematic fashion it necessarily relieved postural distress throughout the whole structure, allowing the person to attain a more functional relationship to the gravitational force that seemed determined to flatten them to the ground. Dr Rolf saw the general population as having 'random bodies', at war with gravity and themselves. She devised a series of 'manipulative organizations' as she called them, to call forth the body's spontaneous vital rehabilitation. The Series as these sessions commonly became known were to spawn several other schools of Structural Integration after her death in 1979. The primary goals of Structural Integration still vibrate to Dr Rolf's genius and the writer continues to be in awe of this woman ahead of her time, still revealing from the grave more intrigue and questions about the human condition through her students who continue to develop and expand her concepts.

Dr Rolf's paper on Postural Release, recently republished in the IASI yearbook 2009, mentions the early research done in physiological effects of Structural Integration on actual measurable changes in tachycardia to a 'strong rhythmic pulse when certain areas of the pelvis were balanced and released. There are other studies

that have shown Structural Integration has a positive psychological effect on people's anxiety levels (Cottingham et al 1988), interpersonal relationships, and ability to connect to others in a meaningful grounded way (Townsend, 1977), and the measurable effects on a client's coordination and movement awareness, translating to a more congruent expression of their character and essential self (Prado, 2008). Clearly Dr Rolf had plans right from the start to expand and develop Structural Integration from its physiologic beginnings in to a wider definition of what constitutes a balanced individual.

Movement had always been integral to measure outcome in her work, with the 'reorganised or processed body' as she put it, expressing more economical and efficient movement patterns, and during the 70's several of her protégés expanded on this. Judith Aston originally developed Structural Patterning for the Rolf Institute which was a series of movement re-education sessions that clients could do after completing their Structural Integration program that helped maintain the results of the bodywork. Aston eventually left the Rolf Institute to develop her own body of work and created the unique approach of Aston Patterning later to be known as Aston Kinetics. Joseph Heller a Cal Tech graduate who had trained as a Rolfer in the early 70's took Aston's classes, and developed the notion that movement needed to be combined within the bodywork session and not separate from it as the current thinking was. He maintained that movement re-education should be used as part of the session so clients could relate the release and freedom in their structure to more effective movement and postural expression. He found that once clients became more aware of their bad postural habits and were educated by their practitioner to use their body in a more functional way, the results of Structural Integration were even more successful. He further expanded his ideas claiming that when he released and balanced particular areas of the body his clients often expressed particular feelings and emotions, in other words he found that the issues were in the tissues. His inspiration came not only from Aston's movement program but also the human potential movement that included the body psychology work of Fritz Perls, Wilhelm Reich, Moshe Feldenkrais, Hal and Sidra Stone and others.

The idea that chronic tightening in the tissues can be a habitual response to an old trauma, both physiological, like a repetitive strain injury, and psychological like unexpressed grief, was a novel one, and at the time pushed at the boundaries of what the Rolf Institute could handle. When Dr Rolf passed away in 1979 the outpouring of grief was such that 'new ideas' such as Heller's movement re-education and self-awareness dialogue were put on hold out of respect, and in some ways was an attempt to enshrine her Structural Integration recipe. Heller soon realised that if he wanted to explore his ideas he would like Judith Aston have to leave the Rolf Institute and create his own program. Hellerwork Structural Integration with its combined three facets, of bodywork, movement and self-awareness dialogue came out in 1979 shortly after Dr Rolf's death and has been one of the 3 major schools for the past 30 years.

The third school was the Guild for Structural Integration formed in 1989 and is often thought of as quintessential Rolfing. Its founders Peter Melchior and Emmitt Hutchins felt that 'The Recipe', as taught in other schools, and of which Heller's explorations could be included in this, had been modified or, perhaps, specialized in several ways, with some of these modifications ignoring the underlying priorities in Dr. Rolf's teaching. The Guild was formed to insure that the 'Recipe' as conceived by Dr Rolf did not lose its potency of intention, its expression as art, nor its comprehension as process (2009, cited from the Guild's website). We might contend that Hutchins and Melchior went the other way in response to those who attempted to improve and develop the process of Structural Integration. Some would say however its not really possible to keep things inherently pure, and in the end would go against the very intent of Dr Rolf who through her working history supported those that would attempt to improve upon her ideas, at least as long as they were prepared to debate their reasons logically with her.

Another student out of Ida Rolf's stable was Tom Myers who trained as a Rolfer just before Dr Rolf's death, and was one of the lucky ones to actually have experienced her teachings. Myer's long time interest and expertise in anatomy, and fascination with the fascial network drew him to the dissection rooms of medical colleges where he explored what he later came to call the body's myofascial meridians, later written up in his seminal book Anatomy Trains (Myers 2001). He viewed the fascial system as passionately as a Cardiac Surgeon would see the circulatory system or a Urologist would see the urinary system and went on to develop the 5 myofascial meridians of the legs and torso and the 4 lines of the arms, in a kind of diagnostic approach to the Structural Integration series that revolutionised where we would choose to work to achieve our structural goals. The idea that tight plantar fascia could restrict the body up as far as the occipital ridge and the aponurionial covering of the scalp was novel and made sense if one saw the connection as a continuous fascial pathway, determined and expressed by function or dysfunction as the case may be. It gave practitioners a way of viewing a persons restrictions and a language to describe the working territory. Myers developed a Structural Integration series that incorporates and balances the anatomy trains of the body over 13 or so sessions.

This spawned another offshoot called Applied Structural Integration which combines the classic integrating

process of structural bodywork, movement re-patterning in the tradition of Aston, and the self-awareness dialogue that Heller envisioned. Although inherently based around the original Structural Integration Series, Applied Structural Integration's diagnostic and treatment planning process is a client centered, educational approach that focuses on the primary cause of a person's compensations or in a broader sense locating whether the underlying issue is structural, functional or emotional rather than just treating a symptom in isolation. A detailed assessment and individual treatment planning approach is utilised that recognises and respects that each person has a unique psychosomatic expression that includes their life history.

Apart from skilled visual assessments of postural inclinations and human movement patterns, one of the main tools used is the myofascial length test (Kendall & Kendall 2005). Perfected and further refined by Donna Bajelis PT founder of the Institute of Structural Medicine as the Biomechanical Range of Motion Length Testing procedure, the Myofascial Meridians that Myers describes are tested for restrictions. The length tests are performed by increasing the distance between origin and insertion, elongating muscles in directions opposite to that of the muscle actions demonstrating clearly the available range of motion in the joints, muscles and fasciae. Most other structural integration modalities rely heavily on a general visual assessment to look for the root of postural dysfunction which takes years to master and is often a frustration for beginning practitioners. Applied Structural Integration actively uses range of motion length testing in its evaluation process alongside visual assessments that are supported by the understanding of the fascial continuities to reveal much more precisely the location of contracted tissue. In real terms the practitioner (and especially a beginning practitioner) doesn't have to waste precious time working on tissue that doesn't require it, or feeling frustrated if their visual skills are still being developed and they don't quite see the whole picture at first.

In closing we have only touched the surface of this ever broadening field of Structural Integration yet the writer hopes that you the reader has been able to get a glimpse of the history and progress of this most interesting modality. In the beginning Dr Rolf had come from the medical world of hard sciences with its certainties and hierarchical nature to the new paradigm of a participatory universe where systems are self organising and connected to their environment. She successfully predicted the current shift in thinking that we are much more inclusive and less separate than we first thought and grounded her thinking in the tangible process of Structural Integration. Structural Integration continues to evolve and advance, with support from its research scientists and practitioners at large who straddle the uneasy worlds of complementary and mainstream medicine.

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