

A DYNAMIC RELATION TO GRAVITY

VOLUME 2 - THE TEN SESSIONS OF STRUCTURAL INTEGRATION

Edward W. Maupin, Ph.D.

WITH HENRY KAGEY AND RON ARBEL

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VOLUME 2
THE TEN SESSIONS OF STRUCTURAL INTEGRATION

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Contents

Foreword by Rosemary Feitis vi

Preface: The Elements vii

The Ox-herding pictures x

THE TEN SESSION SERIES 1

INITIAL SESSIONS 7

Opening the Sleeve 8

SESSION ONE :

breathing, hips and thighs 9

Midline Chest, Front and Back 10

Armpits 12

Anterior Arms 14

The Stabilized Pelvis 16

Lateral Hip and Thigh 17

Lateral Hip, leg straight 19

Hamstrings 20

Completion Steps: Pelvic Lift 22

Completion Steps: The Upper Pole 22

Trapezius 22

SESSION TWO :

Organizing the Feet,

Lengthening the Back 23

The Hinges of the Feet 24

The Classical Foot Session Revisited 26

Lateral and Medial Heels and Calves 29

Seated Bench Work: The Back in Motion 30

Completion Steps: Pelvic Lift, Neck Work and

Back Strokes 32

SESSION THREE:

The Sides and Shoulders 33

The Balance of the Torso 34

Defining the Side Plane 35

Horizontal Polarity: segments, planes & expansion 36

Shoulder Girdle, from the side 37

Lengthening Spinalis from the Side 40

Quadratus Lumborum 41

Completion Steps: Pelvic Lift, Neck Work and

Back Strokes 42

CORE SESSIONS 43

Organizing Core 44

SESSION FOUR:

Medial Leg and the Inside/Outside Balance 45

Medial Heel, Calf and Knee 46

Medial thigh: letting the knee out of the pelvis 48

Pelvic ramus: 50

Anterior Thigh 51

Completion Steps 52

SESSION FIVE:

Organizing Anterior Lumbar 53

Psoas 54

Arms and Ribs: Opening the top to let the bottom through 55

Rectus Abdominis 56

Using Movement in Session Five 58

Ilio-Psoas: beginning at the lesser trochanter 59

Ilio-psoas: The center of the session 60

The Lumbo-Dorsal Hinge 62

Hamstrings, again 63

Completion Steps 64

SESSION SIX

The Lower Pole:

Heels, Hamstrings, and Sacrum 65

[The Importance of Pleasure 66](#)

Anterior Calf 67

Posterior Calf and Knee 68

Posterior Thigh 70

Posterior Pelvis 71

The Pelvic Rotators: the core of the pelvis 72

The Pelvic Floor 74

Completion Steps 75

SESSION SEVEN: The Upper Pole 77

[The Upper Pole 78](#)

[The Line Revisited: The Head 80](#)

Arms: Counterweights to the Upper Pole. 81

The Neck: Layer upon Layer 82

Inside the Mouth 85

Nose 87

The Atlantean Hinge 87

Completion Steps: Seated Extension of the Head and Neck 88

INTEGRATION SESSIONS 89

[Integration and the four parts united 91](#)

[Watching People Walk 92](#)

SESSION EIGHT

Integrating Lower Girdle with Core 93

[The Task of the Lower Girdle Session 94](#)

Standing Foot Work 96

The Femoral Triangle 98

Pelvic Bowl/Anterior Lumbar 99

Completion Steps 100

SESSION NINE

Integrating the Upper Girdle with Core 101

[The Task of the Upper Girdle Session 102](#)

Chest 104

Arms 105

A Typical Upper Girdle Session 107

Completion Steps 108

SESSION TEN:

Integrating Both Girdles across Core 109

[The Task of Session Ten 110](#)

[Michael Nebadon's Expansional Balance 112](#)

Planning Session Ten 113

The 'C' Position 114

Other Work for Balancing Front and Back 115

Standard Ten Session Work 115

Other Work for Balancing Side-to-Side 116

Finale 117

[The Experiencing Core 118](#)

[Chest, the unfinished business 119](#)

[Opening the Feet 120](#)

Foreword by Rosemary Feitis

More than fifty years ago, Ida Rolf started teaching her view of how bodies could change and her method of achieving that change through bodywork. She called her work Structural Integration; everyone else called it Rolfing. It was the beginning of a quiet revolution in bodywork.

Dr. Rolf was convinced that the only way to achieve lasting change in bodies was through work on the connective tissue. She maintained that connective tissue is the central component of body structure in a living, moving body. The collective wisdom of that time, fifty years ago, was that the only effective intervention was through bony manipulation. It took a while, but word-of-mouth eventually spread the news: Rolfing works, it is effective in relieving structural pain and in enhancing physical performance, its effects are permanent and progressive.

Dr. Rolf's great gift was an uncanny insight into the architecture and dynamics of the body. Her other great gift was the ability to teach what she saw and knew. This is no easy feat. Over the years, there have been a number of gifted healers, but not many have been able to convey what they did so that others could carry on the work.

Dr. Rolf taught Rolfing in small classes. It was a hands-on, individually guided transmission of insight and technique. The teachers she taught have continued in that tradition of small classes and personal demonstration. Until now, there have been no textbooks of Rolfing.

This book represents a look to the future. Ed Maupin and his associates have translated the ideas and techniques of Rolfing to the printed page. The instructions for the actual bodywork are very specific; the graphics are exceptionally clear. There are anatomy illustrations to show what is under the skin as work is done. Drawings of hand positions and arrows guide each intervention.

One of the more controversial of Dr. Rolf's ideas is the concept of a core structure in the body. The core is something that is easier to feel physically than it is to define scientifically. By using movement directions from expansional balance as taught by Michael Nebadon, the reader is guided into a direct experience of core movement. The experience is refreshing and very informative.

Bodywork ultimately is a matter of proprioception, of the ability to sense posture, movement habits, and change. In effective bodywork, one of the chief goals is enhanced awareness in the bodyworker and the client. Movement helps both participants feel with greater precision and be more sensitive to changes as they occur. This book excels at integrating movement and bodywork intervention into an elegant whole.

Rosemary Feitis D.O.

Author of *Ida Rolf Talks*.

11/19/03

Preface: The Elements of Structural Integration

This preface is an attempt to review the essential material of Volume 1

Gravity

Gravity is the force that binds everything together. We live on a planet which exists because of it. Our species, like all other plants and animals, has evolved under the influence of it and was brought into being by its parameters. Perhaps it is the force of life itself.

The most archaic form of the Greek god Eros was the power of attraction. He was a creator god who brought everything together out of Chaös. He was the power of attraction: I think the Greeks had gravity in mind, though they might not have seen fit to express it this way.

Did human beings occur by random genetic accident, selected by the viability of offspring? Maybe. But the fact and form of gravity might also have called our evolution, demanding our upright posture by its very existence, a *clue* left by the Ground of Being.

Surely we are who we are because of our adaptation to gravity. A chart of comparative vertebrate anatomy shows four-legged creatures climbing into trees, monkeys living in trees with awesome hand-foot coordination, primates returning to the ground and shuffling as chimpanzees shuffle on feet like hands, evolved for grasping trees. Then the calcaneus migrates down to become heel, the back straightens, the head comes around, and finally a humanoid being stands upright, her oriented senses feeding information from a broader perspective into a larger brain.

Movement

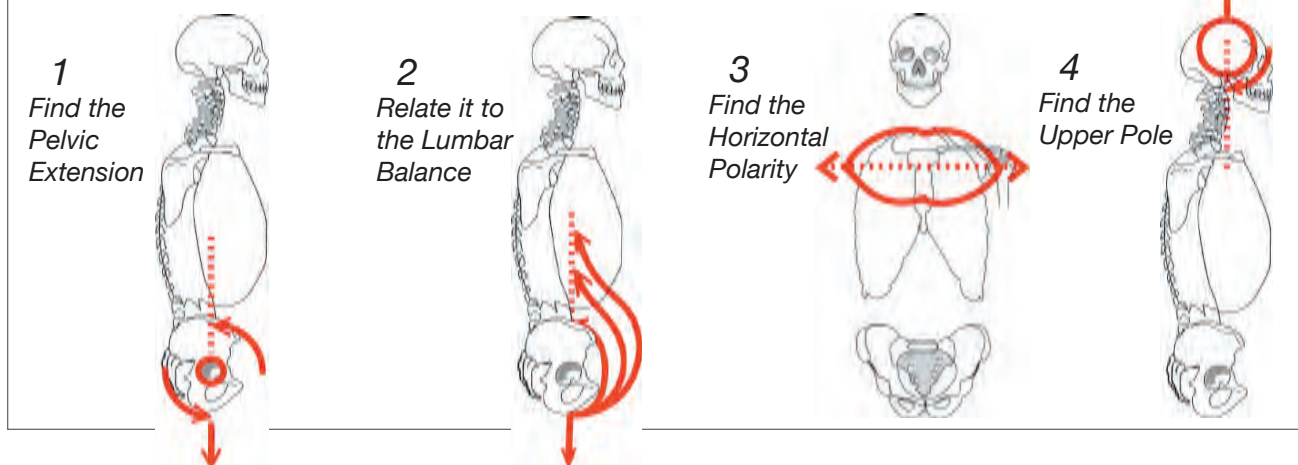
Following Einstein, physicists postulate that gravity is not simply a force to which we are subject. We participate in it by movement, and movement is our adaptation. What is our adaptation to gravity? We are vertical, and we are segmented. The segments are bony struts positioned by tensional straps, a tensegrity structure. Dr. Rolf conceptualized it as a two-layer system in which the inner layer is related to gravity, and the outer engages in voluntary actions, a Core and a Sleeve.

The Core *expands* in response to being upright on a gravitational surface, the bony struts and the fascial straps interacting to unfold a vertical polarity in which the feet, expanding down, allow the head to come up. . . .effortlessly.

This concept of dynamic polarity, sometimes called ‘palintonic,’ was clearly important in Dr. Rolf’s work. She patiently showed us how it is that ‘when flexors flex, extensors extend.’ She was bringing her clients closer to a fully unified relation to gravity. But when she tried to communicate her vision in movement exercises to her students, she could not express the full brilliance of her insight. She was not a dancer.

After practicing Structural Integration for six years I encountered Michael Nebadon, a dancer who was teaching “expansional balance.” I felt he showed me what Dr. Rolf had been trying to say. If we move from a condition of contraction we tear ourselves down. If we move expansionally, from the torso out through balanced joints, we are not declining. Gravity becomes a source of energy.

THE FOUR PARTS OF EXPANSIONAL BALANCE



“Expansional Balance” is omnidirectional in space. Like the ‘Chi’ in t’ai chi chuan, it comes through the feet, is gathered in the waist and transmitted through the arms. But as a concept it easily becomes abstract and inaccessible. It was after 30 years and a membership in a fitness club that I realized that expansional balance, ‘palintonicity,’ and extensors-extending-when-flexors-flex, could *all* be brought together in four directives: The *Four Parts* of Expansional Balance. They are the clues to the unity in gravity which is the meaning of structural integration. We are always pursuing one or another of them in every session of Structural Integration. We can use them in any kind of exercise.

The Four Parts of Expansional Balance provided a unifying concept for this manual of Ida Rolf’s method of Structural Integration. They *are* our dynamic relation to gravity, and they make clear what her intention might have been in each of the ten sessions.

Fascia and Bone

Tensegrity is a characteristic of structure. It is a relationship between flexible and rigid members, between struts and straps, which provide space and position. In the human being the straps in our tensegrity structure are the connective tissue, holding the bony struts in balance across joints. Through the contraction and expansion of muscular tissue they can also move.

Fascia shifts continually to support the characteristic movement of the body. It can be changed by different movement, and that can be organized by touch. “Hold things where they are supposed to be and induce movement.” Dr. Rolf made use of this strategy to reorganize the balance of fascia around the bony skeleton. The malleability of fascia, and to some extent ligament and tendon, is the basis for reorganizing physical structure.

Geometry

Geometry is a means for analyzing how the body exists in space. Because gravity establishes what is up and down, all three dimensions are defined for any physical object. The skeleton is designed for accurate balanced movement in three dimensional space. It is designed to live there. Each section of the body and each joint has its own balance across the frontal and lateral planes. The connective tissue webwork should balance across each joint to support efficient movement. Within the cross-hairs of this balance an open, inner feeling of the

body can occur. When it does not, geometry gives us a way to recognize where the structure diverges and how it needs to be organized.

Touch and Awareness

From one perspective, Structural Integration is a process of consciousness. John Locke used the word, 'consciousness,' for ego awareness – 'I know that I know.' Spiritual traditions often use "Consciousness' as a synonym for 'God' – for presence, love, or fundamental being.

Below the frontal being – that which is called "I" – is a profound process of body awareness which is non-conceptual. To the ego it is void, because thinking cannot go there. The body is aware: it listens and feels itself in space. Inside it is a vibrating volume in which sound and the various body senses comeingle. It is all-knowing, and yet easily fooled. It responds to the world it thinks it lives in, and the frontal being has a lot to do with that. Fear is contraction, and where portions of the body have been tightened they have been withdrawn from awareness.

Touch can call them out. At its most profound spiritual level, Structural Integration teaches the outside, frontal being, to be present in the body in the here and now. Touch is our means of access to the body awareness. Reaching through the outer layers of action, it calls out the inner body and teaches it to pay attention, to be present. Touch joins the other two senses, talks to them. The inner, vibrating volume is responding to a pair of hands that speak its language. The touch communicates – is it touch? – is it flesh? – is it sound?

Every seasoned practitioner has evolved a personal understanding of what is involved in effective touch. In the first volume we offered a system of touch communication based on receptivity, communication and awareness. Its elements are as follows:

1. Change comes from Awareness. It is the deep body awareness of the client which must accept the touch and find its own ways of responding. It is useful to adopt the principle that we are not touching the body so much as the awareness within it. We must get the body's attention.
2. Touch to Know. Use touch, pressure and movement as a means of exploring *this* body, now. Let your technique come from perception.
3. Train the Client to Participate. Ask them to pay attention to your hands and draw you in. These first two steps are to engage the frontal being. When you ask them to 'pay attention to pleasure' you are asking for attention from the inner being. Then they can 'use your hands' (improvise from feeling) to organize their own bodies. You are in communication with the outer surface of the absolute mind.

The Ox Herding Pictures

The ten ox herding pictures are a traditional Zen Buddhist way of depicting the progress of meditative practice. Some versions of these pictures date back to the 12th Century in China.

The boy represents the conscious mind of the meditator, while the ox represents a deeper level of one's natural mind which must be met and tamed. Boy and ox come together in greater partnership until both disappear and existence at a new level becomes possible. It is a ten step model of change.

Including them here began as a joke at one of our Bacchic editorial sessions. "Maybe we should include the ox herding pictures with the ten sessions," said someone. It seemed like a good idea; so we decided to try. From the internet we selected the familiar set by artist Tomkichiro Tokuriki (b. 1902).

Although none of us presumed to understand the series, there were a few uncanny parallels when we arranged the pictures with the ten sessions. "Seeing the footprints of the Ox" seemed correct for Session Two, which organizes the feet on the ankles. There was a particularly congenial fit between "Riding the Ox Home" and Session Six, since that session brings the entire pelvis into balance under the body.

It looks as if the ox appears in each of the core sessions. At the end of Session Three, when work on quadratus lumborum addresses the core for the first time, the ox is sighted. In Four, Five and Six the ox is caught, tamed and 'ridden home.' In Seven, when the upper pole is organized, the ox disappears, hopefully because the head (mind) has become clear.



"Searching for the Ox"



"Seeing the Footprints"



"Seeing the Ox"



"Catching the Ox"



"Taming the Ox"



"Riding the Ox Back Home"



"Forgetting the Ox"



"Ox and Oxherder are Both Forgotten"



"Returning to the Original Place"



"Entering the Market with Bliss-bestowing hands"



Pondering the last three pictures leads to some interesting reflections upon the integration phase. Does Session Eight, which is usually aimed at integrating the feet, legs, and pelvic girdle with the torso, *really* produce that non-verbal experience of consciousness portrayed by the empty circle of Picture Eight? Or does the image tell us something about the possibilities of Session Eight?

When the rider is forgotten, the ego is dropped. It is a radical step. Perhaps this total surrender can happen at any time in the integration process.

Picture nine portrays 'returning to the 'Source', the 'Original Place.' Does this suggest that integrating the second girdle, in Session Nine might open up a simple sense of Being?

Picture Ten shows the completed project, the return to ordinary life with "bliss-bestowing hands." Is that the integration of Session Ten? Is the whole-body presence of structural integration, of being here and now, so benign and so compassionate?

The spiritual reality of the ten pictures is thus remarkably parallel to the physical reality of the ten sessions. We leave it to the reader to make of it what h/she will.

Perhaps the number '10' is a good one for depicting a process of change. The Kabbalah has ten 'Sephiroth' in its Tree of Life, after all, and the enneagram circle of nine points becomes ten with the entry into the next level of process. Perhaps nine is a complete cycle, and ten is the emergence at a new stage.

Or perhaps, as Dr. Rolf said somewhere in the archives, "Ten is a 'nice round number.'"

THE TEN SESSION SERIES

Nobody knows the full story of how Dr. Rolf developed her method. As some point she had a concept of core-in-gravity, and at another she had a ten session series to accomplish it. Archival records indicate that the series had evolved into its present form well before 1968.

Her vision was always beyond physiotherapy, beyond “fixing things.” From the outset she thought of integration in gravity. “Postural Release” is what she first called her method, as if there were a spring inside every body waiting to be unleashed.

She said the ten session series developed empirically from her experience with clients. She had discovered that she could “hold things where they are supposed to be and induce movement.” She had a notion of where things should be from her ideas of core-in-gravity. She detected a similar sequence of unfolding in the bodies she worked with. When she organized one thing, the next thing offered itself at the next session.

The resulting ten-session sequence is as methodical as a bell-shaped curve and as practical as a trail guide. It distinguishes between a sleeve and core, devotes the first three sessions to opening the former, spends the next four organizing the latter, and puts the two layers together in the last three. For some of us it is like a form like T'ai Chi Chuan, whose continuing practice reveals new levels of wisdom.

As a conceptual form, the ten session series is unendingly useful. It is a model of the unfolding of the human frame. It gives levels and steps from outer to inner, from prior to subsequent, from part to whole. It offers a systematic plan for taking an old structure apart and replacing it with a newer, more efficient one, and it leaves the body balanced enough, physically and emotionally, to deal with so much change.

Dr. Rolf said she was teaching the ten sessions so that we would know what to do until we knew what we were doing. This was how we all learned it in the beginning, and it's still a good beginning

A sequence of goals, not of procedures

The ten series is not a series of techniques but a sequence of goals. True, there are lots of procedures described in this book – contacts we like to call them – but they only start the process of ‘touching to know.’ (See Vol. 1) The goals of each session lead us step by step through a process whose details are different in each particular case. It is a map leading to the ultimate goal of structural integration in gravity.

The Ten Session Series

INITIAL SESSIONS: "OPENING THE SLEEVE"

ONE

Breathing,
Hips and Thighs
Lengthening the
Front.



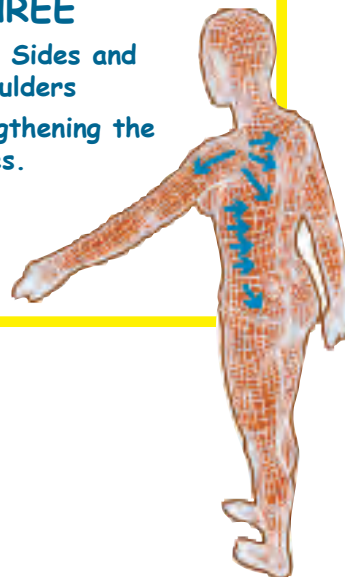
TWO

Feet -
Releasing the
Lower Pole,
Lengthening the
Back



THREE

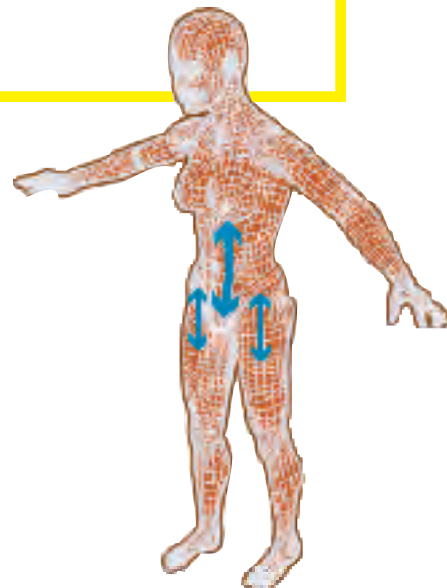
The Sides and
Shoulders
Lengthening the
sides.



MIDDLE SESSIONS: "ORGANIZING THE CORE"

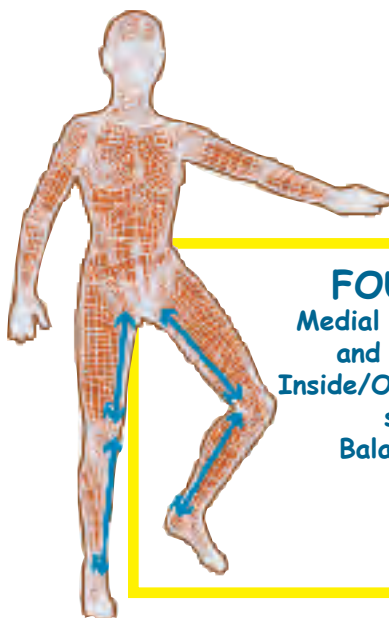
FIVE

Organizing the Anterior
Lumbar



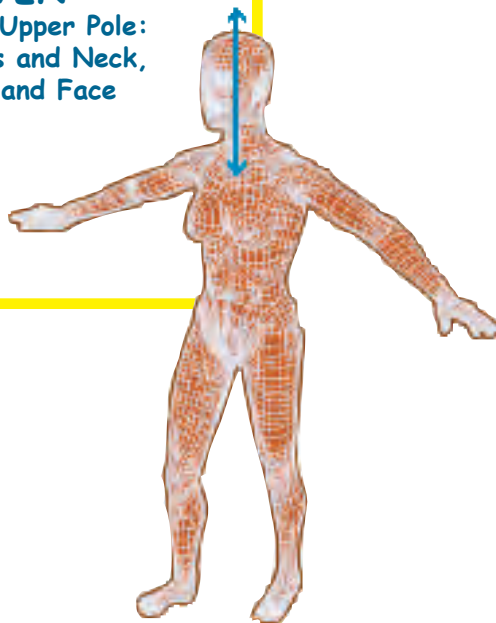
FOUR

Medial Leg
and the
Inside/Out-
side
Balance



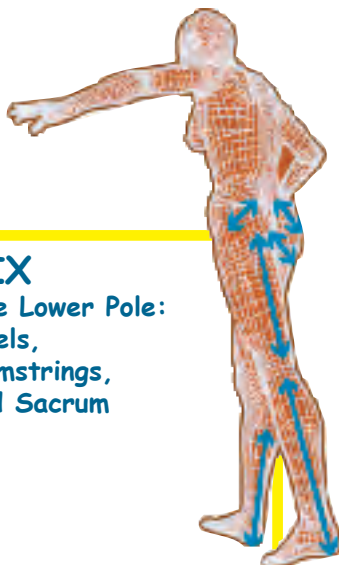
SEVEN

The Upper Pole:
Arms and Neck,
Jaw and Face



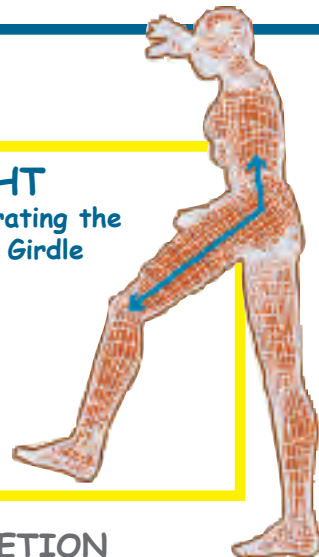
SIX

The Lower Pole:
Heels,
Hamstrings,
and Sacrum



EIGHT

Integrating the
Lower Girdle

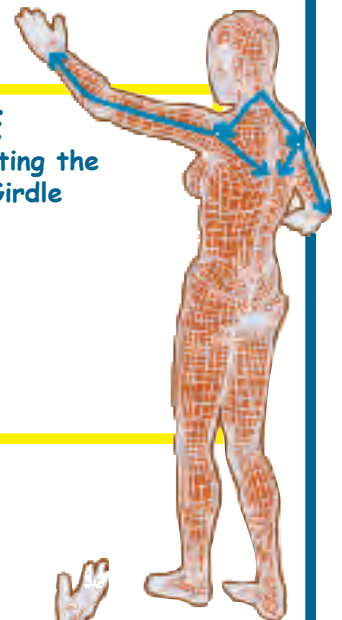


COMPLETION

SESSIONS:
INTEGRATION

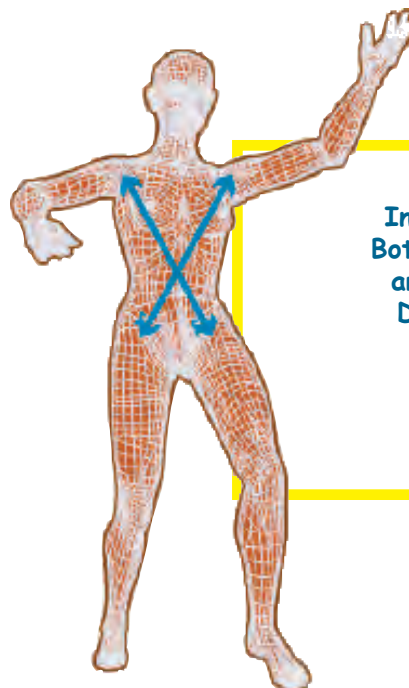
NINE

Integrating the
Upper Girdle



TEN

Integrating
Both Girdles
around the
Diaphragm



Is the “Ten Series” rigid and obsolete?

Today there is a debate about using the ten sessions. One side says the ten session model must not be applied rigidly. They scorn “formulaic Rolfing,” and they argue for sensitive appraisal of the actual client. The other side says the ten session series is how Dr. Rolf transmitted her vision and that it is still the best way to learn and understand her work

I agree with both sides. The work must be applied flexibly, and the ten session format is a *conceptual scheme* for ordering the work. The real work is beyond the ten sessions.

The Ten Session Series is a conceptual matrix, an ordering of phenomena, a backup of information, an empirical, almost geometrical form. It is a concept in the sense of an archetype, a crystal through which light is refracted in clearly predictable ways. It is a foundation from which we take off. Peter Melchior has said, (paraphrasing) “depart from the ten session sequence consciously. . . .and at your peril.” I agree with him; I don’t always follow the ten session recipe, but I always know where I am with respect to it.

Should other techniques be included?

Another of the rich and inevitable debates within the field Dr. Rolf engendered concerns other kinds of techniques and whether they should be enlisted to pursue the goal of structural integration.

This has been true from the beginning when movement techniques, mainly derived from Dr. Rolf’s classes, were offered to ‘supplement’ Rolfing. Judith Aston’s derivation, “Aston Patterning” was an early accompaniment of many courses of structural integration. The inevitable affinity of Dr. Rolf’s work and movement has kept this addition of supplemental movement training alive to the present day. Our movement-centered approach is yet another attempt to integrate movement and structural integration.

Another trend has been to add ‘psycho-emotional’ work to the ten series in order better to take care of the profound emotional experiences which frequently arise when the body is brought into alignment with gravity. Jack Painter saw the relevance of bioenergetic emotional work with structural bodywork and integrated a version of the two in his Postural Integration. Joseph Heller, more orthodoxly grounded in Dr. Rolf’s technique, similarly joined emotional work with the regular ten series in Hellerwork.

More recently, the Rolf Institute has recognized the need to include craniosacral techniques and equally subtle visceral manipulation in the skills of a practitioner. This has led to indignant responses from the orthodox wing, with charges that these techniques are “not Structural Integration.”

I find myself in favor of these inclusions *as long as they do not detract from the ultimate goal of Structural Integration*. Let’s take each one at a time.

Movement.

Movement has been at the center of Rolf Structural Integration since the beginning. "Hold things where they are supposed to be and induce movement" puts movement right in the middle of the work. There can be no problem with adding movement training to the basic ten sessions, but the full exploration of movement difficult within the limits of the one-hour session. More needs to be added, and various practitioners adopt various methods to get the point across.

Emotion.

This is more complex. Dr. Rolf sidestepped the psychotherapeutic implications of her work by assuming that greater organization of the structure in gravity would heal a multitude of psychological ills. Heller's work seems to me sensitive, but excessively scripted. My own sessions never seem to follow his script. Personally, I take a Zen approach. In meditation we do not give a lot of play-time to the *content* of emotional process. We recognize that all phenomena are transient and insubstantial. In bodywork the main payoff, I think, is in the enhanced sense of physical presence, of attending to the here-and-now experience of the body. Rolf Structural Integration fascinates me because people learn to meditate through the experience of being touched. To stay aware of the touch is to expand the presence of the body in this moment. To me this is more fundamental than releasing emotions *per se*. It is true that deeply-held and pivotal emotional complexes must be worked through in awareness, but to me that means the partnership of a psychotherapist when such issues are pressing. Most people benefit from the meditation.

Craniosacral and other subtle touch

Off the top, the addition of craniosacral techniques and visceral manipulation seems like a distant imposition upon Dr. Rolf's method, but consider: all three grow out of the osteopathic tradition. There are various positions one might take about including them in Structural Integration.

First answer: if a client needs greater awareness of the abdominal organs in order to balance the lumbar, or if craniosacral work is needed to release the upper pole, then by all means take a few extra sessions with craniosacral or visceral work to accomplish the goal of structural integration.

Second answer: Sutherland himself, the originator of craniosacral osteopathy, migrated through three distinct phases of touch. In the first he conceived himself to be moving the cranial bones; in the second he was sensing a specific craniosacral pulse and working with it; in the third phase he became aware of many additional pulses and worked with them. I submit that in his first phase he was applying a fascial contact: the bones are embedded in fascia, and a subtle touch with deep intention can move them. There is, in other words, a continuum of touch from fascial to energetic. Sutherland crossed it, and so do many structural practitioners who move from fascial mechanics to subtle intention. Interestingly, Dr. Rolf took some training with Dr. Sutherland.

As a Rolfer, I contact the skull as a skeleto-fascial event, applying more than the nickel-weight Upledger recommends for craniocervical contact, and yet I may move into the most subtle awareness of pulsing cycles. Furthermore, structural integration practitioners have been moving in the direction of more subtle touch since Dr. Rolf's original classes. We now accomplish shifts of structure with more focussed intention and lighter pressure than any of us would have imagined when we began the work.

There is merit, though, in presenting *just* the ten sessions, more or less as Dr. Rolf taught them. They have the benefit of 35 years of her experience, as well as another 35 of my own. These are the sessions *as I learned them*. Doubtless they reflect my particular spirit, but most practitioners will recognize the broad outlines of what they learned as well. More than once we have rearranged content to bring it into accord with Dr. Rolf's classes recorded in the early '70's. Henry Kagey's text for the core sessions, Four through Seven, integrated his training with Peter Melchior, and thus the Guild's interpretation of the same material with our own.

The goal of this book is to present the ten sessions much as Dr Rolf taught them. However, this is a working manual, and not simply an archival reconstruction. We have not hesitated to insert additional material – variations, alternatives and extensions developed from personal practice and interaction with other practitioners.

The book is intended to serve as a text for classes in structural integration. We hope that experienced practitioners will find it useful when they teach. They will doubtless find much to criticize in this book. They will have evolved their own ways of doing things and may use different 'models' to guide their work. Still, a comprehensive manual can only simplify the task of teaching. *Somebody* needed to write all this down before it is lost in a plethora of mutation. Hopefully the book we have devised will support everyone's efforts and survive their inevitable disagreements.

THE INITIAL SESSIONS

Opening the Sleeve

In Dr. Rolf's model, the core stabilizes and coordinates the body in gravity, while the sleeve enables movement and action in the external world. The muscles of voluntary action are mostly contained in the outer layer of the body and, when the two layers are integrated, work seamlessly across the entire structure.

However, in average bodies the two layers are not integrated, and quite often the outer layer is shortened so that it interferes with the expansional function of the core. Such a body is "muscle-bound."

The first three sessions of the series are intended to open the sleeve so that the core can be accessed. Session One loosens the sleeve around the hips, chest, and shoulder girdle. Session Two balances the feet on the ankles and carries the resulting length up through the back. Session Three opens the sides of the torso from hip to shoulder and further releases the shoulder and back. All this work should be considered relatively external, addressed to the outer layer of the body.

From an awareness point of view the sleeve is very much turned outward into interacting with the external world. If the core is not accessible to the same awareness, the individual will be oriented outward without internal balance. Even quite effective athletes can function without much inner awareness, although really great ones exhibit greater integration.

It takes pressure and focus to work through the sleeve and lay bare the awareness of core. These first three sessions employ a much more challenging touch than the later ones. The client must learn to pay attention, draw the contact in, and find access to a deeper level. You will be spending time training your client to participate, and this leads eventually to the discovery of an inner layer of being, the vegetal realm of viscera and feeling, of balance and presence, where pleasure resides.

These first three sessions include many procedures which are useful for 'fix-it' work, rebalancing many of the body parts – ankles, wrists, lower backs, necks, and knees – which cause the most problems. When clients are not going to sign on for the whole ten session series, here is work which will nevertheless do them great good.

Opening the Sleeve

LIFTING AND LOOSENING, MAKING ROOM FOR THE CORE.

We think of the sleeve as the four limbs plus the outer layers of muscle around the torso which position the limbs. Outside all of this is the external fascial layer which has a major role in shaping the body.

In Session One this involves making more room for the breath by lifting the external fascia around the chest, then lifting the shoulder girdle somewhat from the rib cage by releasing muscles within the armpit.

Then we release the external fascia around the hips, both from the side around the greater trochanter, and from the back via the hamstrings.



In Session Two we have two goals: to organize the feet on the ankles and to lengthen the back.

There are reports that Dr. Rolf originally began with the feet in the first session: they are that important for establishing the body in gravity. Balancing the heels produces length up the back of the legs, and introducing the seated back work in this session carries the length up through the spine.



Session Three opens the external fascial layer along the side of the torso, then organizes the posterior shoulder girdle from humerus to rhomboids and spine.

Then the approach to spinal erectors and iliac crest from the side creates further length in the back.

Finally, with the work on the quadratus lumborum, we move for the first time into contact with the core.



SESSION ONE :

Breathing, hips and thighs

The whole ten session series can be treated as a form, elegant and classical. Like T'ai Chi Chuan, one can practice for a lifetime and always learn more. This is especially true of Session One, presented here very much as Dr. Rolf taught it. It is such a good first meeting, and it accomplishes so much throughout the body. The geometry of its effects are fascinating to contemplate. Consistently the client is left balanced, yet substantially altered. It is a stand-alone session if no further work is possible. It is almost always a good way to start.

Goal One: Free the Breath

The body is not going to accept change if it isn't breathing freely. Breath must be released in two ways: by loosening the external fascial layer around the rib cage, and by reducing the burden of the contracted shoulder girdle.

So, the astonishing first contact: The Midline Chest. Hands are on the sternum in the front, and the spinous processes in the back. What a way to meet! The external fascia is shifted, immobilized places in the rib cage are contacted, but above all, you have felt what was between your hands.

Next, the Armpits, a delicate process, but when the contact is successful, the scapula is able to shift back and down, freeing the arms to expand out to the side.

Finally, the Anterior Arms, organizing forearm and wrist so that the limb can begin to open out through the hands.

Goal Two: Free the Hips on the Pelvis

If only the upper body portion of the session is done, your client will be left emotional but ungrounded. The lower body is needed. The hips, like the armpits, need to loosen in order to allow the legs to move more freely on the pelvis. Finally, the hamstrings must be addressed so that they do not pull the pelvis out of balance, front-to-back.

Thus we begin with The Lateral Hip and Thigh, and continue with Upper Hamstrings.

Completion Steps

After any session, the work must be balanced out through the spine, top, bottom, and middle. For this session it means:

1. The pelvic lift,
2. The neck work, and
3. Trapezius organization



"Searching for the Ox"

In the first oxherding picture the seeker is looking for something. What it is is not quite clear. Life has come to a point at which something must be found.

In Session One the work begins. The new client doesn't know what to expect, but has some reason for coming. The body must be approached from the outside. A first opening of breath and limbs.





Midline Chest, Front and Back

The goal is to expand the rib cage by lifting the external fascia around the sternum and widening it around the spine.

The client's breathing is likely to be restricted in some way. We can address some of this in the external fascial layer, which shapes the rib cage to a remarkable degree.

Contact

Contacting the thorax front and back gives an excellent opportunity to 'touch-to-know' the entire structure of the rib cage.

The contact relies heavily on touch/press/move exploration. (Volume 1) Pressure and light rocking will reveal the chest's immobile spots.

It is a radical contact – hands on either side of the heart! It is an intimate moment during which all kinds of messages about trust are exchanged.

One hand is behind the client's rib cage, fingers on the near side of the spinous processes, pulling laterally. The other hand is on the sternum on approximately the same rib as the hand in back.

Variation 1 "Simply Feel"

Simply feel the rib cage with your hands. Use touch-press-move (TPM) to explore. Dialogue with the body. You can push the chest back and forth between your hands, feeling for how the bones move. Use your palms as well as your fingers.

Variation 2

Addressing the external fascial sheath (EFS) at the sternum, the front hand hooks into the tissue and lifts it laterally and toward the head. You are staying with the external fascia and are not tempted to penetrate deeper between the ribs.

At the same time, the back hand contacts the EFS with curved fingertips next to the spinous processes in the mid back. You can pull the tissue laterally.



"Dual Operator"
Hands contact the thorax
front and back



*THORAX; THERE IS ALMOST ALWAYS A HELD PLACE
You can communicate with it using pressure and movement.*

*SEGMENTS?
What segments do you feel?*

*THE "DORSAL HINGE"
is in the middle of the thorax*

*LUMBO-DORSAL HINGE
between thorax and lumbar.*



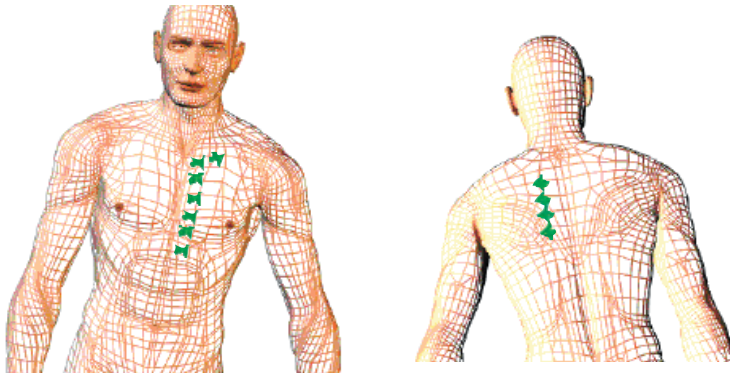
VARIATION 1
Contact both sides of the rib cage. Touch to know. Feel the breath. Feel for inflexible places.



**The external fascial sheath (EFS)
*encloses the entire body.***

It surrounds the chest like a sweater. Where it has shortened, the movement of the ribs is affected.

The EFS *forms* the chest to a large extent, and it can be organized. Dr. Rolf likened this to adjusting a sweater to make it fit after you put it on.



VARIATION 2

Lift the external fascia away from the sternum in front and away from the spine in back.

Move the chest back and forth between your hands to explore rib mobility.

The two hands work back and forth. Sometimes all the activity is in the front, with the back hand following, and sometimes it's the other way around.

Variation 3

With the front fingers under the clavicle and the back fingers on the upper scapula, explore the holding patterns you find there. Ask for head movement. Contemplate the horizontal polarity.

Contact at the EF level and find four-corner opposites across the shoulder girdle.



VARIATION 3

Explore and differentiate the subclavicular muscles



Armpits

Then the armpits. A contact with pectoralis minor, attaching from ribs to scapula (coracoid process) may effect a lift of the shoulder girdle from rib cage in front, enabling a drop of scapula behind. Another contact with subscapularis can loosen and widen holding from the back.

The goal is to lift the shoulders off the rib cage, to communicate extension of the arms to the side, and to free the movement of the top two ribs in breathing.

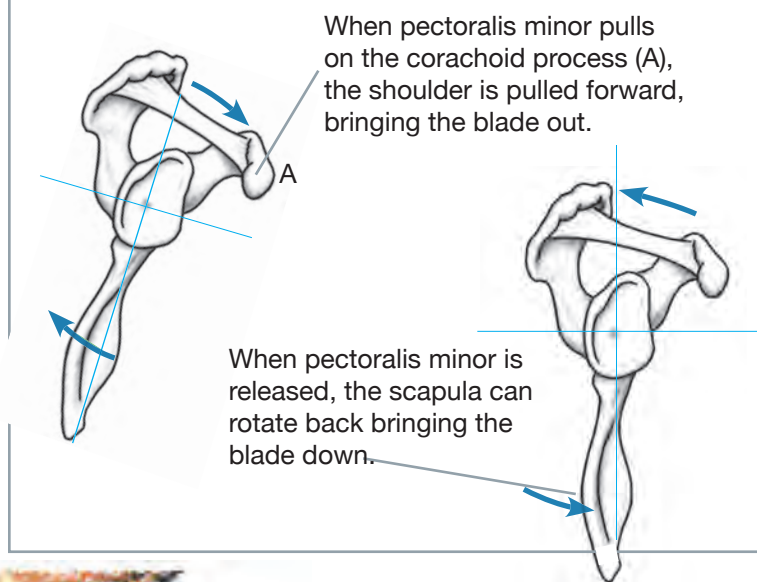
Pectoralis Minor

You are seated next to the client facing toward the head. Reach with the 'far' hand (your right if you are working with the left armpit), sliding your fingers under the pectoralis major and touch the rib attachments of pectoralis minor, waiting for compacted (sore) insertions to release. With the near hand make a second contact with the top of the shoulder or with the elbow, using passive movement to clarify the manipulation.

Subscapularis

With the 3rd, 4th, and 5th fingers of your 'near' hand (your left, if you are working with the left armpit), explore the margin between serratus and subscapularis muscles inside the armpit. Gently press to release tension in subscapularis. It is often useful to ask for head movement, or to move the client's elbow or shoulder with the other hand.

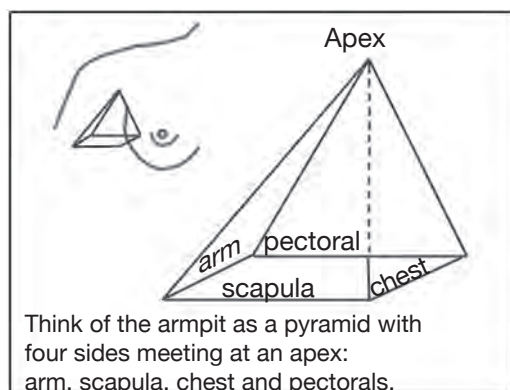
LATERAL ASPECT OF THE SCAPULA AT THE SHOULDER SOCKET

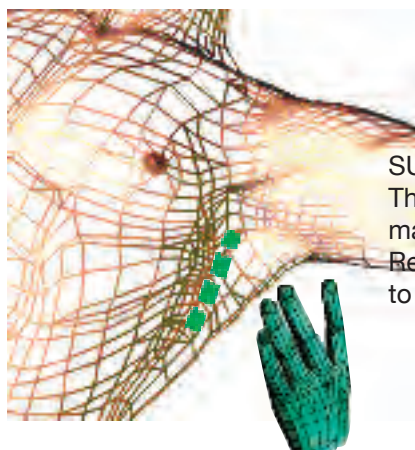
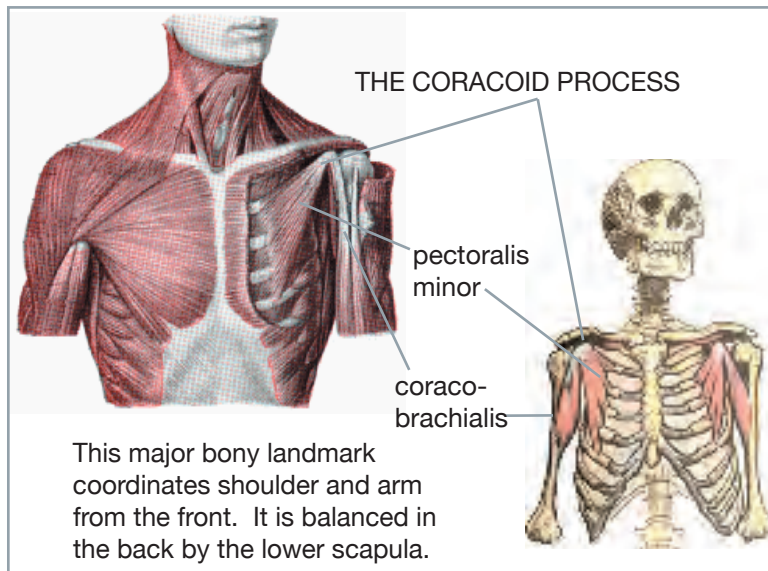


PECTORALIS MINOR

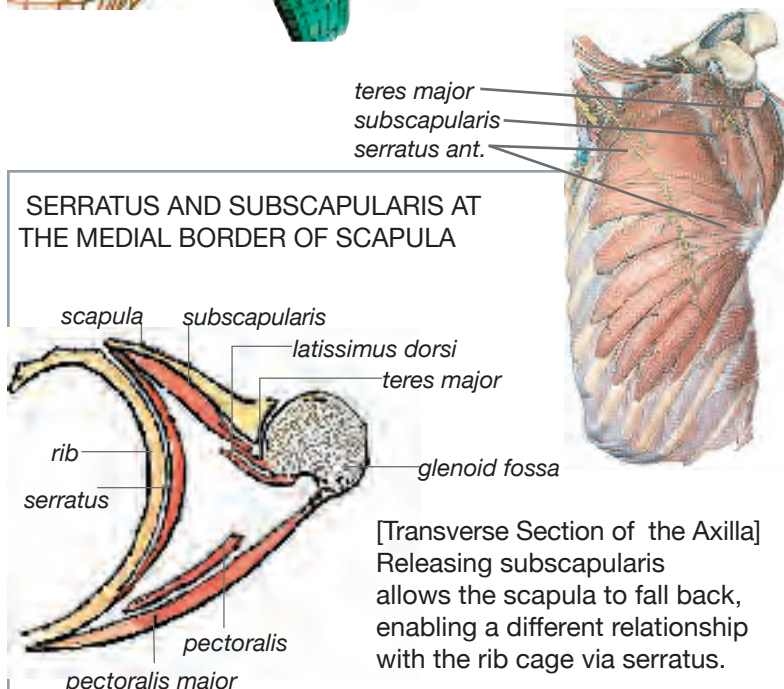
The "far hand" explores inside the armpit underneath pectoralis major. The origins of pectoralis minor can be contacted on ribs 2, 3, and 4.

[The other hand can contact above the shoulder or at the elbow.]





SUBSCAPULARIS
The “near hand” explores the margin between ribs and scapula. Releasing subscapularis helps to free the humerus from the

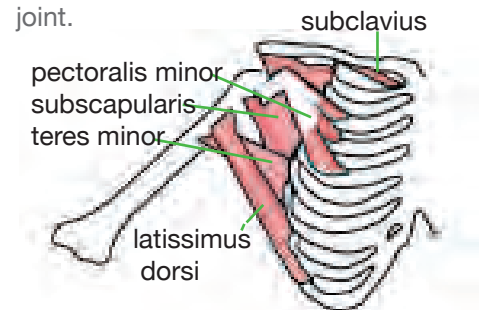


Expansional Balance

This is the first time we are addressing the horizontal polarity. Our intention is to lift the shoulder girdle off the rib cage and outward to the side.

Anatomy

Pectoralis minor pulls the coracoid process forward so that the scapula is rotated forward over the rib cage. Subscapularis pulls the humerus tight against the medial border of the scapula. Both actions interfere with expansion ‘out through’ the joint.



Geometry

The shoulder joint must be balanced across a vertical plane between front and back. There is also a horizontal plane defining its up and down balance.

In the cross-hairs of these two balances the elbow can go ‘out through’ the shoulder from the spine.

Movement

In both contacts we move the shoulder passively with the second hand either pressing the shoulder down from above or pulling the elbow down and out from the torso.

The client’s moving the head away to the side from the midline is also important in differentiating the muscles of the neck from those of the shoulder girdle. You will feel a gradually reducing involvement of the pectoralis minor or subscapularis as the head is moved.



Anterior Arms

-We want the horizontal polarity to release freely to the side. The arms, of course, are an essential part of this. But what if they are exerting an unbalanced pull on the shoulders? Typically, exercise or hard work exerts the extrinsic muscles on the front of the arm (biceps and muscles across the elbow), shortening this entire side up into the shoulder. This distorts the shoulder girdle in its front/back balance across the same plane. We want this side of the arm to lengthen, and we want the length to be related to the side plane.

There is an important phenomenon of arms and legs: if the feet or hands are withdrawn, the entire limb is affected all the way back into its girdle. It is as if the hands and feet must make open contact with the outside world in order for the limbs to extend out from the torso. For legs, the necessity of having the feet on the ground keeps the legs somewhat extended, but arms have no such demand, and so they can become very short and twisted.

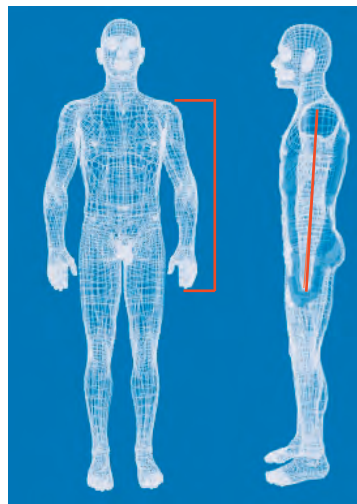
The Position

The position here of the arms in the supine position is somewhat different from the usual anatomy pictures, which attempt to treat the inside of the elbow as the anterior side of the arm. For the arm to relate to the side plane without rotation the outside of the elbow must be to the side. Without rotating the wrist on the elbow, the hand lies naturally palm down, and the side plane passes down through the ulna and the little finger.

The Contacts

I. Lower Arm, with elbow movement to the side, "straight out, straight in"

You can press into the anterior lower arm, contacting the interosseus membrane



Finding the Horizontal Polarity means establishing balance across a coronal plane passing through the shoulder socket.

Imagine four corner balance across all the major transverse sections of the



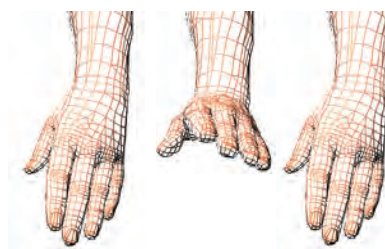
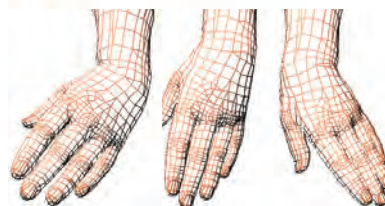
CONTACT 1

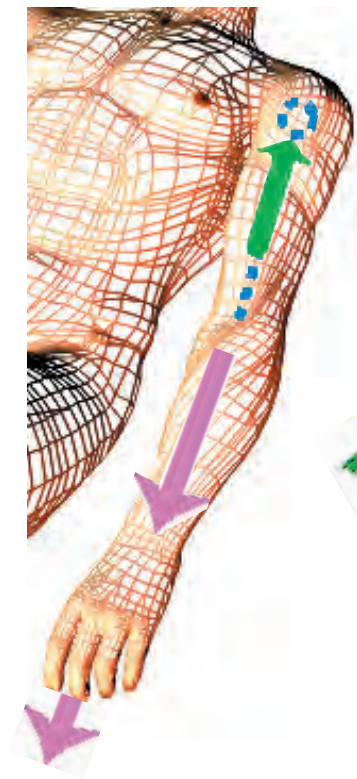
The work is on the anterior arm, which is held to the sagittal plane as it moves laterally at the elbow.



CONTACT 2

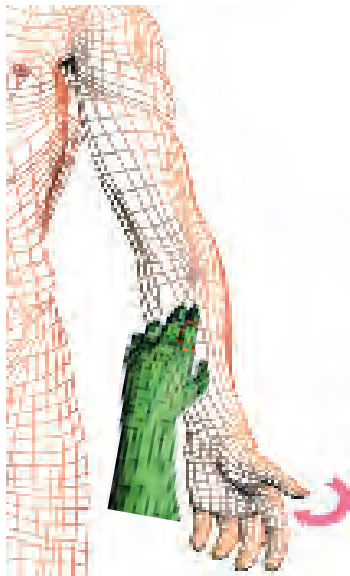
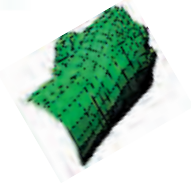
Again, the lower arm is held to the sagittal plane as the hand moves laterally or vertically at the wrist.





CONTACT 3

The client reaches the arm downward as you hold the external fascia of the upper arm upward. The anterior-posterior balance of the arm across the coronal plane is altered.



CONTACT 4

A tendency to shorten on the radial side of the lower arm is altered by thumb movement and contacts along the border of radius.

and keeping the radius and ulna in a steady side-by-side position while the elbow moves. Start down at the wrist and make successive contacts up to the elbow, tracking the movement. on the side plane.

2. Lower Arm, with wrist movement on two planes.

Make similar contacts beginning at the wrist, as the client moves the hand on the primary (up and down) and secondary (side to side) hinges of the wrist. Organized, geometrical movement here can go a long way to clarifying the wrist joint and permitting the hand to open 'out through' in extension.

As you move up the lower arm you will become aware how much of the twisted, tense distortion of the lower arms is because of disorganization in the movement of the hand on the wrist.

3. Upper arm, with humerus extending.

Hold the external layer of the upper arm, against the downward extension of the arm. The connection is rather like holding the sleeve while someone puts on a coat, like helping someone put on a wetsuit. The anterior arm can gain more room, and, when you reach up as far as the corachoid process, the biceps can lengthen and allow the shoulder to fall back.

4. Lower arm, with rotation and thumb circles.

The lower arm especially shortens on the side of the radius. With the wrist rotated you can help lengthen attachments on the inner edge of the radius by pressing into them while the client moves the thumb in a circle.

The Stabilized Pelvis

Dr Rolf used the phrases "turn your tail under" and "bring your waistline back" to bring the pelvis into horizontal position.

Choreographer Remy Charlip teaches his dancers to maintain a horizontal pelvic ring with the perineum centered underneath.

Both sets of images attempt to find a stabilized relationship between the lumbar and the legs, a kind of gyroscope which enables the the legs to move freely without losing connection through to the lumbar.

If the legs are contracted (pelvic flexion) there can be no pelvic stability, because every leg movement drags the pelvis away from the horizontal plane. The two are bound together.

The stabilized pelvis is by no means immobile. It remains in constant balance between the lumbar spine as high as the diaphragm and the legs all the way to the feet. Walking becomes a wave which originates at the 12th rib, passes through the pelvis and into the knee.

SESSION ONE LEG WORK

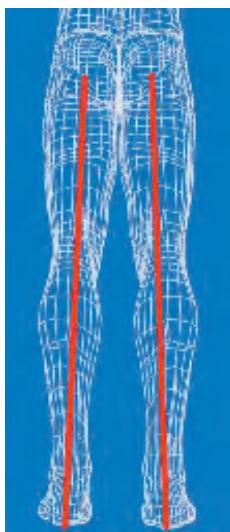
The contacts with the hips and hamstrings in this session are designed to release the lateral and posterior sides of the thigh at the hip. This is the first of many steps in organizing the pelvis. In Session Three the lateral pelvis will be lengthened from above, at the quadratus lumborum. In Session Four the medial thigh is released from the pelvis. In Session Five the anterior lumbar is brought into relation with the medial leg. In Six the posterior leg and pelvis are brought into balance with the front.

At each step it is useful to use your awareness of the sagittal and coronal planes and the way they balance at any transverse section.



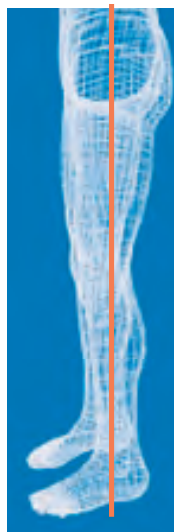
THE STABILIZED PELVIS

The pelvis maintains a constant relationship between the lumbar spine and the legs by remaining more or less horizontal - regardless of the position of the legs



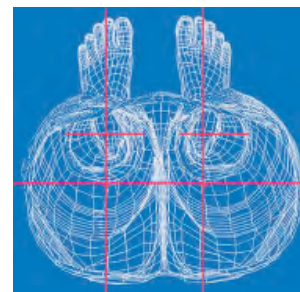
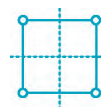
THE BISECTING PLANES

Sagittal planes passing through the two hip sockets also bisect the knees, ankles and feet



THE SIDE PLANE

A coronal plane passing through the hip sockets defines the anterior/posterior balance of the body from head to foot.



BOTH PLANES VIEWED IN CROSS-SECTION

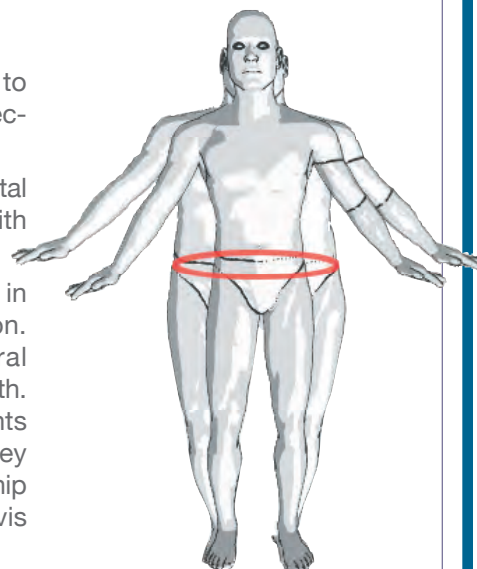
Each joint can be seen as a four-corner balance across these planes

Pelvic Circles

Skiers use this exercise to assure pelvic stability (connection) while they ski.

Keep your beltline horizontal while you make circles with your pelvis.

Your head should remain in a relatively constant position. You will be using the sacral hinge for moving back and forth. You will feel slight adjustments in the high leg muscles as they adapt to the shifting relationship between the horizontal pelvis and the feet below.



Lateral Hip and Thigh

the goal is to allow the pelvis to move freely on the femur.

The Concept

The Greater Trochanter is a great coordination point with muscles attaching it, fan-like, to the ilium and sacrum. The contacts on the next three pages are all designed to release the GT to move more freely within its web of connections

Position

Client on side, knees bent in such a way that the upper knee rests in the soft tissue below the lower knee. This is a good position for stabilizing the body on its side.

Then the leg is extended straight down from the pelvis. This enables the posterior hip to lengthen when the knee is moved straight forward.

The Contacts

The first approach to a contracted pelvis is from the side, addressing the greater trochanter, which sits in a fan of muscular attachments connecting it to the iliac crest above, the sacrum behind, and the knee below via fascia lata.

The anterior-superior iliac spine (ASIS) is another focus. Muscles of the leg such as quadriceps, tensor fascia lata, sartorius attach at or under ASIS, easily joining with other pelvic flexors to hold the pelvis fixed in a crouched position. This distorts the front-back balance of the pelvis from the front.

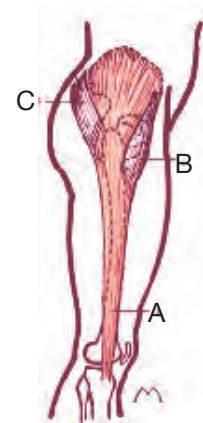
The general purpose of the hip work is to enable the femur to move freely on the pelvis, without binding. You are working on the external fascia still, but these fascia, the fascia lata for example, are quite thick. Contacts should be broad and slow, imagining bone while waiting for the surface to loosen.

Contact 1

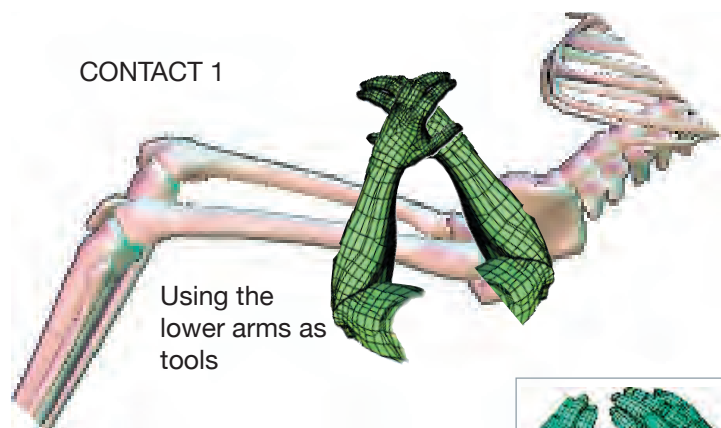
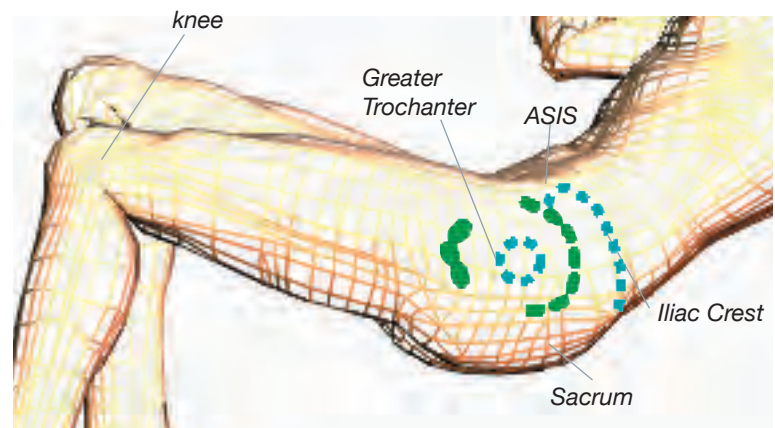
Compress above and below the greater trochanter (GT). The blades of your ulnas work, just under the elbows. Press in, make subtle circles with the GT, keeping the rest of the pelvic bone in mind. Wait. Feel. Remember that you are touching your client's awareness



bisecting plane of the leg



Fasca Lata (A) with tensor (B) and gluteus medius (C). From Mollier





Lateral Hip, knees bent

Contact 2

Dr. Rolf taught this as a deep, sliding compression of the fascia lata from mid-thigh to just above the knee. It was agonizing, but if the fascia lata let go, transformative, especially at the knee.

variation 1

Less agonizing: you can make a series of compressions vectored distally (in, and down) which encourage fascia lata to release the knee down from the pelvis. This is more of a dialogue with the body. One can wait for the body to find the necessary awareness.

variation 2

With a more sophisticated body, capable of core extension of the knee, you can reverse the direction of the contact.

Press upward from the knee, asking your client to thrust the knee out from the sacral hinge. You are holding the 'sleeve layer' asking the 'core layer' to extend. It is rather like helping someone on with a wetsuit.

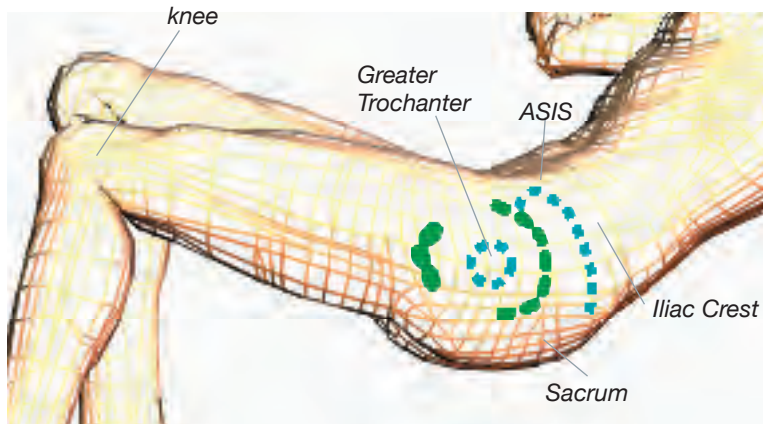
[There is a general rule, I think, which governs the direction of strokes. 'If you want the bones to extend, hold back the fabric which limits it and ask for extension.' Variation 2 is more in line with this maxim but requires a more differentiated body.]

variation 2

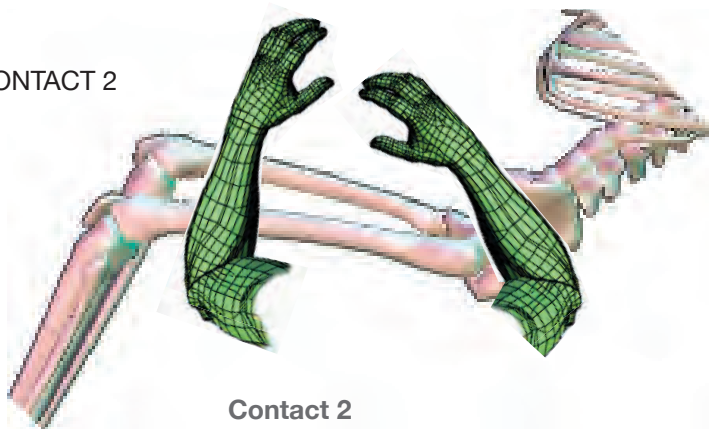


Contact 3

With a broad contact, press into the fan of muscles surrounding the greater trochanter. 'Think bones' and contact various areas: anterior, pressing backward into the tensor fascia lata, posterior into the gluteals and pelvic rotators, superior above the hip. Press gently, but with deep intention. Moving the greater trochanter in little, subtle circles can bring release and awareness.



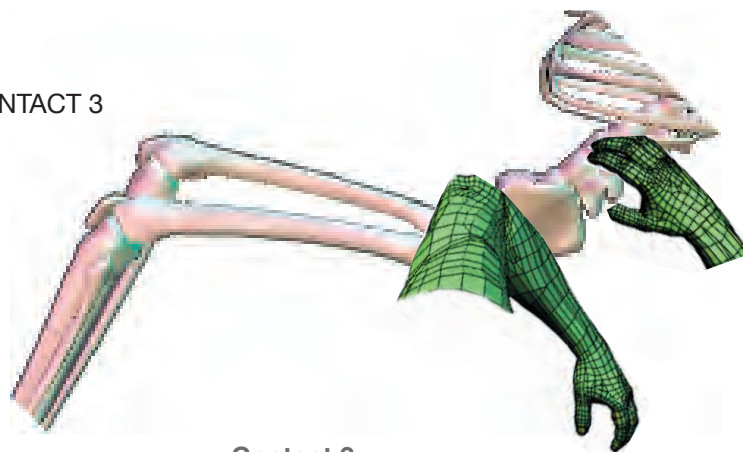
CONTACT 2



Contact 2

Press farther down the fascia lata, waiting for the knee to release away from the GT. The other elbow remains above the GT, so that the release is guided away from the hip.

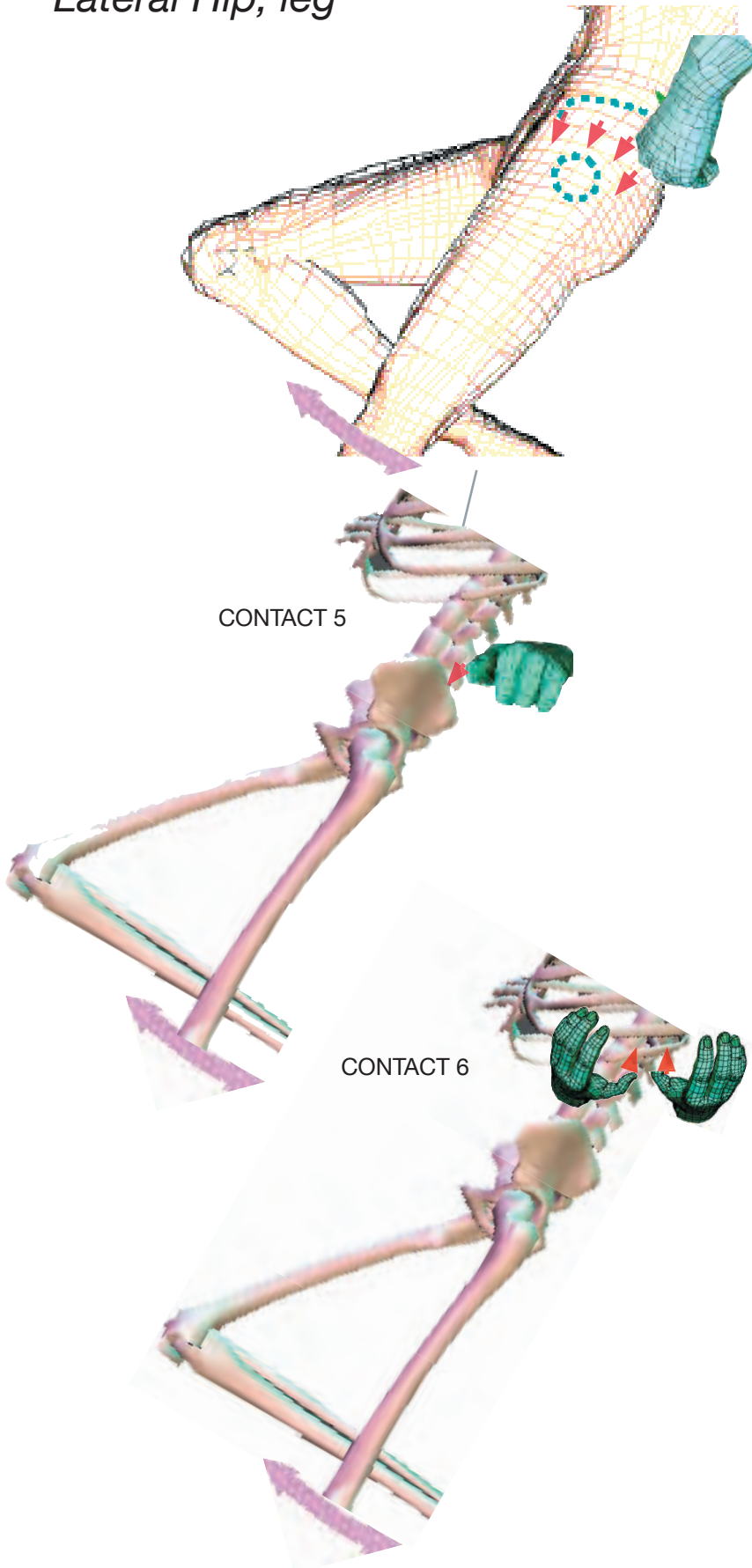
CONTACT 3



Contact 3

Angle an elbow so that it presses back into the tensor fascia lata under the ASIS. Maintain a secondary contact somewhere above the iliac crest.. Wait for release.

Lateral Hip, leg



When the leg is straightened, as in contacts 4, 5, and 6, the movement of the knee “straight forward” can produce a slight lengthening in the posterior torso and hip. Contact 4 takes advantage of this to delay the engagement of pelvic flexion (tensor fascia lata) in the front, and to suggest a lengthening movement in the back. Contact 5 encourages the posterior iliac to drop, and contact 6 carries the length all the way to the 12th rib.

All of these contacts together shift the anterior/posterior balance of the pelvis across the hip joint, releasing the flexion of the anterior side so that the posterior can lengthen.

Contact 4

With the upper leg straight, make several compressions around GT and ask for movement of the knee straight forward and back. Press systematically above, in front of, and behind the GT, expecting the knee movement to produce lengthening in the back without shortening in the front.

Contact 5

Press above the Posterior Superior Iliac Spine (PSIS) with your vector down toward the sacroiliac joint. Ask for knee movement and feel for lengthening down the lower back.

Contact 6

Find the underside of the 12th rib. Ask for knee movement and feel for lengthening in the lower back.

The Concept

In a well-organized body, walking with core expansion, the knees swing forward in a wave-like motion all the way from the 12th rib, lengthening the back without shortening the front. .





Hamstrings

The goal is to allow the pelvis to move freely on the femur. For this, the hamstrings must be released.

The Concept

The hamstrings and the pelvic flexors are antagonists. Each needs to release for the other to function effectively. If neither releases, the femur is jammed and cannot move flexibly on the pelvis.

Position

Reclining, hands on one knee, pulling it back on a plane toward the ear. It is important that the tail stays on the table so that the stretch is between ischium and knee.

The Contacts

A pair of fists giving broad, deep compression on either side of the midline. The vector is about 45 degrees toward the ischium. The pace is slow, the compressions long. It is better to make successive contacts with this vector than to slide across skin, which at this degree of depth can be painful. Compressing adjacent to the pelvic ramus can result in important effects on the pelvic floor.

Movement

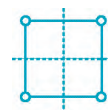
The client moves the knee passively, pulling it toward the chest in line with the ear, and releasing in the thigh to allow the knee to move farther from the ischium. *"Be in your thigh."* Make sure the tail remains on the table.



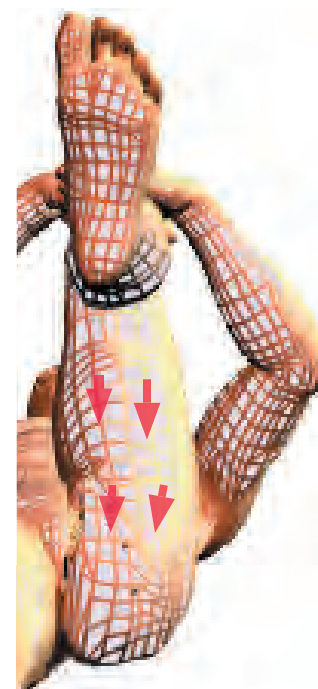
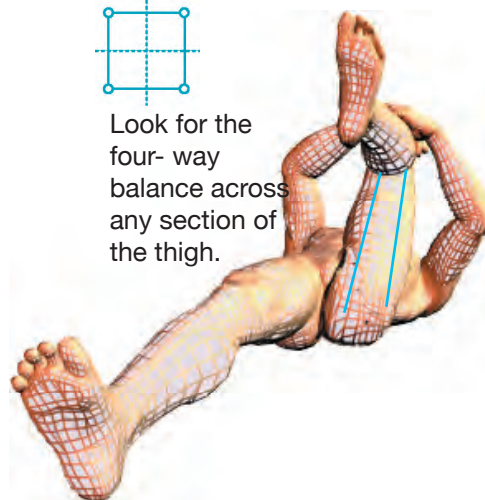
Hamstrings and Quadriceps balance across the side plane



The two bundles of hamstrings suggest a balance across the bisecting plane



Look for the four- way balance across any section of the thigh.



Your fists are holding the hamstrings while the client pulls. The tail stays on the table, and the binding between leg and pelvis is released



Completion Steps: Pelvic Lift

The Pelvic Lift

A pelvic lift is given at the end of every session of structural integration to integrate the work. It also appears to have some powerful effects in regulating the autonomic nervous system, bringing it into balance and normalizing such things as heart beat.

This is *the* movement of pelvic extension, and the bodyworker's task is to guide the client through it with ever increasing differentiation and clarity.

Stacey Mills, one of Dr. Rolf's early students, wrote an essay on the pelvic lift entitled "What are You Doing Under There?" She listed thirty different things she might be doing in a pelvic lift, which shows how complex and evolving this contact really can be.

The Contact

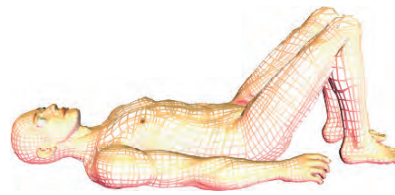
Place one hand on the lower abdomen to define the hinge at L5. Ask the client to "turn your tail under" and "now lift up," at which point you slide your *other* hand under so that your fingertips touch the top of the sacrum and the rest of the tail is cradled in your hand.

The upper hand continues to press precisely into the anterior sacral hinge while the under hand pulls the tail gently, coaxing it into lengthening further as you say "Now let your waistline come down in the back."

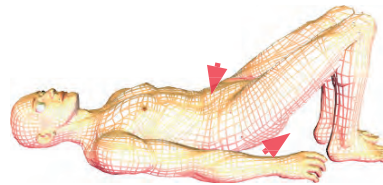
The Movement

Your first concern is to separate the "tail under" from the "now lift up" steps. Many clients will attempt to combine them, but you want the tail to turn under and the sacral hinge to come back before the lift. Your hands are continually signalling length in the lower back and lift in the anterior spine.

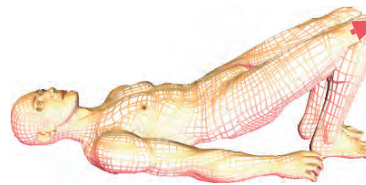
You also want the lift to come from extension into the knees (true pelvic extension) rather than from contraction of the rectus and abdominal wall (flexion). With some clients you need to do a good deal of training before they can relax the anterior abdomen and simply allow the spine to hang back from the knees 'like a chain.'



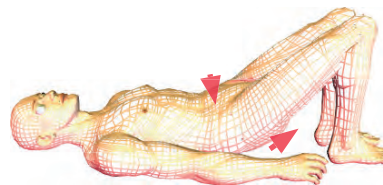
The lift comes from extending through the knees into the feet rather than from contracting the rectus and abdominal wall.



"Just turn your tail under"



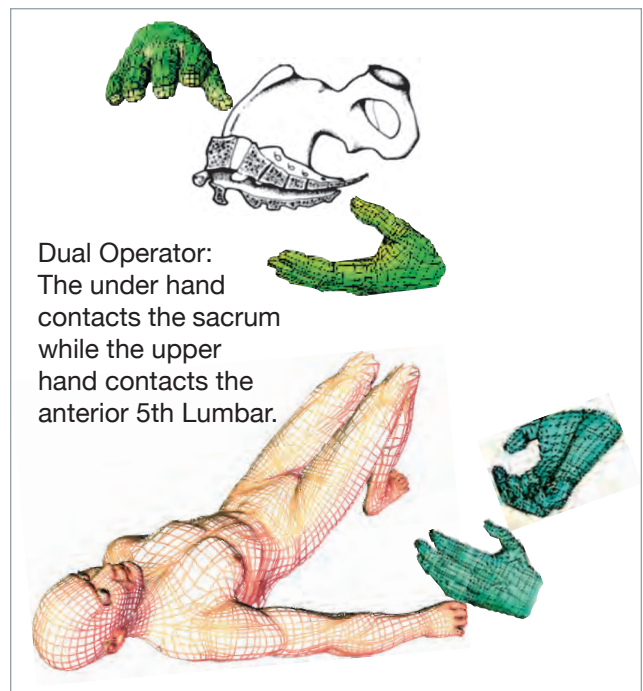
"Now lift up"



"Now let your waistline come down in the back"



"And on down"



Dual Operator:
The under hand
contacts the sacrum
while the upper
hand contacts the
anterior 5th Lumbar.



Completion Steps: The Upper Pole

Neck work

Some work is also done on the neck at the end of every session to integrate what has been done with the upper end of the spine.

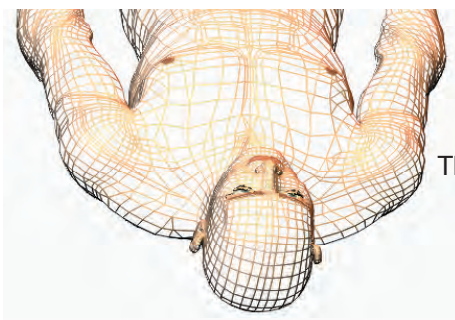
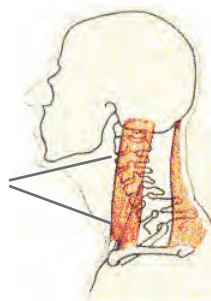
Contact: Sternocleidomastoid

In the beginning you will want to lengthen one particular extrinsic muscle, the sternocleidomastoid (SCM) at both the top and bottom of the neck. This muscle is often over-used and shortened, which crowds the proper function of the smaller, intrinsic muscles.

From the bottom you can hold the SCM attachments along the clavicle, immobilizing the muscle while the head turns to the opposite side.

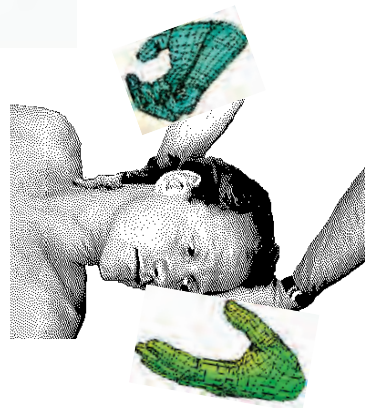
From the top, you can cradle the head in a rotated position while you sculpt into the attachments of SCM along the mastoid and occiput. The cradling hand can move the head in various ways to uncover precise areas of holding for the sculpting fingers.

*Sterno-cleito-mastoid.
Here the SCM and Trapezius have
so shortened the neck that intrinsic
extension is not possible.*



The Avenue of Approach

Dual Operator:
One hand cradles
the side of the head
while the other
sculpts across the
base of the occiput.



Trapezius

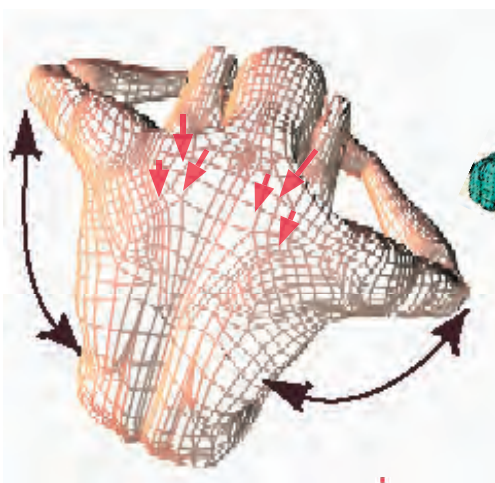
Here's another approach to the shoulder girdle which frees the upper polarity. The trapezius tends to migrate up the back creating a load on the neck.

The client is seated on the floor, knees up, fingers intertwined in front of the knees. The forehead is resting on the knees, or as close as it can get to them.

Contacts

The goal of this contact is to hold the trapezius down while the client rotates both elbows out *without raising the shoulders*.

Fists are a good tool. You can press into various points in the upper trapezius, vector down, as the client executes the movement of the elbows outward. Feel for where the shoulders tend to lift rather than allow a separation between humerus and scapula.



Two Fists on the
trapezius while the
elbows flare to the
side.



SCAPULAR EXTENSION,
When the elbow goes out,
the inferior angle of scapula
should move down and in
(release of teres minor) and
the superior lateral angle of
scapula should drop, as if
into a hinge.

SESSION TWO : Organizing the Feet, Lengthening the Back

Imagine you have a rock tied around with a long string. You hold the other end of the string and drop the rock. The rock falls, and the string straightens. The foot is like that: if you drop it to the ground, your leg will straighten. You are holding the other end of the 'string' in your sacrum.

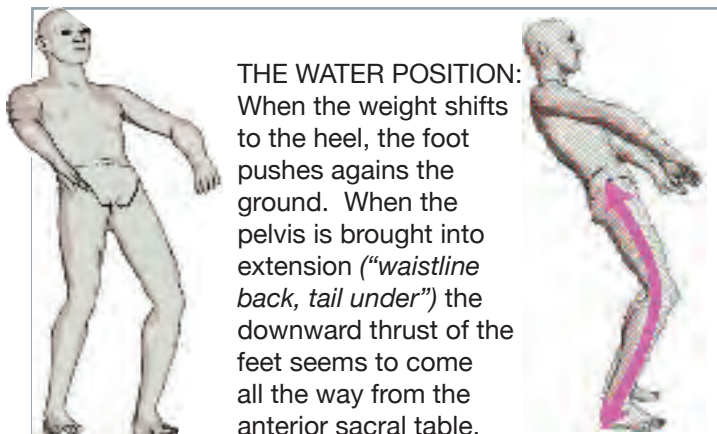
That is how the downward extension feels when the foot is in a balanced relationship with the ground through the ankle, and the leg is not drawn up into the pelvis or contracted around the knees.

Goal One: Organize the Foot on the Ankle

The balanced movement of the foot on the ankle – balanced across the bisecting plane of the leg – is our primary focus. From the anterior shin, around the collar of the ankle joint, on both sides of the heels, and across the transverse hinges of the foot, our goal is to organize balance of the ankle across that plane. If the foot can move with open balance, the entire leg will open and lengthen. We are uncovering the anti-gravity extension reflexes of the lower limb.

Goal Two: Lengthen the Back

As the heels become free to extend, the entire back of the body can lengthen. The seated bench work in this session introduces a component of the 'completions steps' which will be followed in all subsequent sessions. The bench work lengthens the back of the torso and develops a sense of lumbar balance.



"Seeing the Footprints"

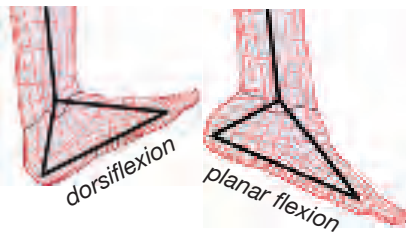
In the second oxherding picture the seeker catches a little sign of what he is looking for.

In Session Two the fundamental reality of the feet is addressed. Can it be that something so simple as this can be a sign leading to Reality? Is the body Real?

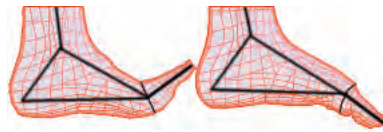


Of Hinges, Rotations, and Arches

TALO-TIBIAL HINGE



THE PHALANGEAL HINGE



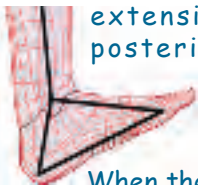
The top and bottom of this hinge must be in balance. Otherwise the hinge is displaced.

TARSAL-METATARSAL HINGE

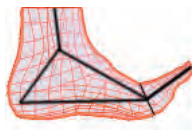


A small but important flexion here raises the medial arch and balances the ball of the foot.

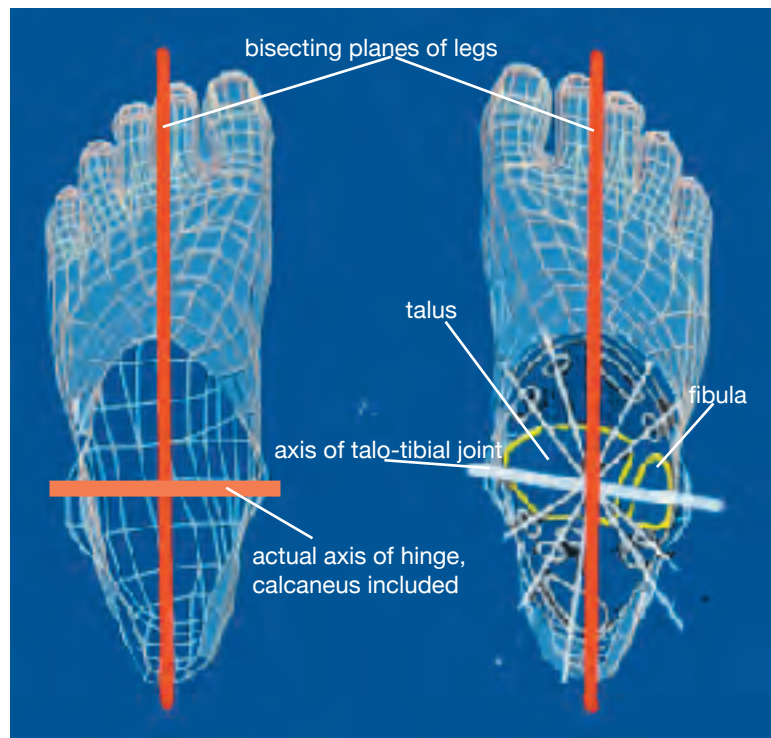
Dorsiflexion requires extension in the posterior leg



When the posterior leg cannot extend, the phalangeal hinge is hyperextended to compensate



WHEN THE ANKLE IS BALANCED ACROSS THE BISECTING PLANE, THE HINGES WORK WELL



WHEN THE ANKLE IS ROTATED....

The ankles can roll in (invert) or roll out (evert). In either direction the tarsus rotates and the relations throughout the foot are profoundly affected.

When the lateral arch does not extend, the medial arch lifts alone and the foot is twisted

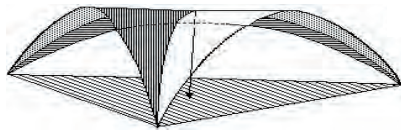


Left: the tarsus and shin are rotated outward. The weight is borne by the outer arch.

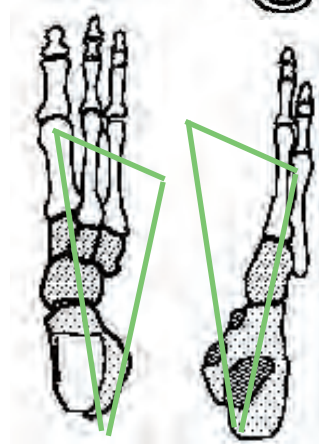
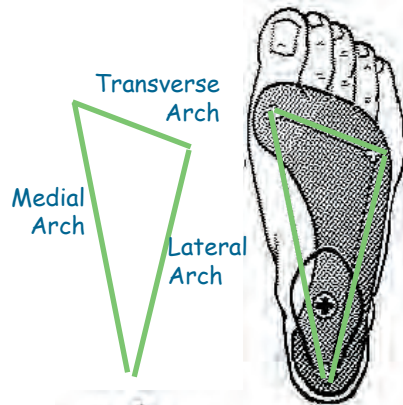
Right: the tarsus and shin are rotated inward, causing the medial arch to collapse.



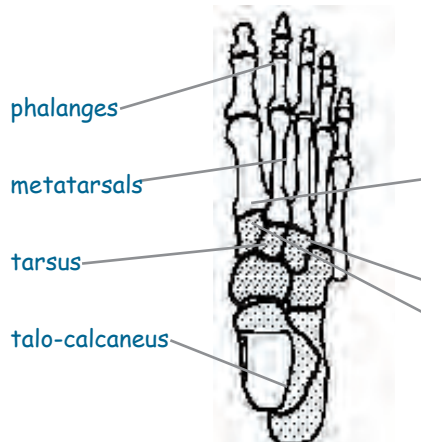
THREE ARCHES



The foot rests on three arches which give spring to the weight

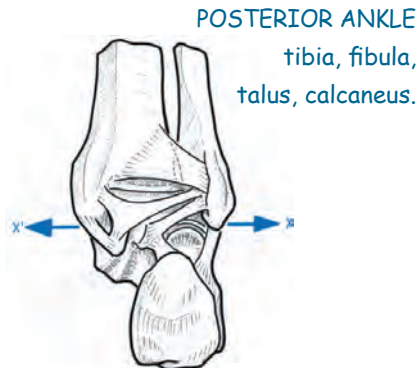


BONES OF THE MEDIAL ARCH BONES OF THE LATERAL ARCH

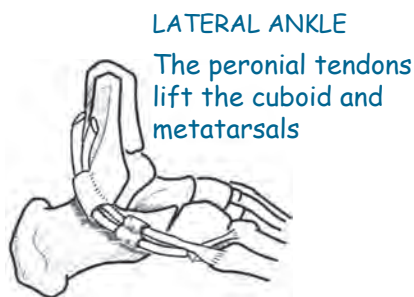


MEDIAL UPON LATERAL

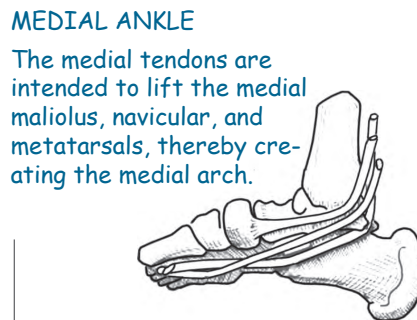
BALANCE ACROSS THE ANKLE



POSTERIOR ANKLE
tibia, fibula,
talus, calcaneus.



LATERAL ANKLE
The peroneal tendons
lift the cuboid and
metatarsals



MEDIAL ANKLE
The medial tendons are
intended to lift the medial
malleolus, navicular, and
metatarsals, thereby cre-
ating the medial arch.

SEGMENTS OF THE ARCH

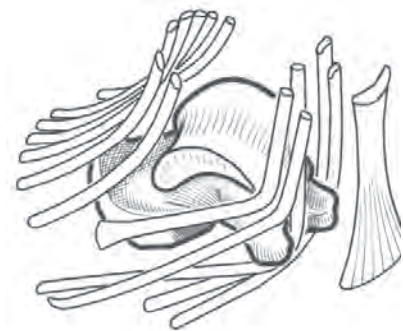


SUPERIOR ANKLE
talus, fibula

THE TALUS



The talus hinges on the tibia.



Talus has no muscular attach-
ments. It is a roller bearing
with tendons passing across it.

Proximal Metatarsals.
Notice the wedging which
supports the medial arch all
the way from Metatarsal 5

Proximal Tarsus where
Navicular joins Cuneiforms.
Again the Cuboid is clearly
supporting the medial arch.

The Classical Foot Session Revisited

The goal is to organize the ankle so that it hinges on the bisecting plane of the leg.



THE ANKLE HINGE

Above



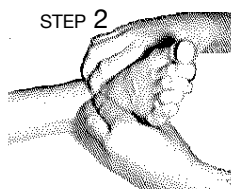
(1) Loosen the retinaculum by pressing above the ankle. Induce movement.



Before



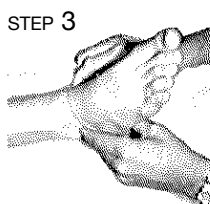
(2) Define the anterior hinge of the ankle by pressing in while inducing movement..



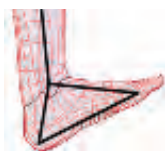
Beside



(3) Hold the ankle on both sides of the joint, pressing in while inducing movement. This is somewhat difficult to learn. The key is to “think bones” and try to imagine what would be balanced movement across the hinge. You are *touching* external fascia, but *thinking bones*.



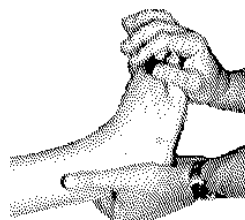
Behind



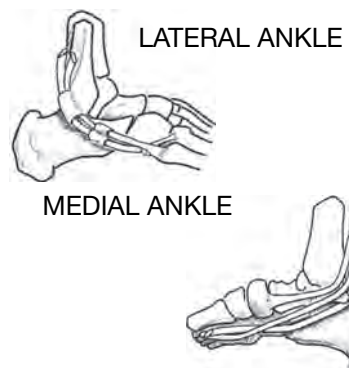
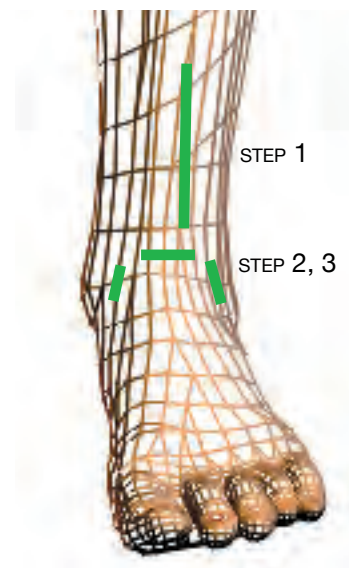
(4) Cup the heel in one hand, pressing the lateral side of the heel with your fingers while inducing movement (or while moving the foot up and down on the same hinge. This is a very effective passive joint movement.)



(5) Cup the heel in the other hand and press the medial side of the heel while inducing movement (or while moving the front of the foot up and down



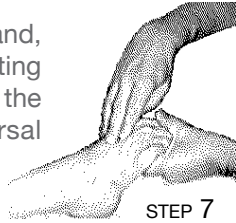
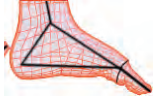
(6) Release binding above the heel and in the Achilles triangle above calcaneus in the same manner.



THE PHALANGEAL HINGE

Above

(7) Grasp the toes in one hand, bending them down while inserting fingers of the other hand into the grooves between the metatarsal bones on the top of the foot.



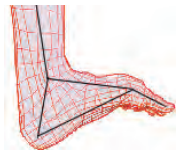
STEP 7



STEP 7

Below

(8) Grasp the toes with both hands, fingers on top of the foot and thumbs pressing the ball of the foot back. Inducing movement is sometimes useful.



STEPS 8, 9



STEP 8

(9) Holding the foot in the same way, use the thumbs to press into the sole where the movement of the foot on the hinge seems to be distorted. Induce movement when useful. Support the outer arch of the foot. Expect to take a long time with this step: it is your primary opportunity to organize the plantar fascia.



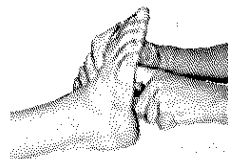
STEP 9

(10) Holding the foot with one hand, press knuckle into sole where dorsiflexion is blocked. Induce movement when useful

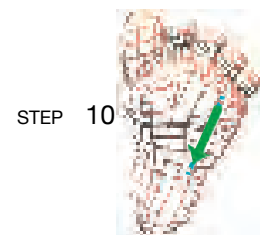
(11) Establish a sense of the bisecting plane by sliding a knuckle along the midline of the sole from under the tarsus to the posterior calcaneus. Ask for dorsiflexion.



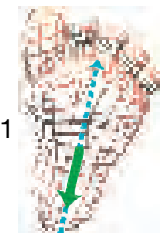
Stiffness in the lateral arch interferes with the ankle hinge



STEP 10, 11



STEP 10



STEP 11

Integration into the Lower Leg

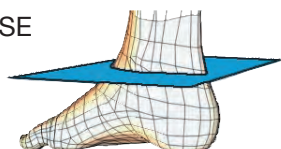
(12) Insert fingers between the shinbone and tibiae anterior, inducing movement of foot. Repeat up leg to knee.



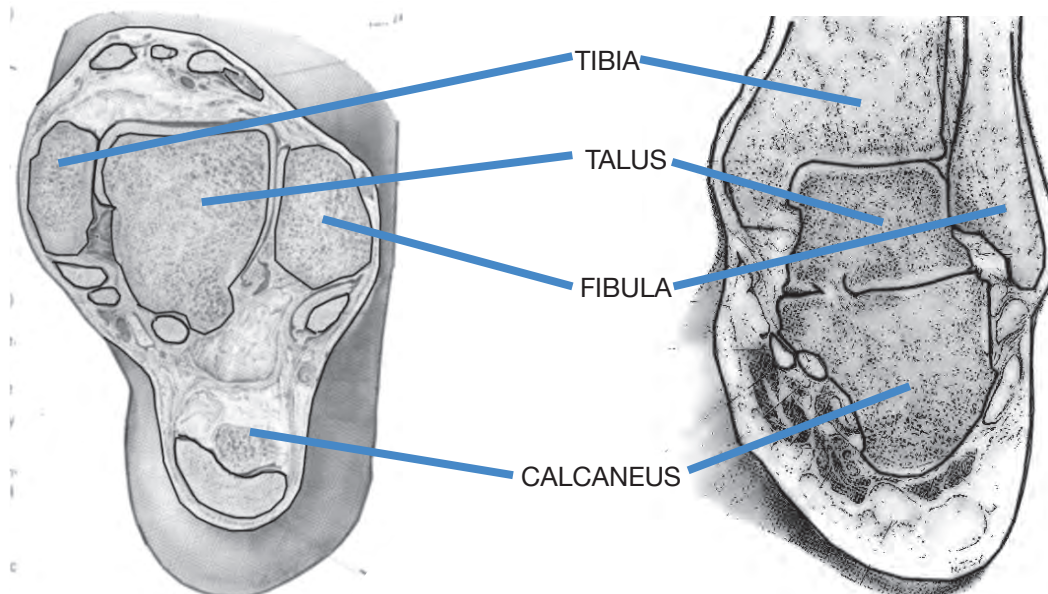
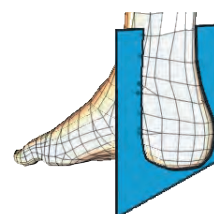
STEP 12

SECTIONS OF THE ANKLE

TRANSVERSE



CORONAL



Lateral/Medial Balance from Heel to Knee

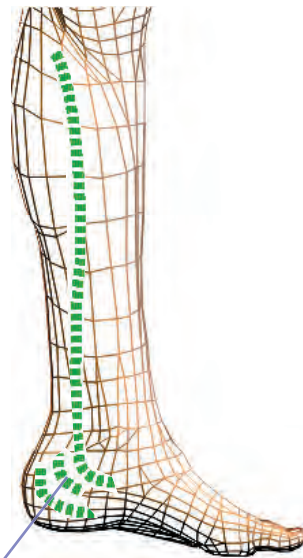
This stand-alone approach to legs and ankles is useful in repairing sprained ankles, some flat feet, and wherever a great deal of attention to the balance across the leg is needed

Medial Heel and Calf

Begin with the medial heel. Contact the Kidney 3 point with knuckle and thumb and ask for movement. (*"Heel straight down; foot straight down."*) If the heel is turned under medially, think of lengthening the midline of the medial leg.

Make additional contacts up the medial leg, following the posterior surface of the tibia all the way up to the knee. Be aware of the margin between the gastrocnemius and the soleus. Evoke extension down the medial leg: stretches between sacral table and the medial arch via the pelvic ramus.

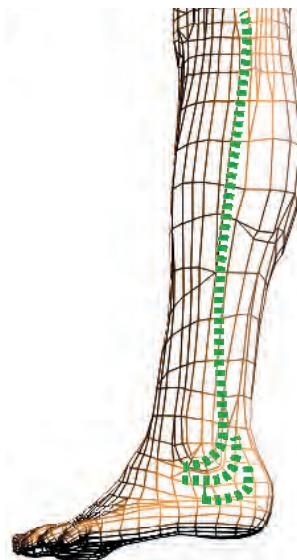
Kidney 3
(acupuncture point)



Lateral Heel and Calf

This is your chance to redress a thousand wounds. The foot is moving straight up and down. Your knuckle is on the lateral heel in a variety of places. The lateral heel is being 'stacked' – tibia on talus, talus atop calcaneus.

Every sprain has thrown the lateral heel out of balance by stretching lateral ligaments until the heel rolls too far laterally. In the case of flat feet, the heel has 'collapsed' to the side, allowing the medial ankle to drop. By 'stacking' the various segments of the heel and carrying this up through the fibula and the peroneals around it, we 'look' (intention) to find a medial-lateral balance from heel to knee.



Seated Bench Work: The Back in Motion

Dr. Rolf considered the seated back work the culmination of Session Two. The extension of the heels makes possible lengthening of the entire back. Here is one of the most basic contacts in structural integration, done in nearly every session by most practitioners, and in each session it is different. It evolves in depth as the client opens up and finds core movement.

The hands are on the back, encouraging the long spinal erectors to lengthen downward. The client is bending forward, coordinating with the contact. But extension in the erectors must be coordinated with flexion in the anterior spine. We never lose sight of the three lumbar hinges, or of others in the thoracic spine as well. We coax as much core movement from our clients as they can manage.

This contact combines several basic elements of structural integration: receptive touch, awareness of skeletal movement, client participation, and instruction in core movement.

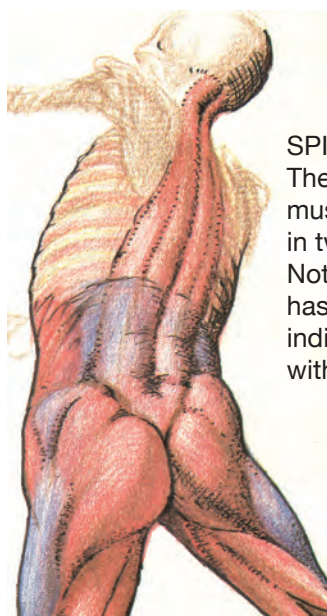
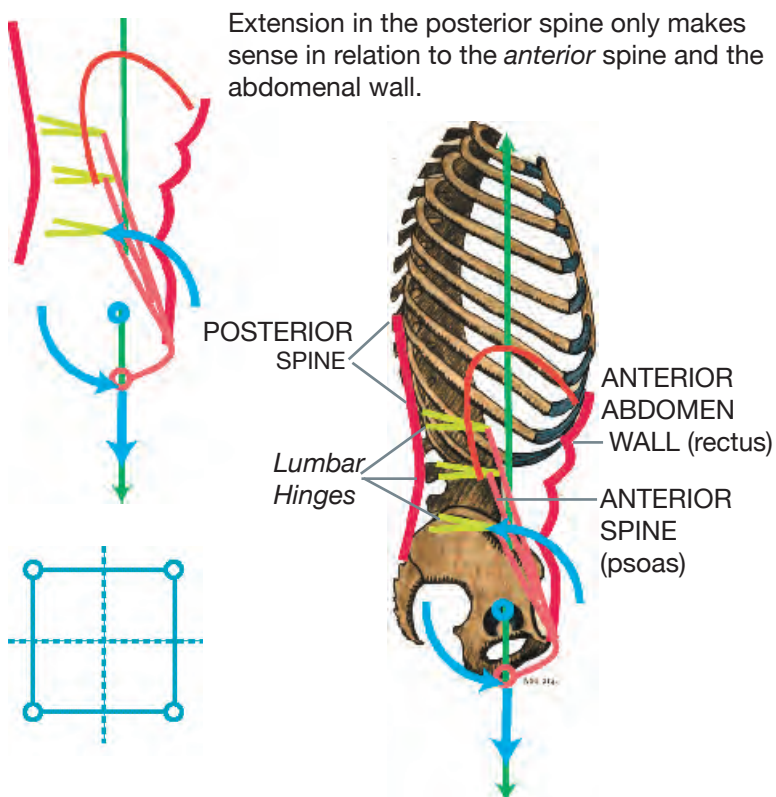
Anatomy

We are focussing on the long bundles of spinalis muscles which run from neck to sacrum. They cause the back to arch, and they should extend when the torso bends forward. If they are chronically short, the back will have flat places when the person bends. There are two bundles, which are formed of many individual muscles originating on each rib and inserting on the sacrum and the lumbar fascia. If they are shortened, it is probable that they have widened, so our objective is to shift them medially as well as caudally. We also want this lengthening to be coordinated with the client's movement of flexion in the front.

Movement

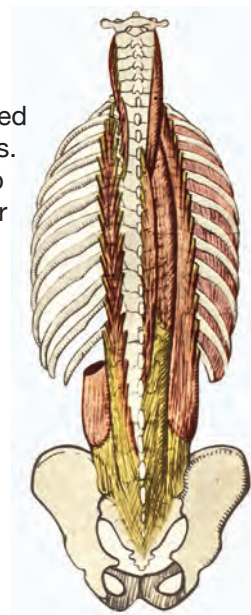
The movement varies. At first the client may only "curl down from the top." This helps to pull some of the shoulder 'mantle' to lengthen down. It is a first approximation to the lumbar hinges, especially if the client works to find awareness of the anterior spine at these point.

THREE LAYERS, THREE HINGES

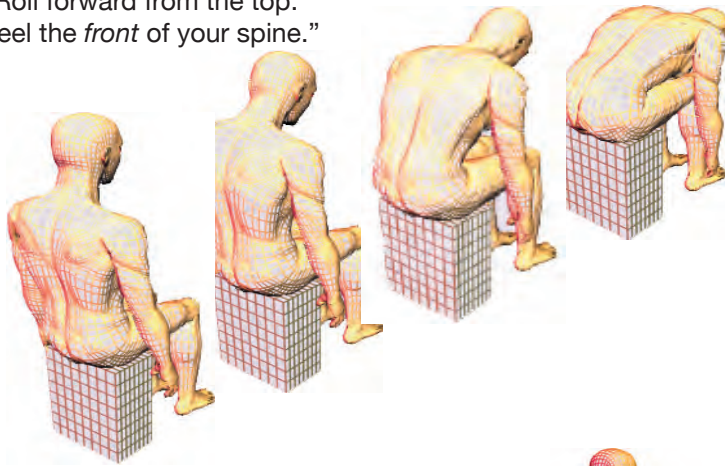


SPINALIS

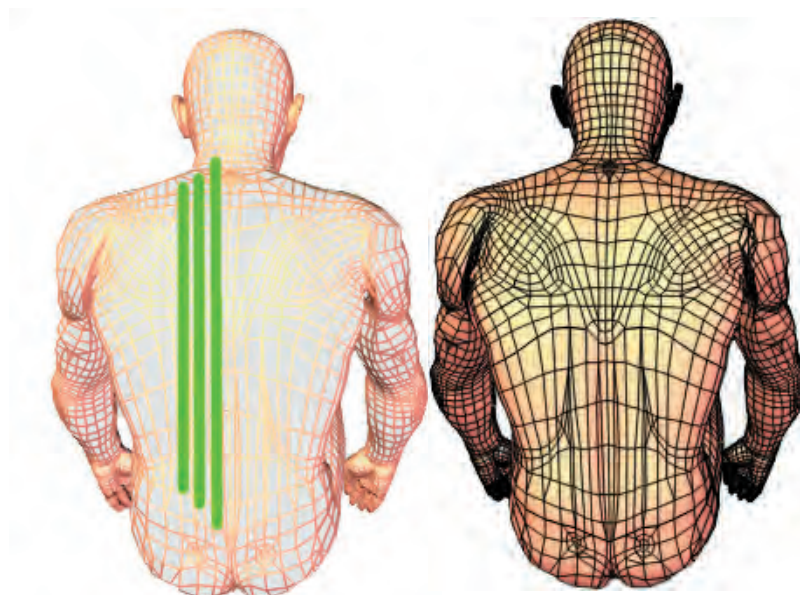
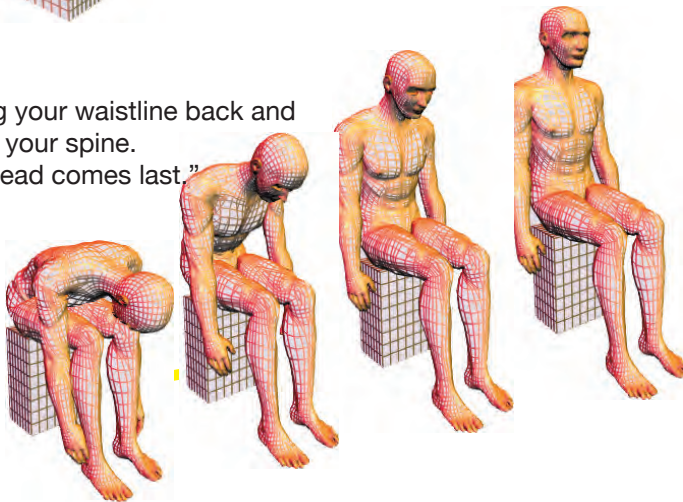
The spinal erector muscles are arranged in two large bundles. Notice that each rib has attachments for individual muscles within the bundles.



“Roll forward from the top.
Feel the *front* of your spine.”



“Bring your waistline back and
unroll your spine.
The head comes last.”



As the core becomes more coordinated the focus can be more completely on the hinges, including the cranial, thoracic, and dorsal (mid-thoracic) as well as the three lumbar hinges. Pushing the front of the spine back into the contact at each hinge point engages the hinges. Pushing backward that way requires the ground to push against, and so the pelvic extension comes to be connected to the lumbar balance.

Contacts

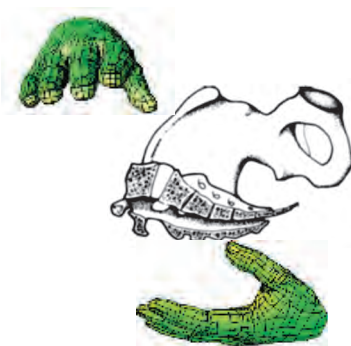
1. With a broad tool contact the lateral edge of the lateral bundle of spinalis on each side and ask for movement. Hook into the tissue and pull slowly downward, maintaining a medial vector toward the spine as well. Continue past the sacral hinge.

2. Contact the lateral edges of the *medial* bundles of spinalis on each side. Continue as in Step 1.

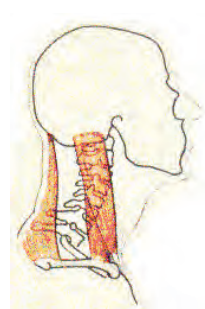
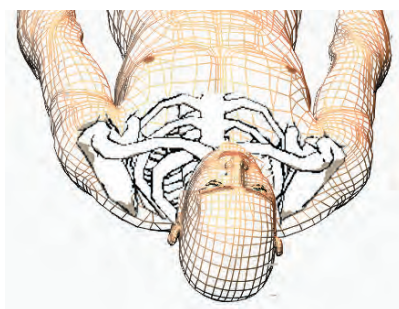
3. With a narrow tool (knuckles of index fingers?) contact the medial edge of the medial bundles along the posterior processes of the spinal vertebrae. Hook into the tissue and pull slowly downward to the sacrum.

Completion Steps: Pelvic Lift, Neck Work

The pelvic lift should be clearer now. The front hand will feel a definite sacral hinge, and the rear hand will feel an actual lengthening into the tail.



You will continue to pursue the shortening effect of Sterno-Cleito-Mastoid and Levator Scapuli on the extension of the neck.



SESSION THREE: Sides and Shoulders

Loosening the Sleeve

In Session One we opened the chest, front and back, by lifting the external fascia, and we released the area around the hip and arm sockets to have more span across these joints. In pictures this often shows up as a lengthening up the front of the torso and down the back of the legs.

In Session Two we organized the feet and lower legs to open the lower limb downwards against gravity. We also paid particular emphasis to the backstrokes, bringing the outer layers of the spinal erector system into a greater length down the back. In pictures this often shows up as a lengthening of the back and down into the legs.

Now, in Session Three we continue to loosen the sleeve with emphasis on the side plane of the torso and the balance of the shoulder girdle front-to-back. At the end of the session we move a step into core, organizing quadratus lumborum with knee movement. This will appear in pictures as a lengthening of the sides.

Goal One: establish a front-to-back balance across the torso

First, our client in a side position, we establish the side line around which the front and the back of the torso balance.

Goal Two: establish a front-to-back balance across the shoulder girdle

Next, we organize the shoulder girdle to balance across the side line. We are taking another step now toward finding the horizontal polarity of the arms, organizing the scapular extension (across triceps, teres minor, and rhomboids) and enabling support of the shoulder girdle with latissimus dorsi, and a more balanced system of torso muscles.

Goal Three: lengthen the spinal erectors and quadratus lumborum

Then we look for more length in the spinal erectors and serratus inferioris by working across these tissues from the side toward the spine.

Finally, we approach the quadratus lumborum from the side, organizing it to lengthen with a forward movement of the knee. This work with quadratus lumborum is the initial contact with the core. The internal balance between quadratus, psoas, adductors and the pelvic rotators will be a major preoccupation of Sessions Four, Five, and Six.



"Seeing the Ox"

In the third oxherding picture the seeker catches sight of a deeper reality. There is something there!

In Session Three enough of the outside is released that there comes a glimpse of what is inside. The body is real!



The Balance of the Torso

Expansional Balance, Part II: relate the pelvic extension to the lumbar balance.

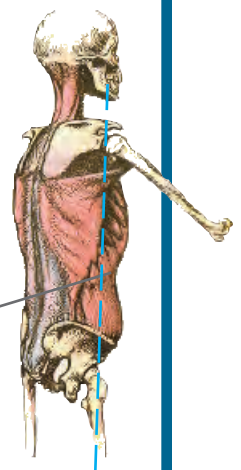
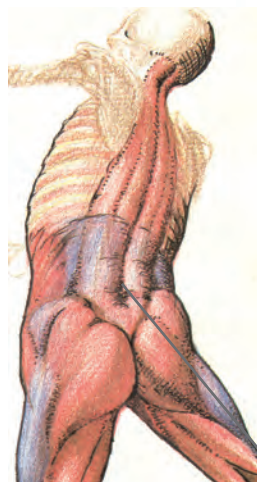
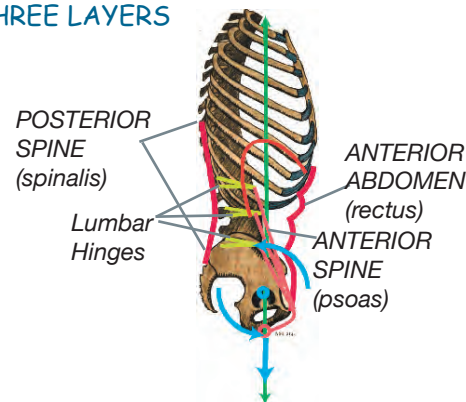
The four sides of the lumbar must be balanced for the Line to connect the legs with the torso.

From front to back the lumbar has three layers. The anterior torso (1) and the anterior spine (2) balance the posterior spine (3).

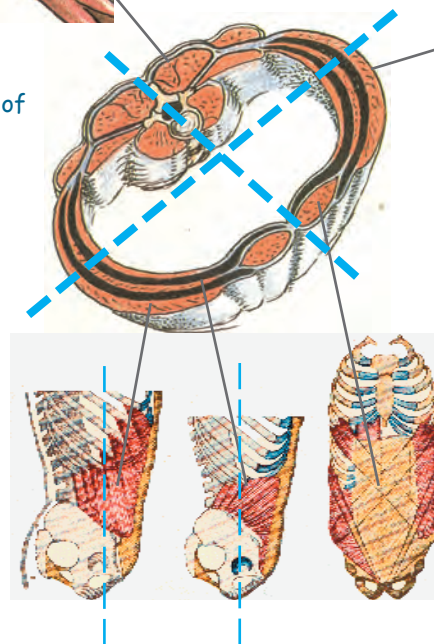
In Session 3 we approach this balance in several ways: by defining the anterior-posterior balance across the side plane, by balancing the shoulder girdle across the same plane, and by lengthening the posterior spine (spinalis) and lumbar (quadratus lumborum).

Keep in mind the entire structure of the torso whenever you are working on any of its parts.

THREE LAYERS



Cross-section of Torso at L3





Defining the Side Plane

Some contacts are primarily for awareness, for organizing the body image. This is one of them.

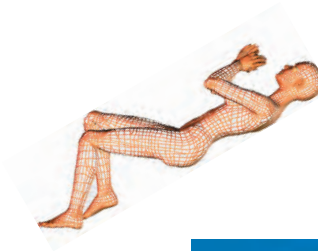
Imagine a line up the side of the torso from the head of the femur to the head of the humerus.

Starting at the bottom, place both thumbs beside that line and fan out an inch or two. You have a purchase on the external fascia and can spread it slightly away from the midline. Make another contact about 2 inches higher and repeat the process. Continue every few inches until you come to the shoulder joint.

Your intention is to clarify the underlying tissues: what tissue belongs in front of the line and what in back? When tissue such as the latissimus dorsi has migrated forward, gently shift it back.

The effect? Defining the side is an important step: not everybody has the sense of a side dimension in space. The contact also defines the division between front and back.

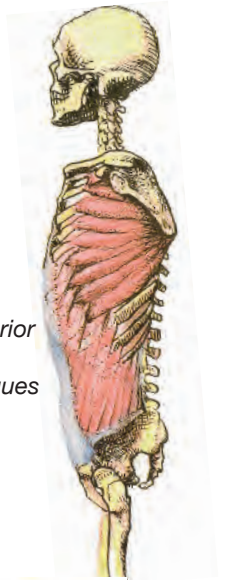
Remember this is a contact with the external fascial layer. You affect the deeper muscular layers with your intention, but you are touching the superficial fascia.



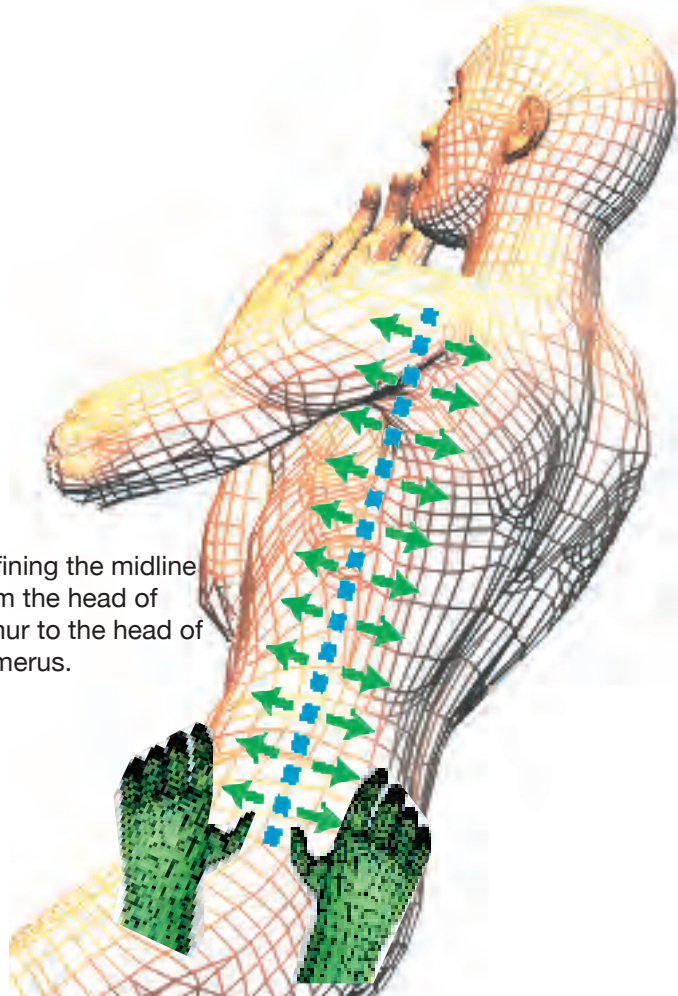
Establishing
a sense of
sideline



*Lateral torso
showing anterior
serratus and
external obliques*



Defining the midline
from the head of
femur to the head of
humerus.



Horizontal Polarity: segments, planes & expansion

Three Segments of the Shoulder Girdle:

I. From the spine to the medial border of the scapula (trapezius and rhomboids). The muscles of this segment raise and lower scapula as well as narrow and widen the segment

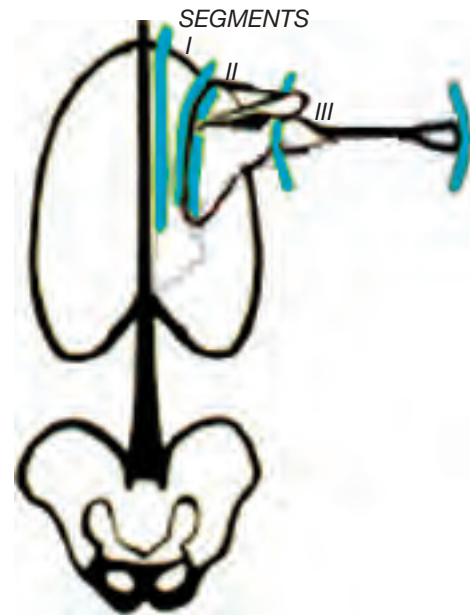
II. From the medial border of scapula to the shoulder joint (teres major and minor, infraspinatus, latissimus). These muscles cross the shoulder joint and insert on the humerus, and thus have a tendency to bind and limit its freedom.

III. The humerus from shoulder joint to elbow. Here additional muscles (deltoid, triceps) cross the shoulder joint and can contribute to binding.

True expansion of the horizontal polarity requires an open shoulder joint. From the top this means a front-back balance across the side plane. From the side it means a balance across the side and transverse planes. These balances permit a feeling of connection between spine and elbow.

Expansion outward to the side involves anchoring the inferior angle of scapula downward, and releasing the humerus across teres, triceps and latissimus dorsi.

SEGMENTS

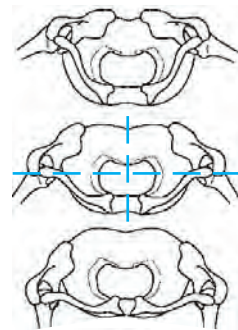


PLANES

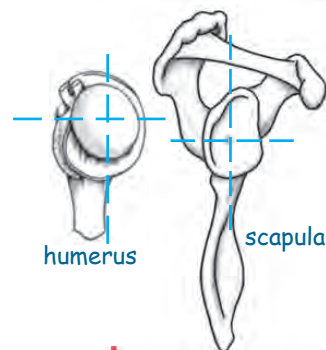
THE BALANCED SHOULDER JOINT.

Right: balance across the coronal plane.

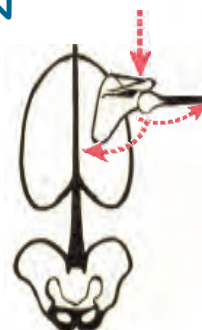
At top the shoulder is behind the plane, at bottom it is before the plane.



BALANCE OF THE HUMERO-SCAPULAR JOINT.



EXPANSION



The shoulder drops upon extension when the scapula and humerus are free to separate underneath.



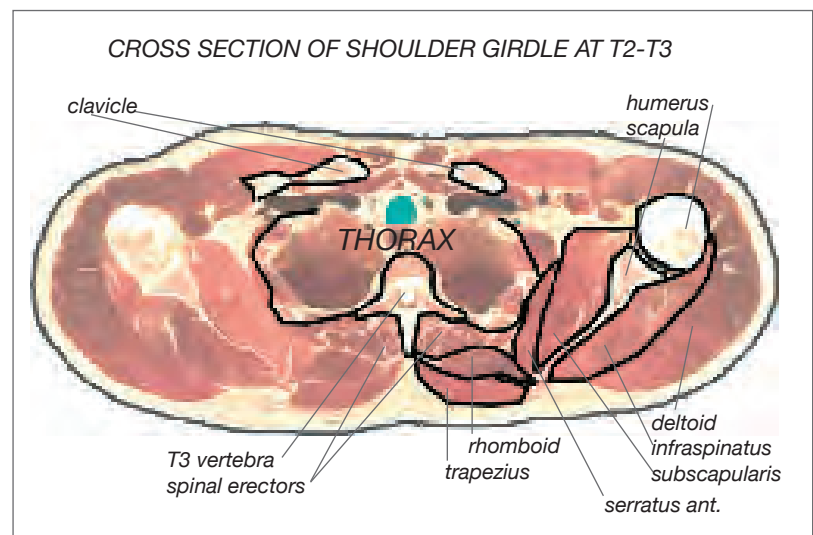
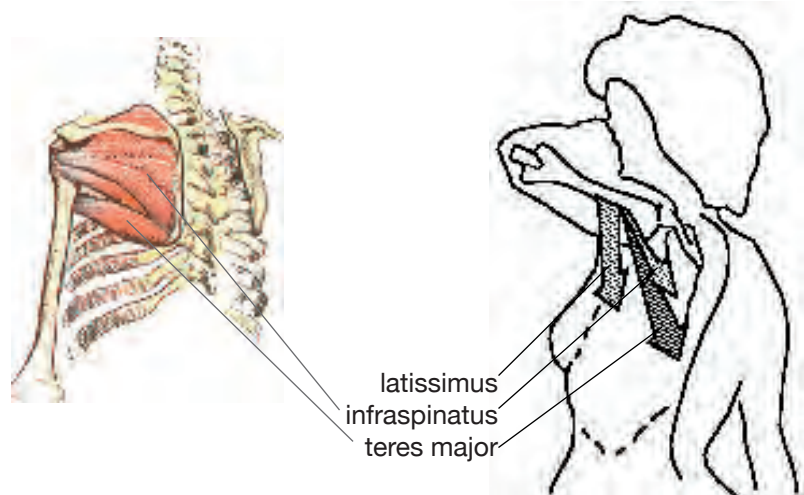
Shoulder Girdle, from the side



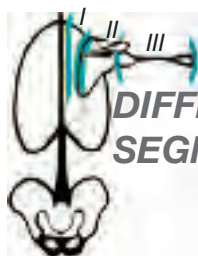
The muscles attaching from the humerus across to the spinal border of the scapula (Segment II) may well be binding the scapula to the humerus.

You can iron across scapula to the medial border, releasing teres major and minor, as well as infraspinatus. This enables the inferior scapula to move down and in, anchoring and stabilizing the shoulder girdle for scapular extension.

At this point the elbow can rotate upward without dragging the scapula along.



The outlined elements show structures of the posterior shoulder girdle from the humeral head across scapula, and from scapula to spine. From the Visible Human Project, an actual cross section of the shoulder girdle.



DIFFERENTIATING SEGMENTS I & II

The arm is probably contracted into the scapula somewhere around the shoulder joint. Your goal is to organize free extension.

Keep in mind the stabilized scapula, inferior angle drawn down and in, humerus allowed to separate out.

Contact 1.

Bring your attention to the actual collar between the humerus and scapula. Make finger contact with the tissue and differentiate it into the two segments.

Contact 2

You can also contact the upper arm, especially in the body of triceps, holding it toward the shoulder while the client extends the elbow directly out from the joint.

Contact 3

As the client raises the elbow straight up to the ear, iron down latissimus dorsi from its humeral insertion downward across the joint and below



CONTACT 1

Separating the tissues on either side of the shoulder capsule.

Elbow should rotate out of scapula without raising shoulder.



CONTACT 2

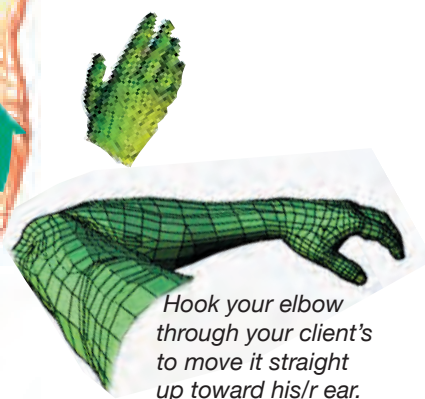
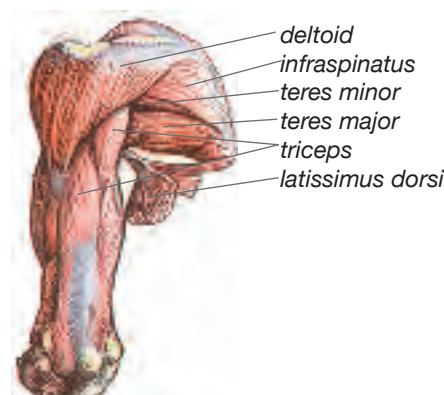
Differentiating the humerus from the scapula, encouraging triceps to release its binding on the scapula.



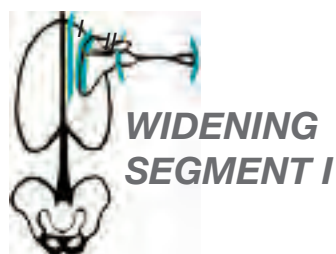
CONTACT 3

Holding latissimus and teres as the arm is extended.

POSTERIOR SHOULDER



Hook your elbow through your client's to move it straight up toward his/r ear.



The Rhomboids span Segment 1 from spine to scapula. Often they are fixed in a narrowed position as part of a larger pattern involving levator scapuli and infraspinatus contracting inward and upward.

Your goal is to widen Segment 1 by ironing across the rhomboids in three different places.

Contact 1

Use a knuckle to iron across the rhomboids along the medial border of the scapula. A slow-moving stroke allows you to place your intention below trapezius into the rhomboid.

Contact 2

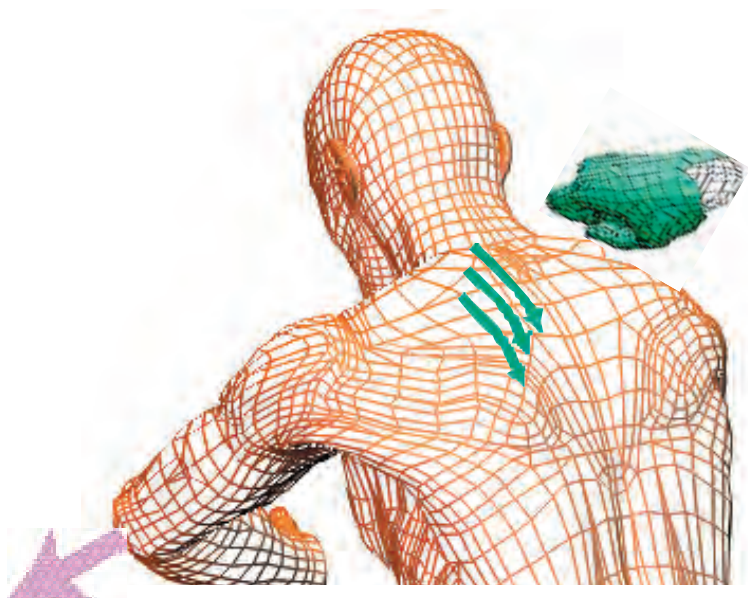
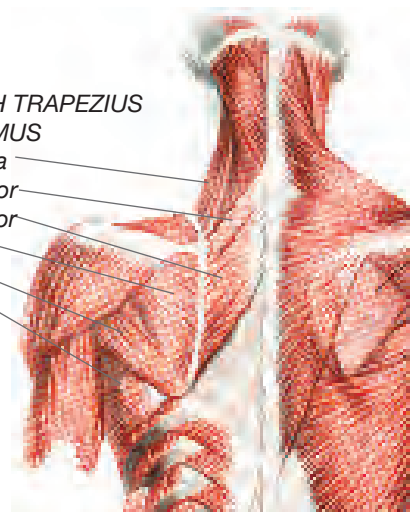
In the same manner, iron across the rhomboids in the middle between spine and scapula.

Contact 3

Repeat along the spinous processes of the vertebrae where the rhomboids originate.

UNDERNEATH TRAPEZIUS AND LATISSIMUS

levator scapula
rhomboid minor
rhomboid major
infraspinatus
teres major
serratus ant.





Lengthening Spinalis from the Side

We return to the task of balancing the torso. Before organizing the shoulder girdle you defined the side of the torso, differentiating what tissues belonged in front and which in back of the midline.

Now your goal is to lengthen the spinalis muscles by pressing them medially toward the spine.

The spinal erectors form two major bundles of fibers. At each rib a portion of the muscle originates. By searching out the rib attachments with a knuckle or fist, you can release and lengthen each portion of the muscle from mid-thorax to sacrum.

At any point you can ask for pelvic extension ("Turn your tail under.") or scapular extension ("Reach forward with your elbow.") which serves to integrate the limbs into the torso.

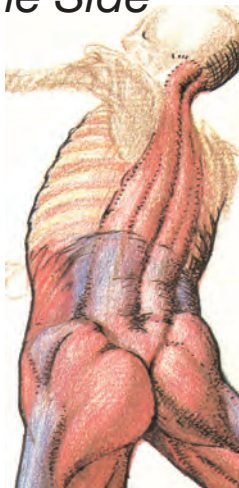
Contacts: spinalis

Beginning high up under the rhomboids, find the lateral border of the spinalis muscle and iron out condensed attachments by moving them toward the midline and slightly downward.

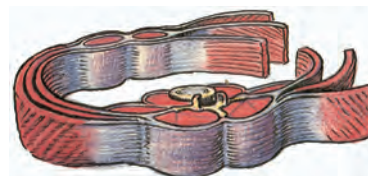
Repeat the contact at each rib and, below the 12th rib, at the lateral edge of the lumbar portion of the muscle.

Contact: iliac crest

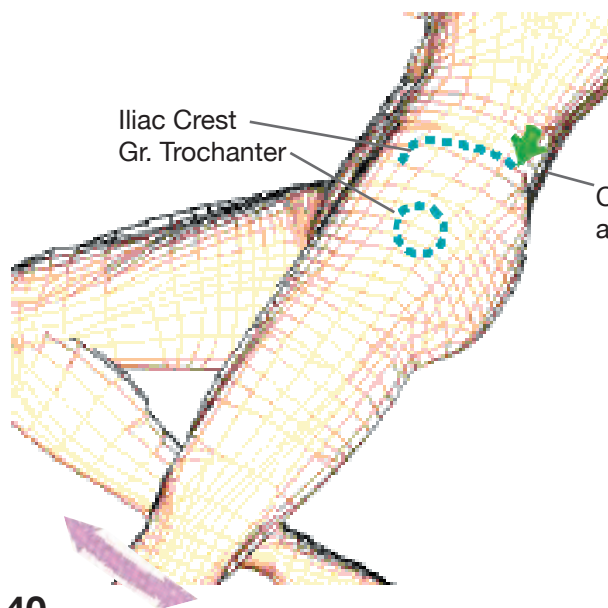
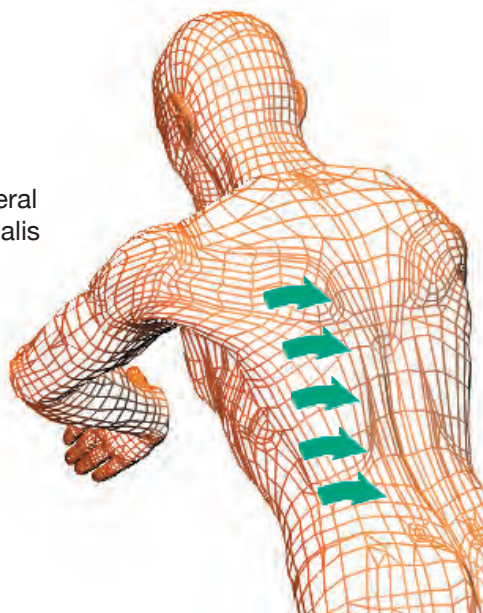
Complete the lengthening process by pressing into the lumbar fascia and tissues condensed around the iliac crest.



The spinal erector muscles (spinales) are arranged in two large bundles. This exuberant drawing is from Prof. John Hull Grundy

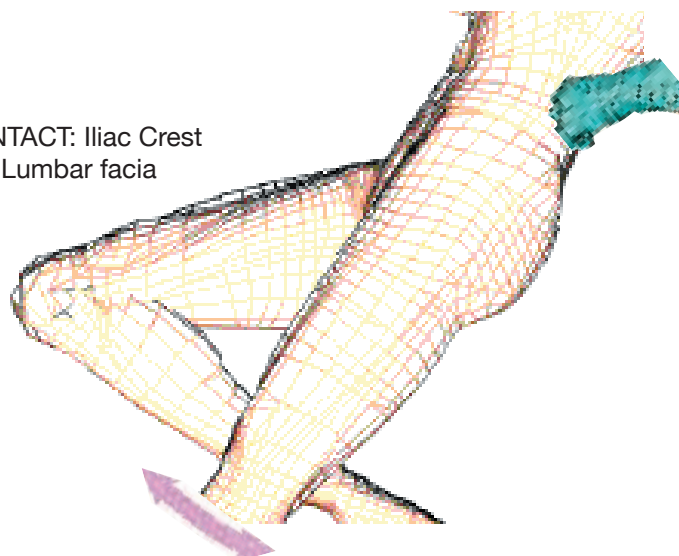


CONTACT: Lateral borders of spinalis



Iliac Crest
Gr. Trochanter

CONTACT: Iliac Crest and Lumbar fascia



Quadratus Lumborum

The quadratus lumborum lies at the margin between core and sleeve. Like the levator scapula, it can be relied upon to wrap its tension like a bandage around any problem in the spine, higher or lower. Any distress in the lower back will be likely to involve the quadratus lumborum.

This contact is the beginning of the work with the core. When it is carefully combined with knee movement deep shifts in the alignment between spine, pelvis and leg will be felt.

Your goal is to organize the posterior pelvis and lower lumbar spine so that they lengthen when the knee moves forward and back.

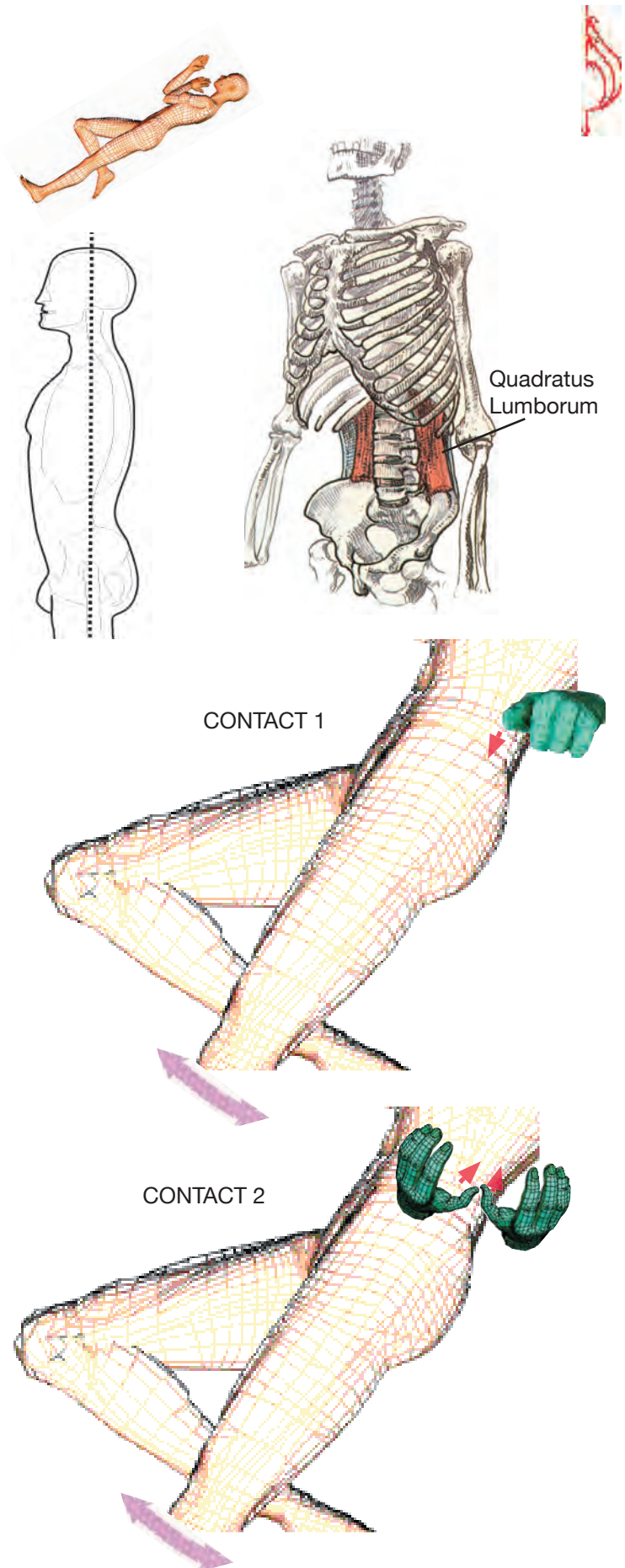
Contact 1: lower quadratus

Place a diagonal pressure with a knuckle on the posterior superior spine of the ilium where quadratus attaches. The pressure should be directed at an angle toward the sacroiliac joint. With the other hand support lengthening in the posterior lumbar and pelvis and ask for the knee movement. The quadratus should lengthen down with a release felt through the upper groin (gracilis) into the knee.

Contact 2: upper quadratus

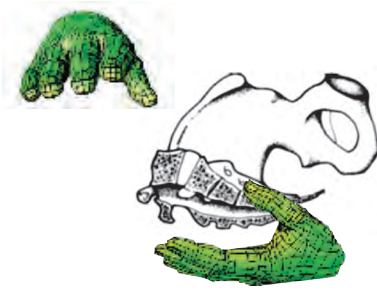
Wedge your thumbs under the twelfth rib where quadratus attaches. Ask for the knee movement. At first you will feel shortening in quadratus. Then its involvement will lessen and the entire lower lumbar will lengthen in participation with the knee movement.

These contacts should not be heavy-handed. Their effect depends on your clarity of intention. Think bones!

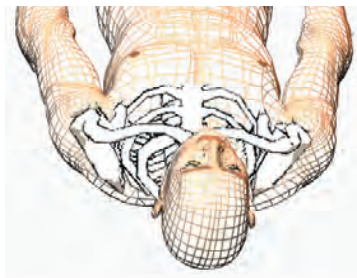


Completion Steps: Pelvic Lift, Neck Work and Back Strokes

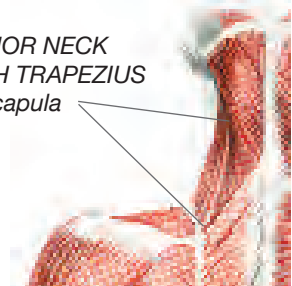
The pelvic lift will be still clearer at the end of this session. The front hand will feel a definite sacral hinge, the rear hand will feel an actual lengthening into the tail, and the knees will more clearly lift the spine. Be aware of the remaining binding between the leg and pelvis, especially in the pelvic flexors and adductors. This will be your focus in the next session.



Your work on the neck and shoulders can now include more attention to levator scapula, both in the neck and at the scapula.

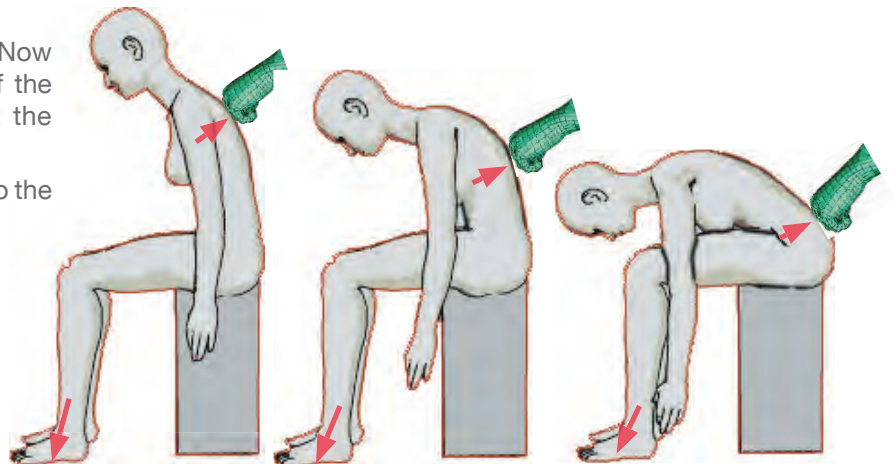


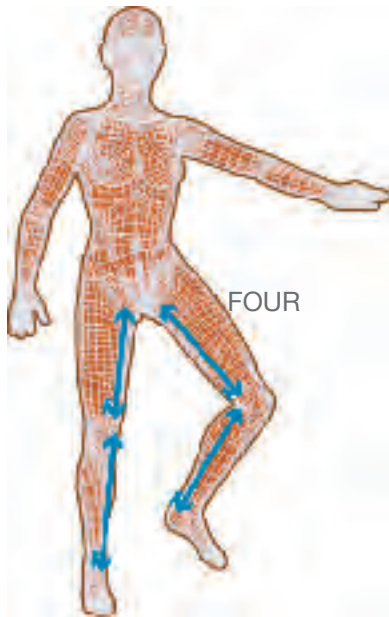
POSTERIOR NECK
BENEATH TRAPEZIUS
levator scapula



A wonderful thing has happened! Now the client can distinguish the *front* of the spine and can push it back against the hands.

Of course, this push is connected to the feet through the pelvic extension.





THE CORE SESSIONS

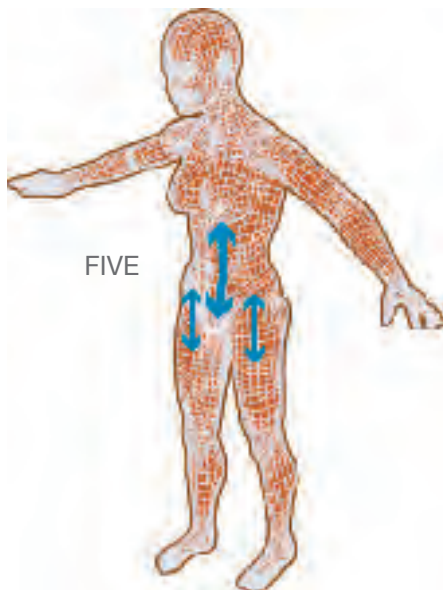
The first three sessions were focussed on organizing the sleeve so as to make room for the expansion of the core. The next four sessions, Four through Seven, are literally the core of the work. They organize the major sections of the torso in their proper relationships so that a dynamic vertical polarity can take place.

The steps in this unfolding are, (1) releasing the medial thigh (Session Four), which makes possible (2) organizing the lumbar balance around iliopsoas (Session Five), which leads to (3) organizing the posterior pelvis (Session Six), which necessitates (4) organizing the head on the neck (Session Seven).

It has taken the first three sessions to be able to touch the core at all. The outer layers had to be addressed before the core could be approached. Now, if we organize the adductors, releasing the knee from the pelvis, the inner core will be open to us.

Think of the core as an amazingly clever series of levers and counter-levers, opening out into an extended form. Tensegrity is a dynamic balance between compressors and tensors, between bones and fascial structures.

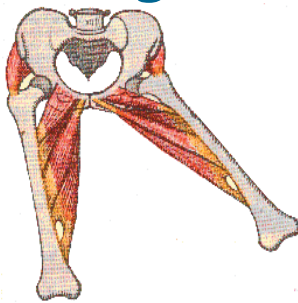
It is not a good idea, by the way, to undertake core work unless you have prepared the body with the sleeve work and are committed to carrying out all four of the core sessions, plus the integration work. In other words, do not do core procedures unless you are going to do all ten sessions. Otherwise the core procedures will be painful and ineffective. Worse, they are potentially disorganizing.



Organizing Core

4

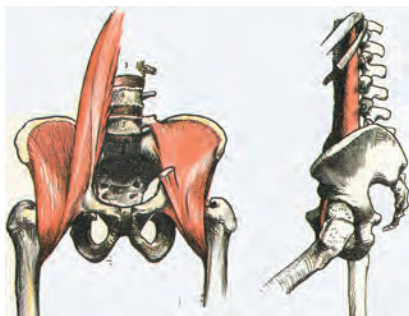
releasing
the medial
thigh



makes
possible

5

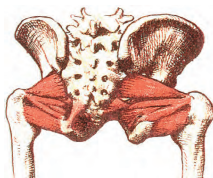
organizing
the lumbar
balance
around
iliopsoas,



which
leads to

6

organizing
the
posterior
pelvis,



which
necessitates

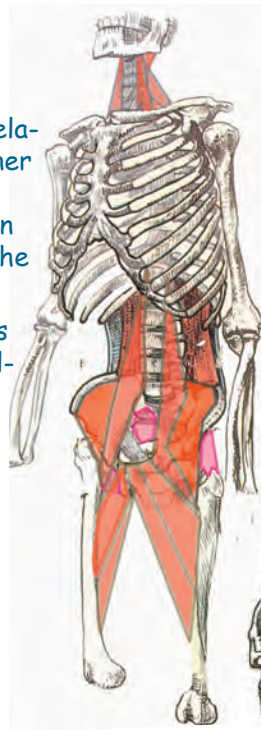
7

organizing
the head on
the neck.

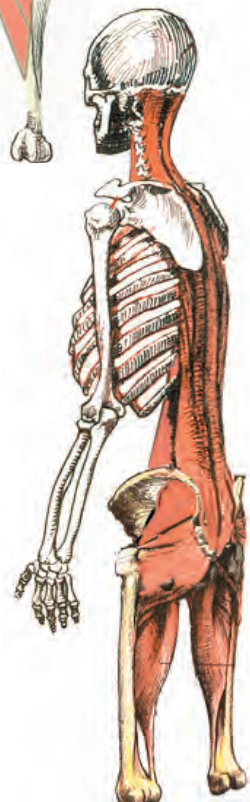


The core we are organizing is actually a series of leveraged relationships, beginning with the inner thigh, which releases the pelvis to find a new, flexible connection with the lumbar all the way to the diaphragm.

The posterior pelvis completes this process, leaving an open balance from feet to diaphragm.



Whereupon the other end of the spine must be addressed in order to complete both ends of the system.



The body has layers, like an onion, and the outer must be addressed before the inner can be affected. All of the earlier procedures can be practiced more or less in any order on any body to get desirable results. The core work is different: it must be prepared, and it must be completed.

SESSION FOUR: Medial Leg and the Inside/Outside Balance

The first three sessions have defined a front, a back, and two sides. Now the body is ready to find an inside/outside balance. At the end of the third hour we found space in the lumbar spine through the lateral mid-line. Now we follow the opening down the side line around to the inside of the thigh (the medial line of the coronal plane), and continue to support the lengthening of the lumbar spine from underneath the pelvis. The fourth hour is the beginning of the central section of the structural integration series, differentiating the core, and is really best seen as a paired session in preparation for number five. We seek the extension of the knee from the groin, releasing the medial thigh from the pelvis, so that the front of the pelvis is free to float above grounded legs. We will continue the expansion found here up the front of the lumbar spine in the fifth session. It is as if we are assisting the momentum of the first three sessions as it drops down the outside of the body, bounces off the ground, and springs back and up the inside.

Goal: horizontalize the pelvis by releasing the knee from the groin

The adductors are the anatomical focus of this session, as they hold the knee into the pelvis, jamming the lumbar spine from beneath. Imagine, if you will, a man after he has sustained a sudden impact to the groin, and you will understand the relationship of the adductors to the lumbar spine. His knees pull together and his pelvis pulls back as his lower back flexes. This is highly descriptive of what we are trying to release in this session. Men are of course not the only ones who withdraw their pelvises from the world; both sexes tend to have distortions between the pelvis and the knee. Session four is the hour most focused on this area, and the support we find for the deep pelvis and lumbar spine will determine the success of the rest of the core sessions, particularly differentiating the psoas.

Beginning the session: where to start, what to look for

As always, we are attempting to assist the client in finding a horizontal pelvis, and this is what guides our sense of where to begin the session. Look at the silhouette of the space between the client's legs. Is it even? In general, we work first on the leg that is shorter from the heel to the groin. Have the client lay down on that side, bringing the upper knee to the front, exposing the medial side of the leg on the table.

Notice whether the knee (X-leg) or the heel (O-leg) is off the table. Generally, if the heel is off the table, we begin at the knee, and if the knee, we begin at the heel.



"Catching the Ox"

In the fourth oxherding picture the seeker engages on a deeper level. The ox is found and brought into an active relationship.

In Session Four the core is addressed.





Medial Heel, Calf and Knee

Bolster the bent leg under the knee so that the client's pelvis can easily remain squared to the table. Maintaining the pelvis in this position enables us to ask for geometrically reliable movements and greatly assists in discovering areas that pull the leg out of its normal straight movement on the bisecting (sagittal) plane.

Lower leg: support for the thigh

The heel: the vortex of the adductors.

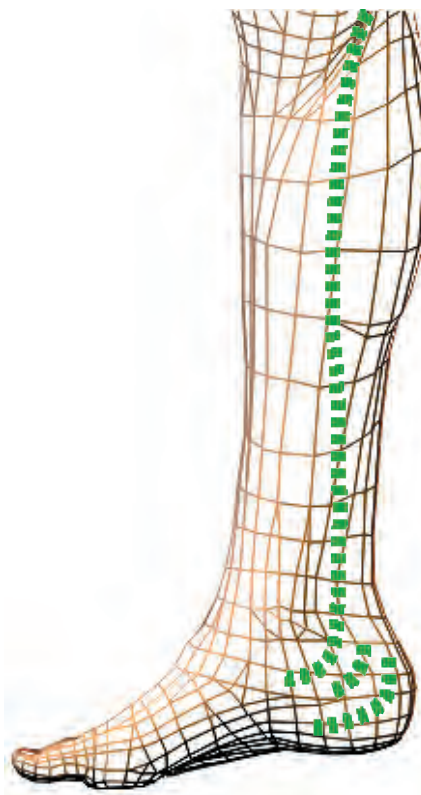
Again we have an opportunity to access the heel and the many tendons which cross this region. Hold the retinacula posterior and inferior to the ankle while asking for the movement of the foot on the ankle. Help the heel come straight down as the foot moves straight up and down. One can also ask the client to reach down into the heel with the entire leg.

Medial calf: the underside of the knee

Remaining posterior to the tibia, use firm contacts to define the medial midline. The movements here are the same as for the heel, with the addition of letting the knee move slowly forward and back (at most two inches). With the dual operator's passive hand, we keep the knee and heel tracking along the sagittal plane of the leg.

Pay special attention to the area about 1/2 to 2/3 of the way up the calf, close to the bone. The deep muscles here (tibialis posterior, flexor digitorum longus) often bunch up like a fist just behind the tibia, and are particularly responsive to slow, deep pressure and geometric movement of the foot on the ankle. Again, the focus is not the anatomy, but on releasing the fascia so that clear movements along the planes are possible. When making contacts with the proximal calf, seek to support the knee by releasing twists from below which originate from the tendons of the medial hamstrings, gastrocnemius and the structurally significant area below the medial knee.

To complete give a slight traction to the heel down and ask for sagittal movement of the knee. Pay close attention to the thigh, noticing what moves when the knee lets out. Areas that jump and pull the knee up instead of letting it out will require extra attention as we continue the contacts up 2 into the adductors.





Medial thigh: letting the knee out of the pelvis

We continue up the limb opening the medial line of the thigh upward to the under side of the pelvis.

Contacts

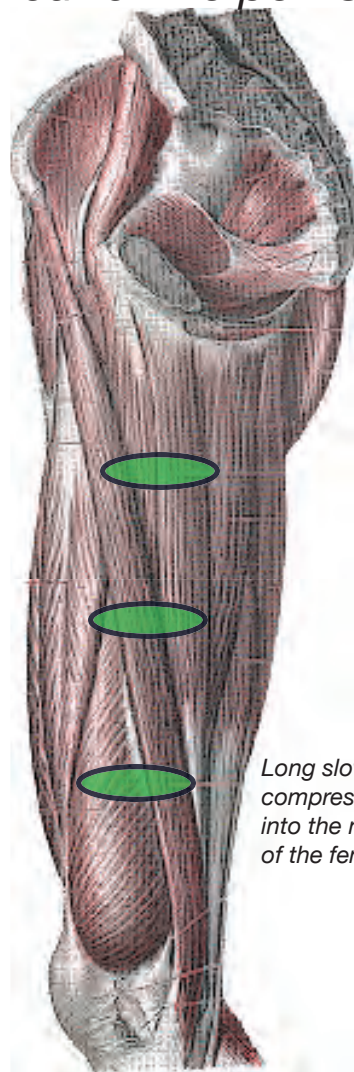
Defining the Midline

"Take the front to the front, and the rear to the rear" - Rolf

With the client in the same position, use two hands to define the midline as you did in the beginning of Session Three. Carry this up the leg, from knee to pelvis, defining the mid line of the coronal plane. The idea is to take what belongs to the front to the front and what belongs to the rear to the rear. If you are uncertain what belongs where, find the gracilis, the center line of the adductors.

Thigh Compressions

Use the elbow to compress into the adductor compartment, paying attention to the areas that seem to hold the bone, or that you noticed pulling on the knee in movement. Ask the client to move the knee forward and back, again no more than two inches, as you make the contacts. Do not dive down to the bone here, we are working into the second layer of depth, preparing the leg for further processing. Work down from the pelvis to the knee. Use caution just above the knee, as pressure here can be unnecessarily painful where the femoral nerve comes to the surface.



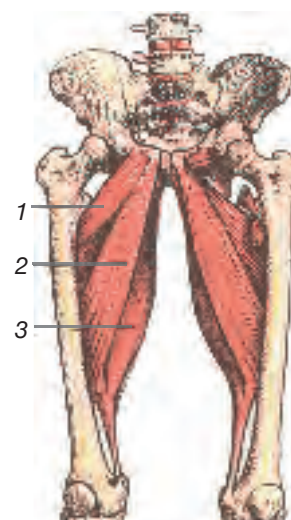
Functional Relationships of the Adductor Compartment

1. the quadratus lumborum, (which we have already lengthened in the third hour) works with the adductors in vertically lifting up the hip and knee.

2. the deep rotators and gluteals along the rear of the pelvis work with the adductors in lateral rotation of the femur.

3. the anterior and posterior compartments of the thigh, the quadriceps and the hamstrings, tend to overpower and/or conscript the adductors into acting as additional flexors and extensors.

We use movement to help clarify these relationships as well as separate each compartment for its appropriate individual functioning.



Adductors.

1. Pectineus.

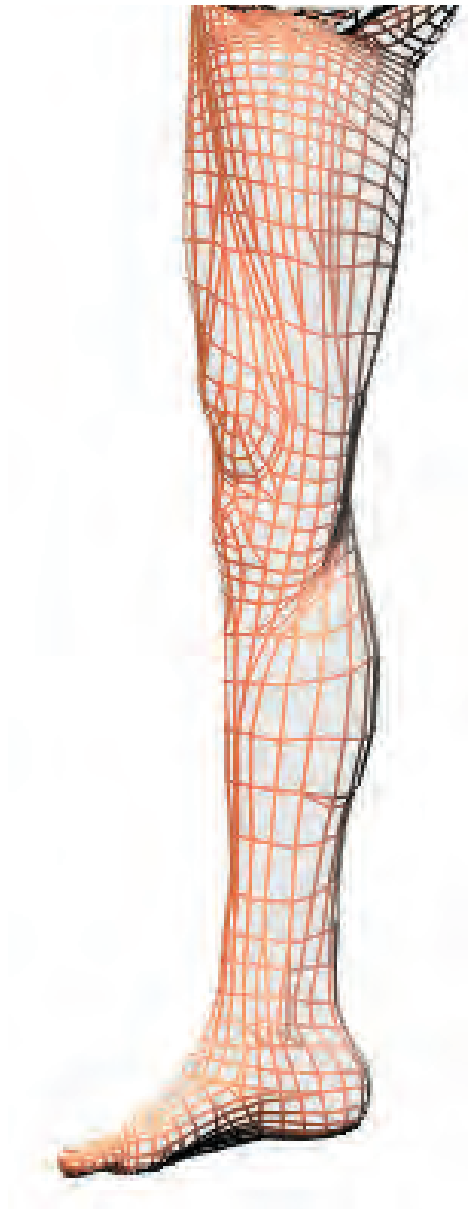
2. Adductor longus

3. Adductor brevis



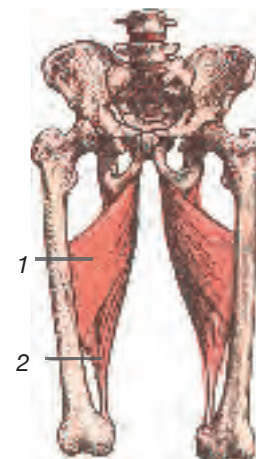
Separating the adductors from the hamstrings.

Beginning about half way up the thigh, find the division of adductor magnus and the medial hamstrings. To help locate the specific division, ask your client to alternately adduct and extend the knee. Using the fingers of the active hand in a tight blade-like tool, allow your client's movement to separate the adductors from the hamstrings all the way up to the ischial tuberosity.



Introduction to Adductor Magnus

The adductor magnus is aptly named; it is by far the largest adductor, and for most of the length of the thigh, a significant part of its bulk. Adductor magnus could be differentiated into several other muscles and renamed, as different areas of it are enervated by separate nerves and perform separate functions. Often the largest component, the rear, is used as an extensor of the thigh (especially by athletes seeking extra power), and for this reason it is often fascially bound into the hamstrings. This portion is also enervated by the tibial division of the sciatic nerve, whose only other enervations go to the hamstrings. Clearly it is important to use movement to create a functional differentiation between these muscles.



Adductor Magnus. 1. portion supplied by the obturator nerve. 2. portion supplied by the sciatic



Pelvic Ramus

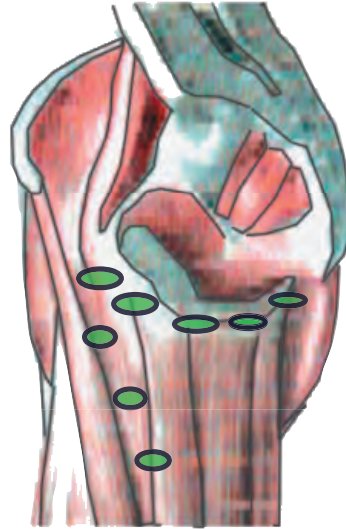
The pelvic rami spread back and down from the pubic symphysis, the bony wings to which the majority of the adductors attach. The pelvic rami form the anterior border of the pelvic floor, and the fascia here is continuous with the perineum itself. The pelvic floor is the main support for the viscera. Trampoline-like, its resilience is important to general health and well being. Releasing the adductor attachments on the outer rami affects the pelvic floor itself.

Contacts

Use the finger pads to touch into the outside of the bone, just posterior to the pubis. This area is obviously intimate, so proceed gently and slowly, paying close attention to your client's ability to accept being touched here. Let the contact move back towards the ischial tuberosity, remaining on the outer edge of the rami, and not into the perineum itself. The client can let the knee move back and forth or extend down through the heel with the whole leg. It is particularly useful to use the passive dual operator to cradle the greater trochanter, providing a fulcrum to assist the client in reaching from the pelvic floor through the heel. Continue the contacts along the sacrotuberous ligament to the coccyx.

Compressions down thigh

After the attachments have been released, we can now work down the thigh with deeper compressions. The deepest layers of the connective tissue responds most slowly to contact, and require steady, firm, and sensitive touch. Ask for movements as before, this time adding the movement of pelvic extension. You can use the dual operator here to assist the lumbar dropping back as the knee reaches down and out.





Anterior Thigh

After opening both legs have the client turn onto their back, with the knees up. Ask for pelvic extensions (push the feet into the table, reach out through the knees, let the lumbar spine hang back, etc.) so that the client can use familiar movements to further assimilate a new relationship of the knee to the lumbar spine via the adductors.

Separating the medial from the anterior compartment

The adductors also tend to develop fascial adhesions with the quadriceps. You can have the client use the movement of the pelvic lift while you place your hand between the two compartments. Be careful not to press hard on any major arteries here. Follow the movements up into the pelvic region.

Pectineus

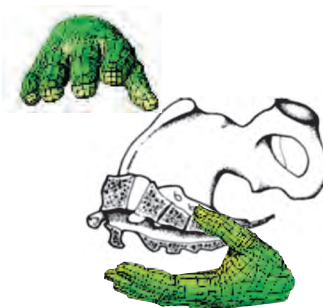
The pectineus is the shortest adductor, and is always involved with an anterior tilt of the pelvis. Finding release here is essential to establishing a horizontal pelvis, as well as preparing the client for session five and the psoas.

The client pushes into the feet and drops the lumbar spine back onto the table, finding the pelvic extension and slightly spreading the knees. Touch into the pectineus, slowly and thoroughly opening from the pubes to the area of the lesser trochanter. Ask the client to press the knee into your body in the pelvic extension. Also, you might ask the client to slide the heel down the table while rotating the knee out and back to center, maintaining the push into the table with the other foot. Both of these movements, in addition to your firm yet sensitive contacts, will assist to open a tightly held pectineus.

Completion Steps

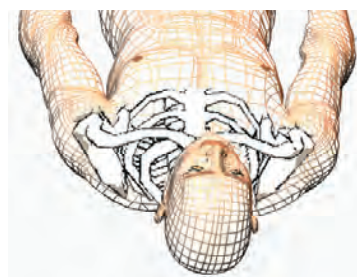
Pelvic Lift

After differentiation of the pelvis and thighs, the pelvic lift should be interesting. Do it from both sides for extra emphasis. Feel for new articulation, a different balance between front and back, and a clearer sense of the sacral hinge.



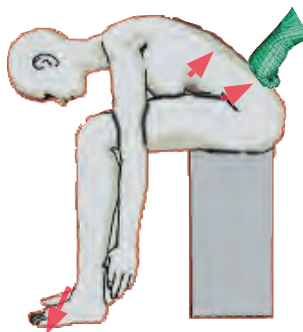
Neck Work

In lower body sessions (even-numbered sessions) we generally want to refrain from drawing too much attention away from the areas we have worked on. Hence, neck work for this session should be brief, and not deeper than the outer layer of the neck. It is important to balance the release up the inside of the legs with the scalenes, and the sterno-cleido-mastoids as well. Use the procedures from sessions one and three to go over these areas again, focusing on the areas that need it.



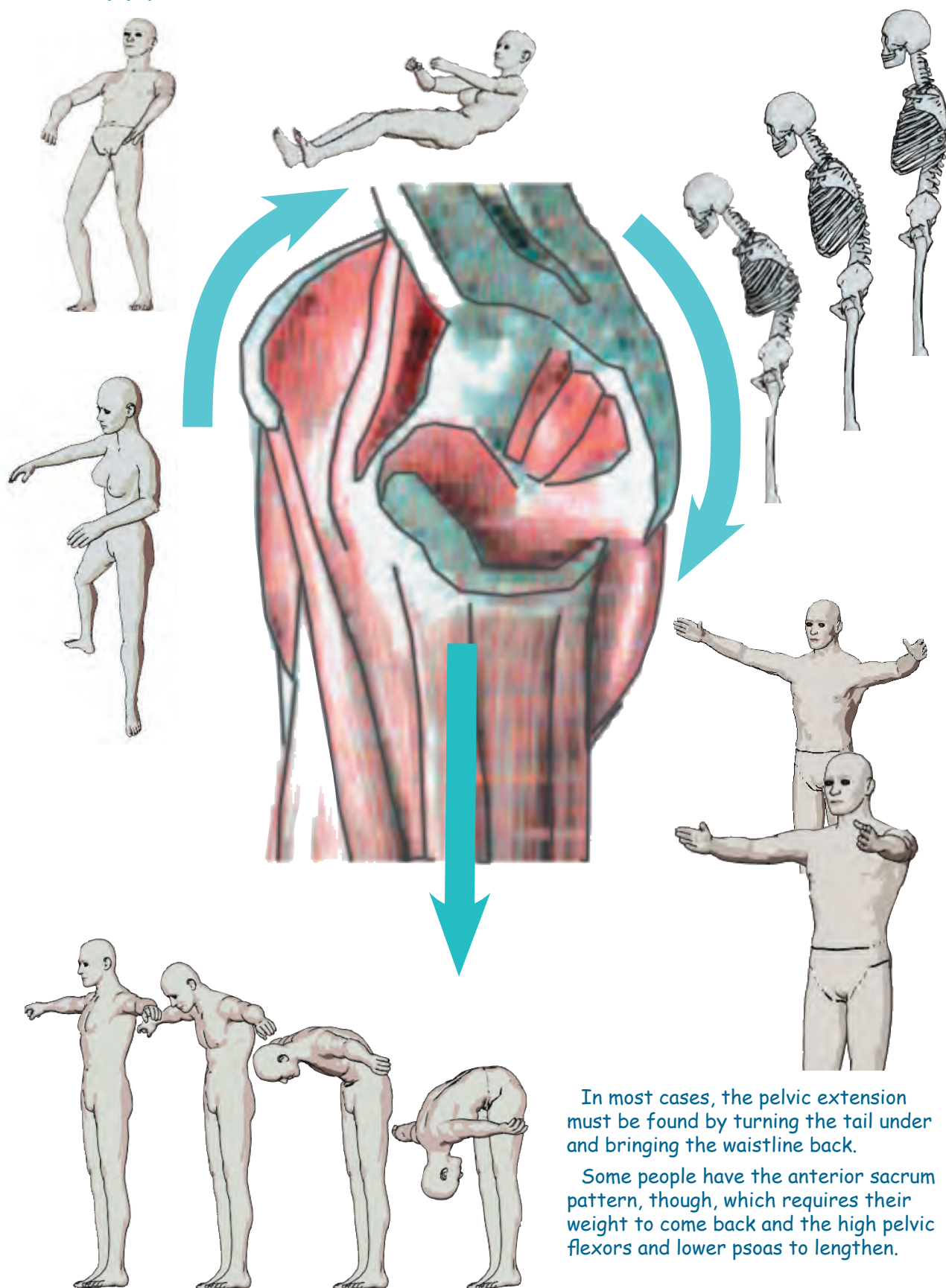
Back Strokes

Our goal to allow the knees to support the lumbar spine can be specifically addressed with some simple back work on the bench. Take one stroke down the back, starting from the superior angles of the scapulae, to the sacrum. Now with the client bent over, have them push into the lumbar spine with their feet, while maintaining the ischial tuberosities on the bench, just as if they were going to roll all the way up by lifting up the front of the spine. However, instruct the client to roll up only to the level of the diaphragm, and roll down again, maintaining a constant push into the lumbar spine with the feet. Find the areas that are not fully expanding in the back and wait there until the client has figured out how to use the feet to push from the floor, letting out the knees to counter balance the extension of the lumbar spine.



You can also discover functional cross-coordinations between the legs and lumbar spine, the kind of subtle movements that occur in simple walking. Use the broad surface of the ulna near the elbow to help the client find movement across the sides of the back, pushing from the right leg into the left side of the lumbar spine and vice versa. Use this contact and movement to help the client find individual extensions of the adductors, and then across both sides to coordinate the extension of the knees again.

The Happy Buddhi 1



In most cases, the pelvic extension must be found by turning the tail under and bringing the waistline back.

Some people have the anterior sacrum pattern, though, which requires their weight to come back and the high pelvic flexors and lower psoas to lengthen.

SESSION FIVE: Organizing Anterior Lumbar

“Relate the Pelvic Extension to the Lumbar Balance”

The fifth hour is the center of the series, just as the main structural element of the hour, the iliopsoas, is considered the center of the structural body. The core space, the vital area before the spine, is the focus in this session. Everything previous, both superficial and deep, has been a preparation for the length in the lumbar we are seeking in this session. After the adductors have released their hold on the front of the pelvis, we can begin to develop the natural length on the front of the spine itself.

Our goals are, as usual, to horizontalize the pelvis and to lengthen the lumbar spine.

The session moves from the outside in. We begin with differentiating the arms from the rib cage to help free the torso from the top before working from underneath. Then we go to the abdomen, across the superficial areas of the rectus abdominis, the costal margin, and the obliques. Then we begin to differentiate the iliopsoas, making deep contacts up from the lesser trochanter into the pelvic bowl and up the lumbar spine to the diaphragm. Finally we touch into the diaphragm, the breath, and then ease out with complementary neck work, accompanied with some further work on the bench. The fifth session stands out as the most significant of the core sessions: without a functioning psoas structural integration is ineffectual.



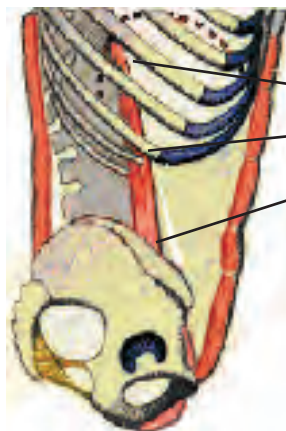
“Taming the Ox”

In the fifth oxherding picture the ox – the mind, the nature – is further guided and restrained.

In Session Five the systematic work of organizing iliopsoas from leg to lung takes place. The center has to be there for the body to unite.

THREE LAYERS, THREE HINGES

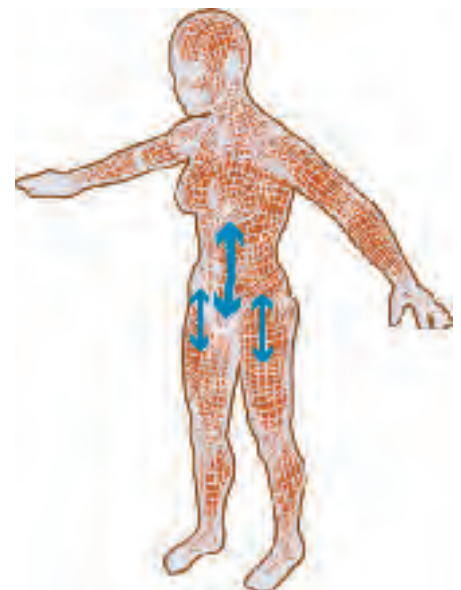
Hinging originates from the anterior spine, which draws back, thus lengthening posterior spine. The front and back layers, the rectus and spinales support this hinge on either side.



Three spinal hinges are particularly important:

- L1, at psoas attachment
- L3, at psoas attachment
- L5, at psoas attachment

The rectus abdominis can be coordinated with the other two layers, psoas and spinalis at each of these hinges. In each of its segments the rectus can lift up and back into the spine, coordinating with spinalis in the back to support the hinge.



Psoas

The psoas is the central coordinator of the action of the legs, pelvis, and torso. It is an important player in several important relationships, and for this reason it is the psoas and its paired areas and antagonists that comprise the areas covered in the fifth hour.

1. The psoas has a primary balance with the rectus abdominis. The two are not agonist/antagonist, but a pair that co-function to support the lumbar spine from the front. The simple differentiation of these two will uncover an surprising amount of length in the lumbar spine, and torso in general.



The proper function of the psoas, when paired with the rectus abdominis, is to support the flexion of the lumbar spine.

2. The psoas mediates the coordination of the thigh and the spine. The psoas is a myofascial element that runs just oblique to vertical from the lesser trochanter through the pelvis to the front of the spine up to the level of the diaphragm. The psoas connects tensions from the foot, leg, and thigh up into the breath.



The psoas releases to create span between the femur and the spine, all the while maintaining the support of the lumbar spine so that the central body can maintain its integrity through a wide range of movements.

3. The psoas is the main element in an inside/outside balance, seen specifically in the balance between the front and back of the spine. (See Session Eight for details.)



If the psoas is habitually contracted or hardened - either below the pelvis, beneath the inguinal ligament, or in the abdominal cavity - it will chronically flex the body at the groin and prevent truly erect posture and freedom in movement.



preliminary

Arms and Ribs: opening the top to let the bottom through

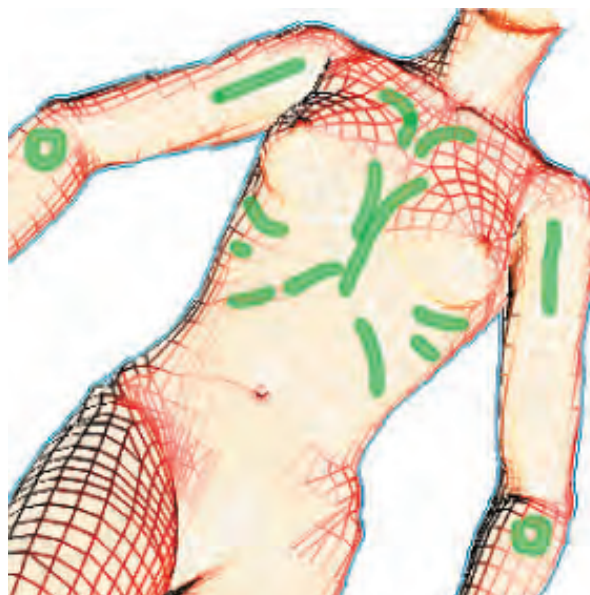
It is helpful to begin the session by opening the ribs and releasing the arms. There is no specific recipe for this, but a general recommendation is to watch how the chest and upper girdle may be restricting the lumbar balance. Here are some recommended guidelines:

1. In general, we want the ribs to be able to lift up and take more space. Accordingly, wherever the arms are resting heavily and/or glued onto the ribs, we want to differentiate them.

2. The forearms have an effect on the space in the lumbar region. Compressing below the elbow and asking for lateral movement can release the anterior shoulder. Compressing upward on the upper arm while the client reaches downward can have the same effect.

3. Pectoralis minor and major can be lifted off the ribs to create space for more breath.

4. In general, work around clavicle, softening the area around it and lifting it off the rib cage, is a good way to prepare the torso for the abdominal work.





Rectus Abdominis

THE TRILAMINAR FASCIA: The outside of the inside.

The major element of the abdominal wall is the rectus abdominis. Proper rectus function lifts the pelvis from the pubis symphysis, as well as assists in supporting the diaphragm and lumbar spine from the front in any position of spinal flexion or extension.

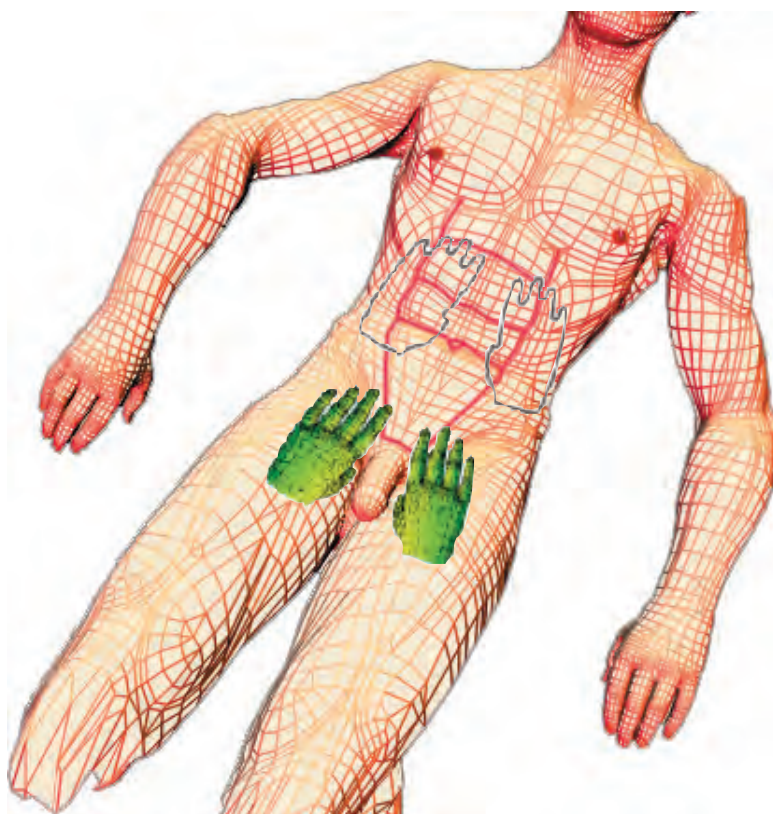
Of particular importance is the relationship between rectus abdominis and the psoas. The rectus abdominis also has a unique relationship with the breath, evidenced in its fascial connection with the diaphragm and as a regulator of hydrostatic pressure in the abdominal cavity. One can most clearly see the effects of release here in the ease and increase in the capacity of the breath.

The Contacts

Begin by letting the palms rest on either side of the rectus abdominis, between the lower borders of the costal margin, at the level of the middle inscriptions. Let the fingertips point slightly inward towards the midline and gather the edges of the rectus between one's fingers. As the client exhales, press the fingers together and lift the rectus just slightly away from the spine. Work at the surface, do not attempt to dive underneath the rectus, hold it lightly between the fingers and wait for it to release. The client's breath should become noticeably easier, filling the back.

If there is difficulty in finding the rectus abdominis, have the client lift their head off the table and it will pop up between the fingers. Notice that the rectus generally is narrow at the pubis and widens as it approaches the costal margin.

Work first at the level of the middle inscriptions, then up towards the rib cage. Often the breath is slightly balled up directly in front of the diaphragm, so be gentle but persistent here, until the rectus gives off the abdominal wall and floats between your fingertips. Continue the work as high as the fifth rib, lifting the fascia towards the chin.



The hands are shown slowly lifting the lower rectus up from the pubic mound. Subsequent contacts lift higher segments, continuing to the slips of rectus attaching to the 4th rib.

Touch into the obliques and trans- versus where they seem to be hardened or contracted. Use two hands to lift the tissue or one hand on the bones of the iliac crest or costal margin and the other in the tissue itself. Notice how the breath interacts with the release.

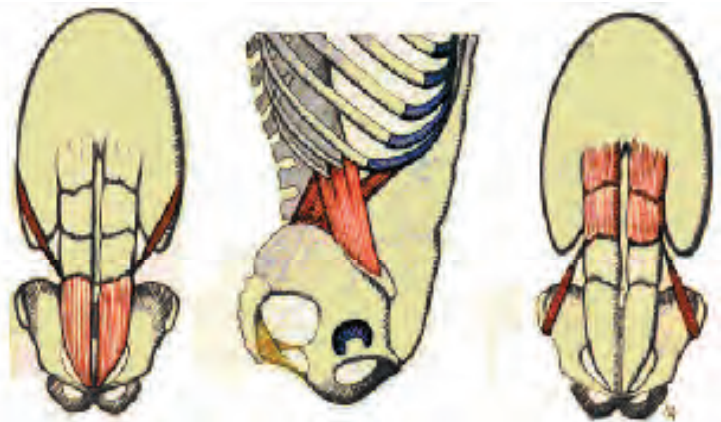
Finish the abdomen by contacting the rectus abdominis just above the pubis. The fascia tends to thicken here, at the same time remaining muscularly flaccid. There is also a powerful connection with this area and the breath. Often some intensity of sensation or emotional charge resides here as well. Use sensitive and thorough pressure, preparing the core for contact by first releasing the outer layer. Given the functional balance of the inside with the outside, it is possible to release significant tension in the psoas simply by opening the trilaminar fascia without pressing deeply into the visceral cavity itself.

A word of caution: do not draw tissue away from the midline of the linea alba. This can cause or reopen a hernia, and is otherwise structurally incorrect. For the same reason, we don't use hard, deep, or sudden pressure on the inguinal ligaments.

Exercising Rectus Abdominis

Most people train the rectus muscle by shortening it. Sit-ups, leg lifts, and 'crunches' generally result in a decrease in the length of the muscle, which also tends to shorten the lower iliopsoas and condense the pelvic flexors. In other words, from the standpoint of expansional balance, they are counterproductive. As usual with such approaches to 'core strengthening,' the result is to shorten superficial layers of the lumbar cylinder, often to the point of disabling use of the spinal hinges.

The alternative is to *lift* the rectus at various points, differentiating its segments and utilizing the obliquus muscles in the movement as well. The lifted rectus can initiate the flexion of each of the three lumbar hinges, as well as control breathing by forcing exhalation when the muscle is lifted and causing inhalation when it is released. This differentiated rectus supports the entire lumbar spine and enables integrated use of the three lumbar layers at each of the lumbar hinges.



The oblique muscles of the abdominal wall participate in lifting or lowering different segments of the rectus muscle. In this session our objective is to move through the rectus in order to get to the psoas. Later we will be interested in a more nuanced coordination of the anterior abdominal wall

Using Movement in Session Five

TWO PARTS OF PELVIC EXTENSION

1. Leg Extension
2. Sacral Hinge

LEG EXTENSION is pursued with the three possible movements of the leg on the hip:

1. Forward and back: "Move your knee straight forward and straight back."
2. Side-to-side: "Roll your leg out like a cylinder. Now roll it in."
3. Down: "Reach down into your heel; reach all the way down from your hip."

These movements can be used by your client to help sort out the tissue in the pelvic bowl..

THREE MOVEMENTS OF THE LEG ON THE HIP Knee Forward and Back

"Let your knee go straight forward and straight back."



Side-to-Side

"Roll your leg out and in like a cylinder"



Heel Down from the Hip

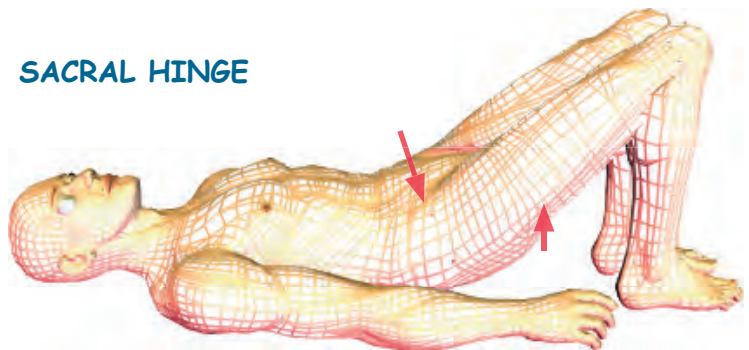
"Reach down with your foot all the way from your hip. Make your leg long"



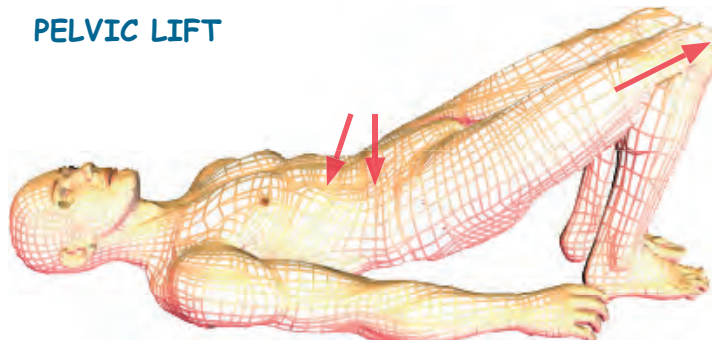
THE SACRAL HINGE AND PELVIC LIFT

1. "Just turn your tail under from here." [Practitioner feels the hinge at anterior L5.] "Now lay it back down."
2. "Now turn under and then lift higher to where my fingers are." [Practitioner contacts the psoas at successively superior points.] "Now lay it down long in the back."

SACRAL HINGE



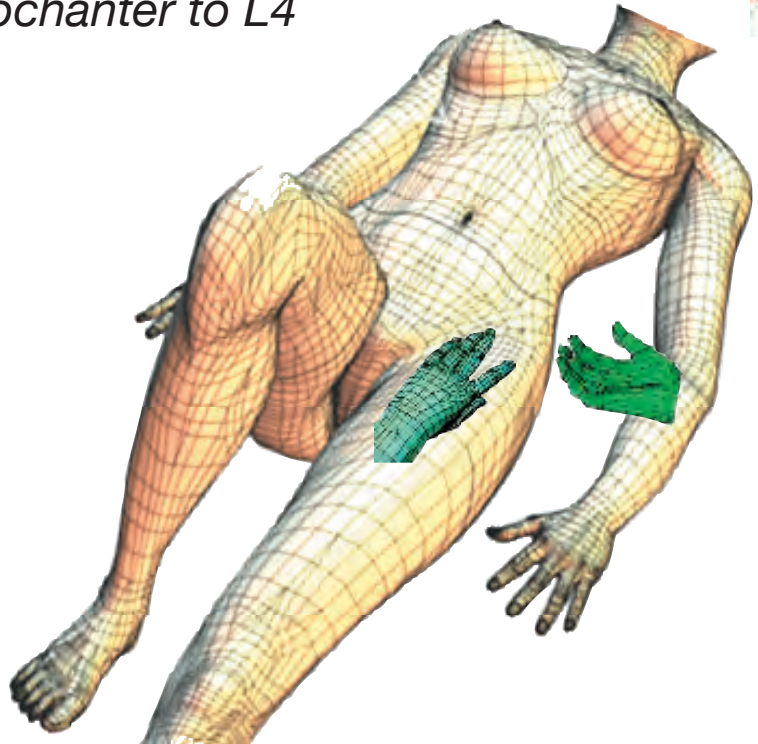
PELVIC LIFT



Ilio-Psoas from Lesser Trochanter to L4

We approach the psoas at its lower attachment at the lesser trochanter. This lower portion of the psoas, between the lesser trochanter and the 5th lumbar, should lengthen, bringing the waistline back when the femur flexes at the hip. At the same time rectus should lift up and the adductors lengthen down into pelvic extension.

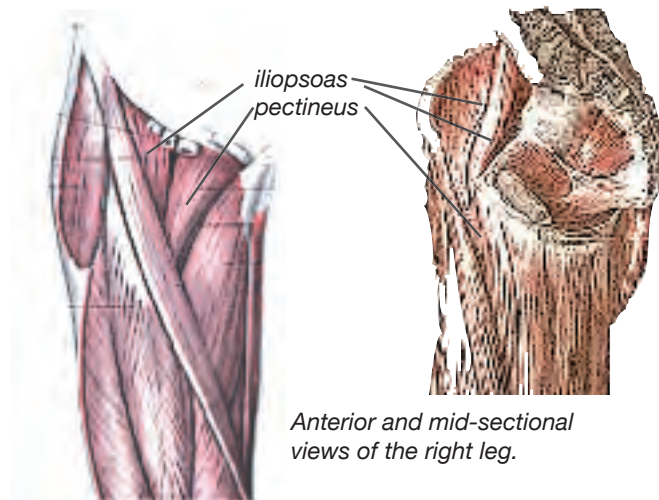
In Session Four we prepared for contact here by clearly differentiating the pectineus from the psoas and the adductor longus, and working into the femoral triangle while asking for small movements of the knee. In Session Five we begin in much the same way. The other foot presses into the table, effecting a half pelvic tilt, letting the client's movements take you into the muscular septa up the inside of the thigh to the inguinal ligament. We are seeking to let the femur reach down and out while the pubis lifts up and the tail turns under. If these movements begin to differentiate, the psoas has begun to function properly.



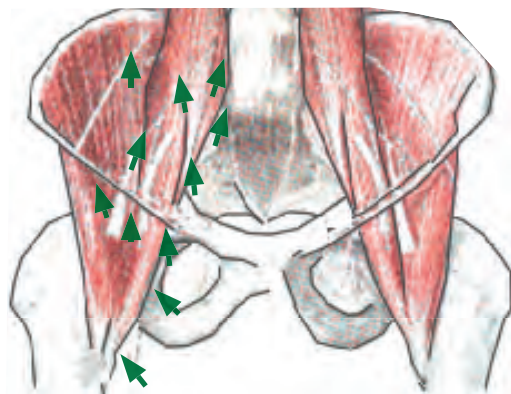
Contacts Using the Three Leg Movements

1. Femoral Triangle from lesser trochanter to inguinal tendon. Ask for the three movements. Hold the tissue in place while intending to influence skeletal movement. Even if you can't touch the LT you can imagine it. Feel for bound-up movement in the entire area.

2. Pelvic Bowl. Contact iliacus and psoas at various places up to the sacral hinge (L5-S1) and L4. Help the sacral table to remain posterior while the leg explores the three movements.



Anterior and mid-sectional views of the right leg.



TOUCH TO KNOW

You have your hand on a most intimate place and you don't know what you're doing? This is a job for touch-to-know!

Just touch: the tensions you are seeking are very deep along the anterior hip. Aim toward them. Bring awareness to them. Don't try to penetrate. Think bones: you can imagine the lesser trochanter even when you can't palpate it.

Ask for movement: feel for the lengthening in front, or for muscles which tighten rather than extend.



Ilio-psoas: the center of the session

The upper portion of the iliopsoas is really what we are referring to when we talk about “the Rolf muscle.” The tension it helps create along the front of the lumbar spine while the pelvis is horizontally aligned is necessary for the vertical expansion of the lumbar spine, a balanced flexion and extension that is the product of the rectus and the psoas working together in harmony. Often the psoas has become chronically shortened, and the stiffened fascia pull the lumbar spine forward compromising the balance of the entire torso around its central line. ‘The Line’ lies in the very center of the region of the psoas.

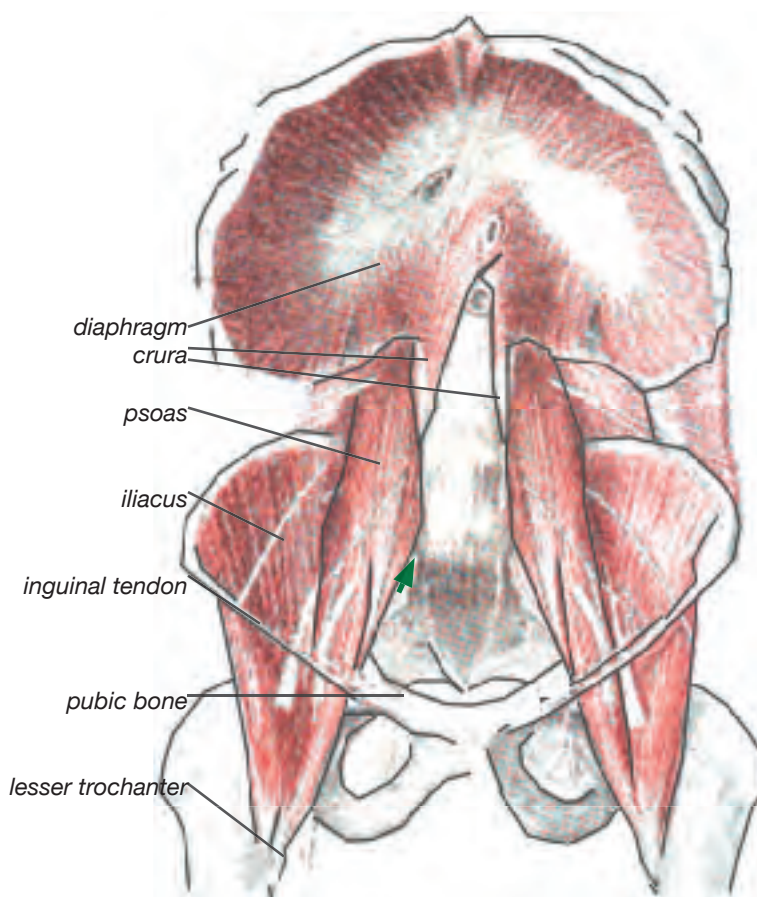
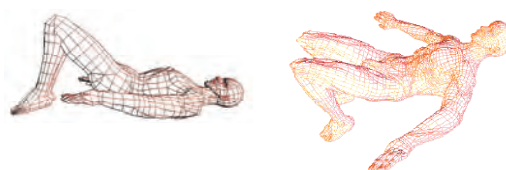
The goal is to free the psoas to participate in the extension of the lumbar spine. How does it do this? By lengthening. Too often we think of contraction as the sole function of a muscle. Actually, controlled lengthening is often the key to coordinated movement. The psoas has many separate bundles originating from the anterolateral bodies of the lumbar vertebrae. When the lumbar balance unrolls from the pelvic extension below, each bundle in turn lengthens back in counterbalance with the leg.

Contacts, using Pelvic Lift Movement

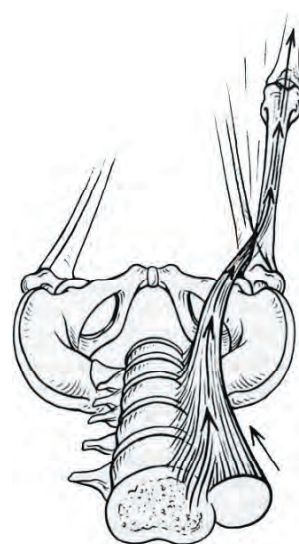
Use the fingers together to sink into the abdomen just above the inguinal ligament, and just lateral to the pubis. Go slowly and the viscera will slide out of the way; the intestines are mostly fluid and will flow around the hands when met with slow constant pressure. The client can push into both feet, initiating the pelvic lift without any tightening of the rectus abdominis, by pushing into the feet. The dual operator can be assisting the pelvic extension from sacrum, the hip, or simply resting on the client in a secure manner.

Pay particular attention to the sacral hinge, making sure the client can ‘turn the tail under’ and back down before proceeding up the spine.

After the client has become used to the sensation, have them alternate pressure between the feet. [The cue, “pretend as if your pubis were an eye and you can look around the room by pushing into your feet,” is effective.]



Psoas, Lateral Aspect



*Superior Aspect of Psoas
From a dancer's manual.
The arrows show lengthening
of the psoas with knee
movement.*

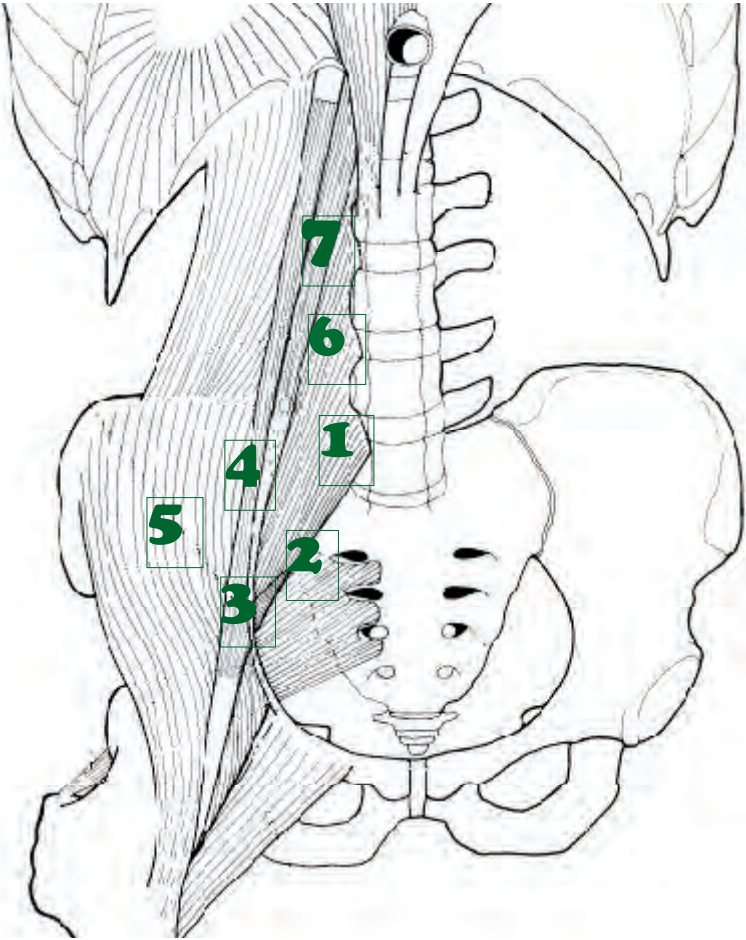


Diagram of the iliopsoas (from Rolf)

The numbers, which should not be taken too literally, show a possible sequence of points of contact.

The work might begin at the attachment of the psoas on the 5th lumbar (1). then move down into the bowl of the pelvis on the body of psoas going to L5 (2). clarify the margin between psoas and iliacus (3, 4), follow with work on the iliacus (5) and then work on the attachments of psoas higher on the spine (6, 7).

Let the hands first focus on the lumbo-sacral junction, and then shift the contact laterally to the inside of the ilium and the iliacus.

Superiorly, the fascia of the iliacus is continuous with the quadratus lumborum, participating in lateral support of the lumbar spine and threading directly into the diaphragm from the twelfth rib. Notice how the client breathes here; encourage them to explore the pelvic segment through the conscious use of the breath.

The psoas runs laterally to the mid-line. Carry the contacts vertically up the lumbar spine all the way to the region of the diaphragm. Use the dual operator to facilitate deep pelvic lifts all the way up, isolating each functional segment of the lumbar spine. Again, focus on the quality and depth of the breath, as the psoas runs directly into the diaphragm.

Repeat the procedure on the other side before approaching the diaphragm.



Awareness Makes the Change

It's a good time to remember that change comes from your client's awareness, not your mechanical force. You cannot 'sculpt' any tissue at this depth of core. In contacting the iliopsoas you are guiding your client through movements which help differentiate the lumbar hinges in relation to the pelvic extension. You can only contact the body awareness and guide it through movement. Using a dual operator helps.



The Lumbo-Dorsal Hinge

The Diaphragm:

releasing the breath from the inside

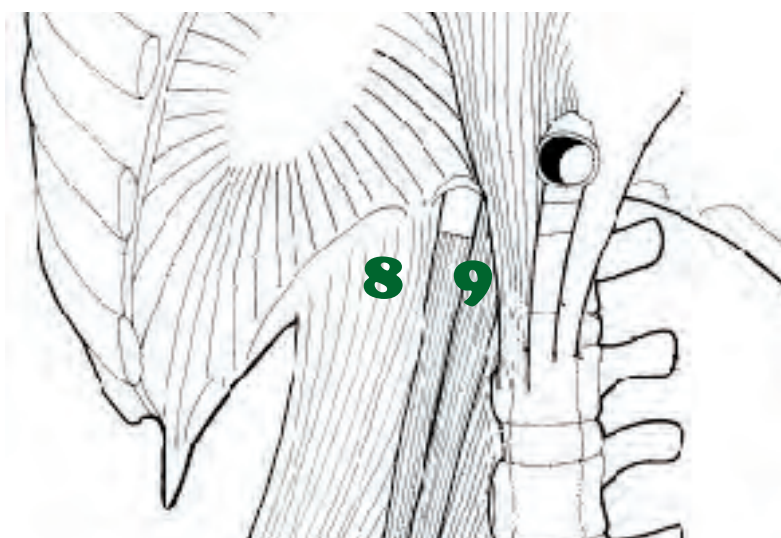
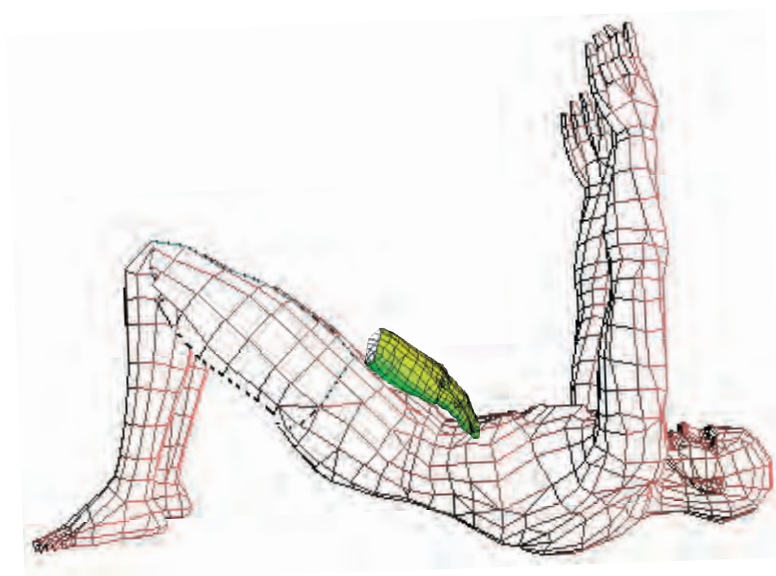
Our breathing pattern is related to who we are and how we cope with our environment. The diaphragm is one of the most difficult areas to release, because it is literally the center of the self, emotionally, as well as in terms of movement. However, we have prepared the body to receive deep touch here, and due to new-found lumbar support, the client is structurally ready to accept changes at this core level.

The client is supine with the knees up. Arms should be raised lightly, elbows somewhat bent as if holding a sphere from the side. Aim your contact toward the lumbodorsal hinge where the two crura of the diaphragm criss-cross the upper bundles of the psoas at L1-L2. Ask for a pelvic lift up to where your fingers are pointing.

Contact the lumbodorsal hinge while the client breathes around your hands. At first the contact may be threatening. You can reassure this by saying "Trust yourself to be able to breathe. Your breath is like water and can flow around any obstacle." Tension here may indicate that effortful patterns of breathing overlay the natural reflexes of the breath.

Do not use any sudden pressure or movement here. Beware of deep and heavy pulses, as the aorta and vena cava run through the space between the crura, down the center of the lumbar spine.

When the client tires or experiences a shift lay the spine down long. The breath should now be noticeably easier.



Finally (8, 9) compressions on the area where psoas and the crurae of the diaphragm cross may release the breathing pattern.

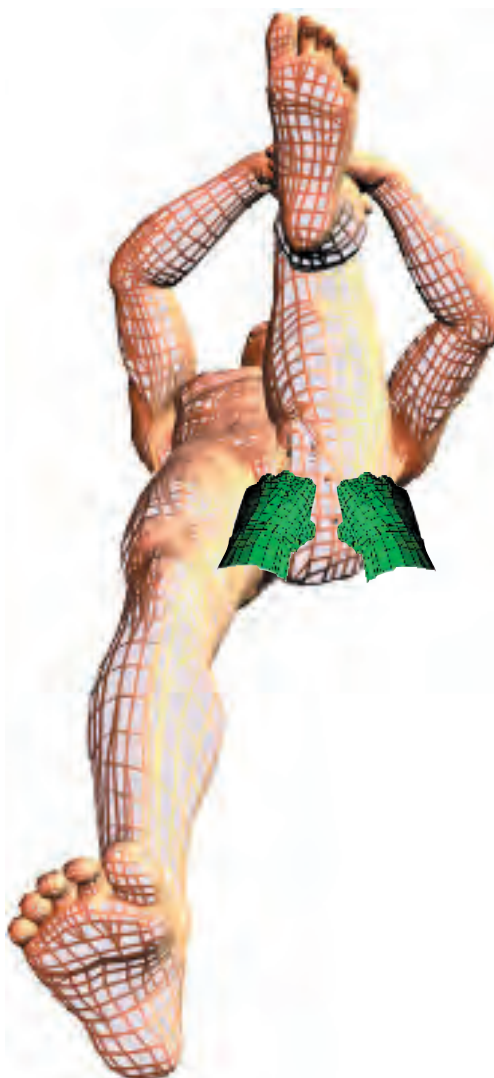
Hamstrings Revisited

Now we balance what we have done in the front of the pelvis and lumbar by some work in the back. The overall goal of the session has been to horizontalize the pelvis. Now the underside of the ischium can be brought into relation with the front of the hip in order to support the extension of the lumbar spine from the front. Pertinent to this is the fact that the fascia of the biceps femoris runs around from the linea aspera (ridge in posterior femur) to the psoas insertion at the lesser trochanter.

Dr. Rolf considered any fifth hour hamstring contacts to be “getting ready for Session Six.” You will be doing more with the hamstrings and posterior pelvis in that session. For now you are simply gaining clarity between the knee and the ischium. It is the same contact you used in Session One, though perhaps now your client, and you, are ready to work at a deeper level.

You are holding the proximal hamstrings with your fists, and your client is pulling the knee away from your contact, gaining distance for the knee so that it does not drag the ischium along when the hip flexes.

Be aware of the bisecting plane of the leg, which passes through the ischium, and keep the thigh balanced across it. Also, remember that when your pelvis is stabilized, your perineum is centered under you. Transmit this feeling to your client.



Completion Steps

Neck Work

Keep it minimal. The awareness has been brought to the lower region of the body and we want it to remain there. A little work on either end of sternocleidomastoid with the movement of rotation should be enough. That SCM strap is at the upper end of the fascial continuities we worked earlier in the abdomen. The throat might also be touched on, helping to open the passageway of the upper visceral tube.

Pelvic Lift

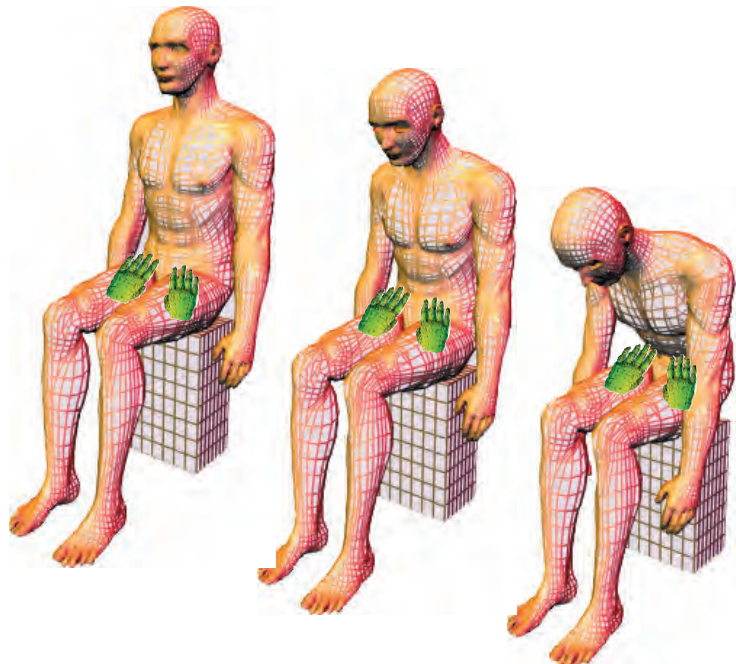
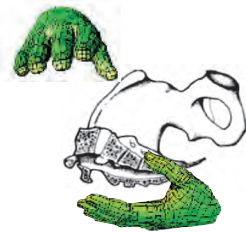
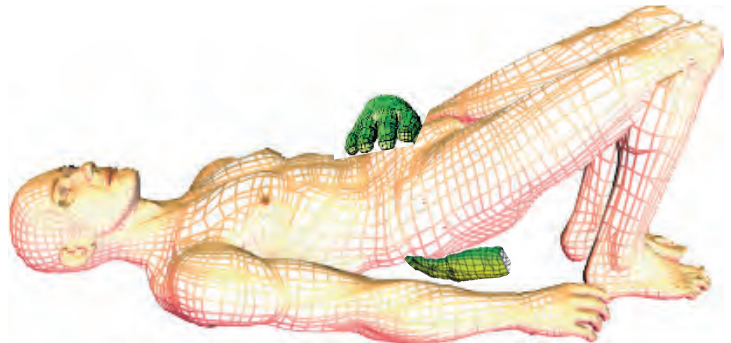
This is a good session to do pelvic lifts from both sides and from high up, drawing the rear of the diaphragm down towards the sacrum.

Seated Benchwork: A New Technique

Now the client is ready for a whole new awareness of the core.

Have your client rock back and forth on the ischia, while you contact the psoas on either side of the spine with both hands from the front. Let them find a rocking that is smooth and allows the head to wave over the top of the spine. Your hold on the front lets them release any areas that are ready to let go in this vertical position, and supports the front of the spine while the client finds the hinge. Do this for each of the hinges (L1, L3, L5).

Balance this contact with a stroke down the erectors of the lumbar spine from the rear. Ask your client to continue to rock back and forth on the sit-bones and support the front of the spine by lifting up with the rectus abdominis and simultaneously extending down through the feet.

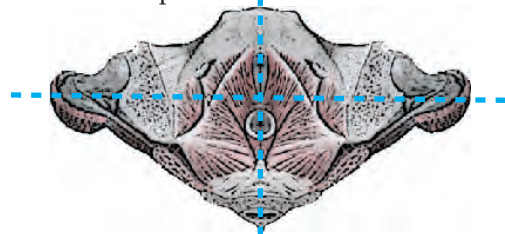


SESSION SIX: The Lower Pole: Heels, Hamstrings, and Sacrum

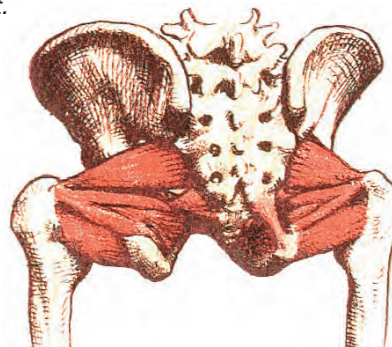
The goal is to horizontalize the pelvis, balancing from the back what was accomplished earlier in the front. A more dynamic statement of the goal might be to enable the pelvis to move with the breath by connecting the core down through the anterior sacrum.

The core sessions pivot around their relationship to the sixth hour. The rear of the pelvis, gluteals and rotators, are the antagonists of the adductors. The piriformis and the iliopsoas balance in a special relationship across the lumbosacral joint. The sacrum and coccyx are the other end of the jaw and cranium work we do in Session Seven.

The sacrum is the triangular bone at which the ground, via the legs, and the spine meet. It is the keystone of the arch of the legs, coordinating the weight of the body with structural thrust through the feet. It is essential that the sacrum be in communication with the ground, and for this reason we again, as in many of the even sessions, focus on the lower half; the hips, thighs, knees, legs, ankles, and feet. We begin low and work our way up, through the large, thick straps of the calves and thighs, into the ligaments and core areas in the rear of the pelvis. The session finishes with deep pelvic lifts, neck work, and some seated back strokes to cement the connection of the lumbar spine and sacrum to the floor.



MALE PELVIC FLOOR, Superior Aspect.
In a horizontal pelvis, the perineum will
be in the center underneath.



PELVIC ROTATORS
This fan of muscles, attaching from the greater
trochanter to the sacrum and pelvic rami, are in
complex relationships with iliopsoas and
the adductors.



"Riding the Ox Back Home"

In the sixth oxherding picture ox
and the rider are now going in the
same direction.

In Session Six the back of the pelvis
is brought into relation with the
front. Now at last there is a balance
underneath. Stability.



This is the first time the
client has been put in the
prone position. Until the
psoas has been differenti-
ated the client is not able
to maintain expansion
through the lumbar spine
lying prone.



Anterior Calf

Although the contact is used here in Session Six as a warmup, it is a stand-alone approach with many uses. Your intention is everything. Although you are connecting anteriorly, you are sensing the posterior tibia and interosseus space where very complex and subtle movements accompany the extensions of the foot. With focused intention and a well-prepared client, you will feel the bones shift inside their fascial matrix.

Compress the tibia with fists ('soft, like sandbags') and ask for movement of the foot on the ankle. The goal is to activate the leg and loosen the tissue in front to prepare for the later work in the back. It "releases fabric" to be available for the work on the posterior calf.

Contact 1

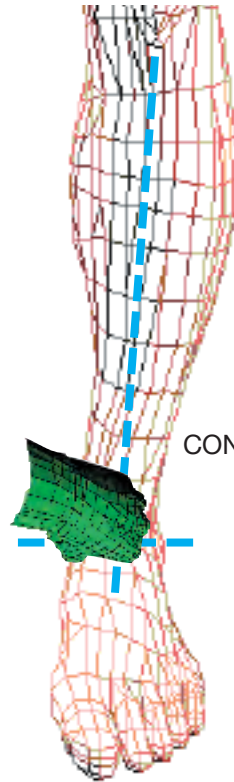
Use a single fist to press straight into the anterior ankle hinge while the dual operator cups the heel and assists the movement. Imagine the bones, and encourage your client to draw you in.

Contact 2

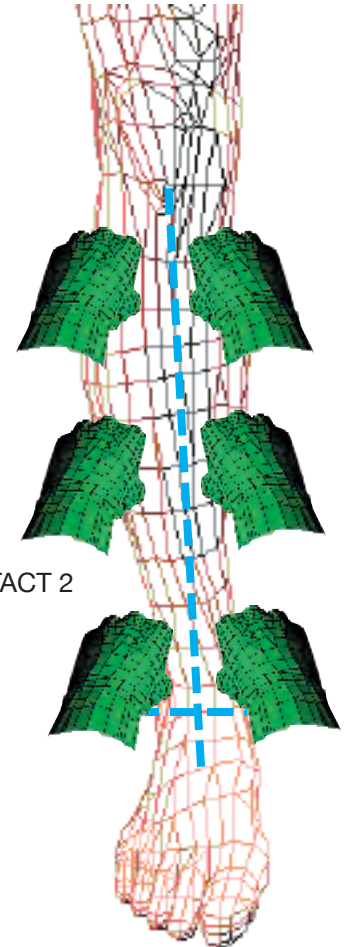
Place your fists on either side of the tibia, beginning a few inches above the ankle. Press and ask for gentle foot movement with the bisecting plane in mind. Continue up the tibia, finding and softening the spots where the movement is impeded.

Contact 3

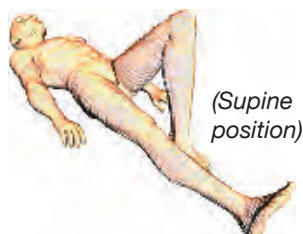
If the client has the "O" leg structure, you can also spend a minute with the tensor fascia lata on each leg and ask for knee movement. This helps to release the twist across the hip from the front.



CONTACT 1



CONTACT 2



(Supine position)



CONTACT 3

Posterior Calf and Knee

The Heel

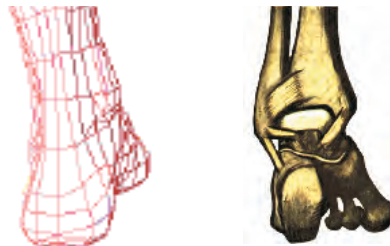
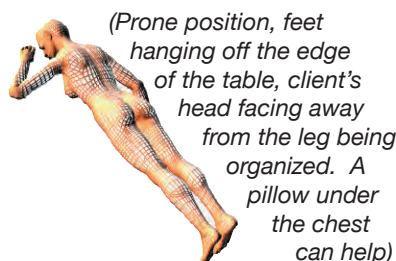
We want to establish a ground connection that begins at the heel and continues up through the lumbar spine via the sacral table. It makes sense to start with the heel and release it downward. Contact it on two sides, helping your client find its central balance. Think bones and ask for movement of the foot on the ankle. You can press directly into the center of the heel and ask your client to reach down with the heel.

The lower posterior calf needs to extend in order for dorsiflexion to be easy. When the heel has let out repeat the contact just above calcaneus and then on the lower posterior tibia

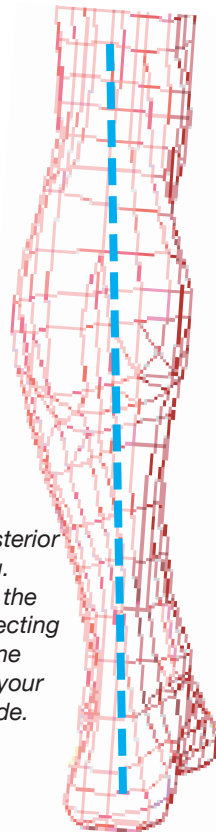
The Calf

The calf is a difficult area to release. All the weight of the body is supported here, both by the large muscles of movement (gastrocnemius and soleus), and structurally by the straps that run from the rear of tibia and fibula to create the arches of the feet. Many of the muscles work in complicated sets of reflexes and do not release the way more voluntary muscles do. Go only as deep as your client can accept. More can be excruciating and fruitless..

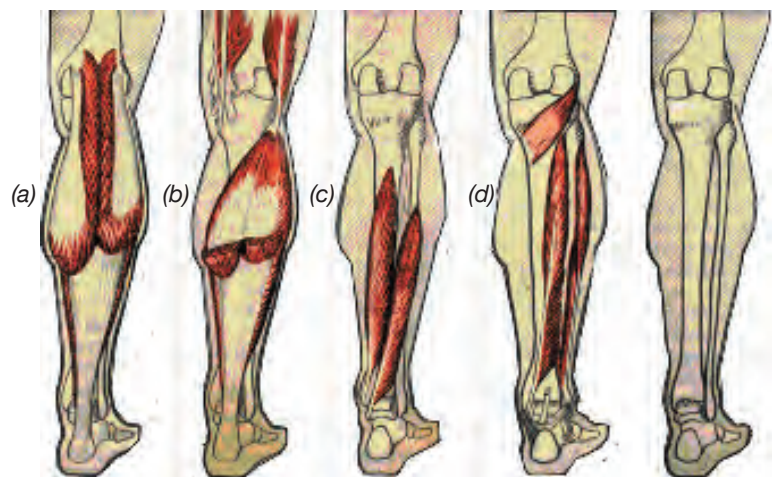
Be guided by the bisecting plane of the leg. Your client extends the heel downward while you compress up the rear of the calf from the heel to the back of the knee. Work with the concept of layers, first separating the gastrocs, opening and releasing the soleus, then deeper if possible into the interosseous membrane. Seek to feel the bones shifting with every extension of the heel.



Posterior Heel. Hold calcaneus on both sides, as close to balance as you can conceive, and ask for movement



Posterior Leg. Let the bisecting plane be your guide.



POSTERIOR LEG, FROM THE OUTSIDE IN:

(a) gastrocnemius, (b) soleus (c) flexors hallucis longus and brevis, and (d) popliteus, the peronials, and tibialis posterioris. (from Mollier)



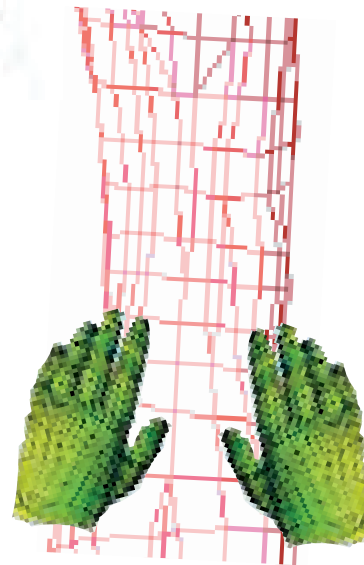
Knee

The central goal of working around the back of the knee is to make room for the free and easy hinging of the bones, so that they can glide front to back. Most of the straps that cross the knee wrap around the rear of the knee, even if they then attach to the front. The joint capsule itself is like a sock, with tensions running through it created by the straps woven into it as they cross the joint. The main elements in the rear are the gastrocnemii, which cross to the femur from the calcaneus, and the hamstrings, which cross to the tibia and fibula from the ischial tuberosity.

The medial hamstrings join with sartorius and gracilis in a joint tendon, the “pes anserine,” below the medial knee.

Be careful when working in the back of the knee not to apply sudden or extreme pressure on the arteries and nerves that run through the popliteal space. Work to open the straps of the knee laterally, creating a horizontal crease across the fold of the knee, and reducing the tensions across the joint capsule in general.

Your client can extend the heel down, flex the foot, or move the knee forward into the table to participate with your contact.



Posterior Thigh

The Hamstrings

Often people use the hamstrings to support their weight rather than relying on the sacral hinge and the extension of the bones. As a result, their hamstrings become thick and strappy, and lose resiliency. As the body finds expansion and the psoas begins to function, the hamstrings may still remain very taut.

Hamstrings tend to shorten the leg with constant tension, often leading to a rotation of the femur in the acetabulum. Shortened hamstrings also interfere with the psoas which will be unable to release into movement when fighting a constant pull from the rear.

Additionally, the fascia of the hamstrings runs continuously up from the ischial tuberosities into the sacrotuberous ligament and across the fascial pad of the sacrum itself. Thus excess tension here translates directly in to the center of the pelvis.

Contact 1

Begin work by separating the hamstrings up the midline from the knee towards the ischial tuberosities.

Contact 2

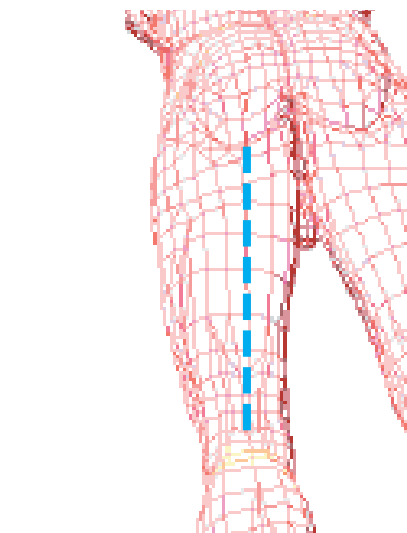
Separate the adductor magnus from the medial hamstrings. Carry this up to the ischium. Having the client alternately pull the heel to the inside, and then extend and lift the heel an inch off the table will help the practitioner identify where the adductors and the hamstrings actually differentiate.

Contact 3

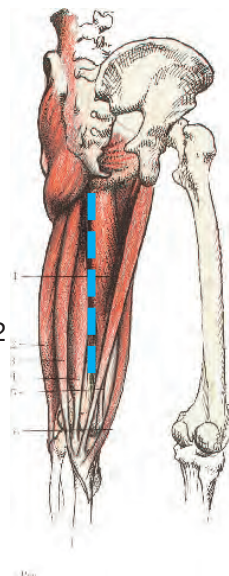
Apply pressure with an elbow underneath the hamstring origins on the ischium. As the posterior muscles relax the pelvis will rock on the leg as the breath displaces the abdomen. It sometimes helps to use the dual operator around the front of the ilium, scooping into or cradling the anterior pelvic bowl.

Contact 4

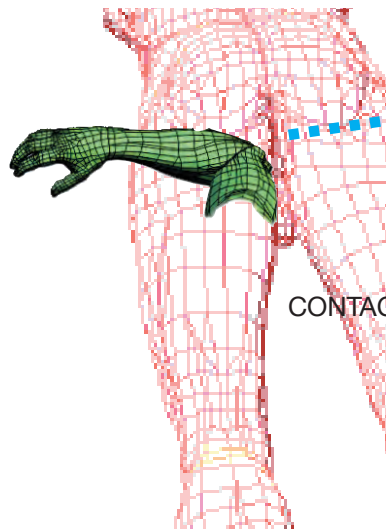
When the pelvis begins to move with the breath, we return to the muscular heads of the hamstrings where we feel thickening in the connective tissues. Ask for knee movement forward into the table. Use broad contacts until the breath eases into the entire rear of the thigh and pelvis.



CONTACT 1



CONTACT 2



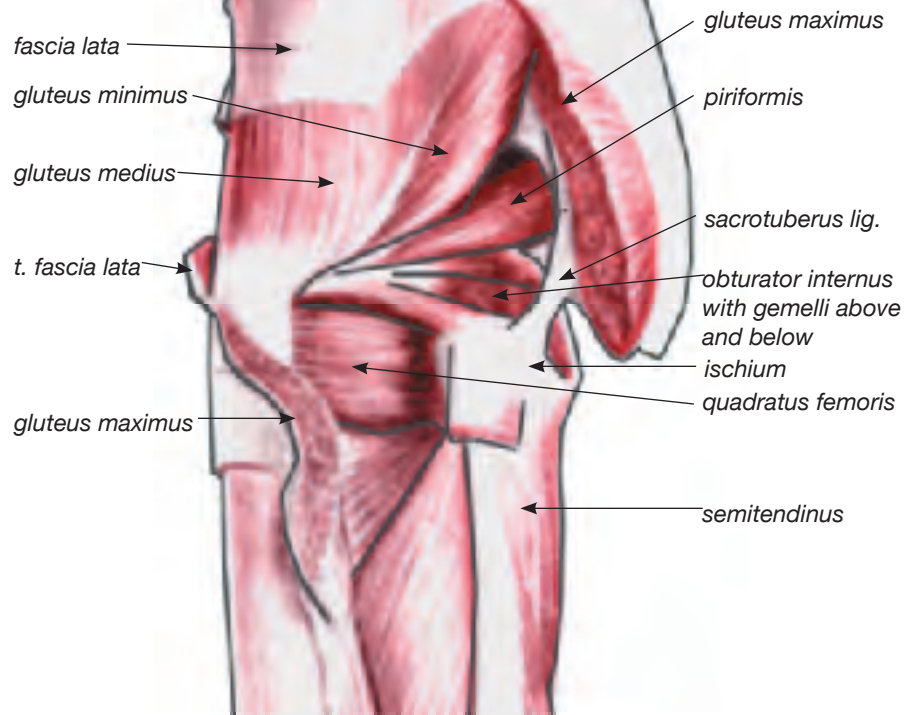
CONTACT 3

**Do Hamstrings
on both
sides before
proceeding to
Posterior Pelvis**

The Happy Buddhi 2

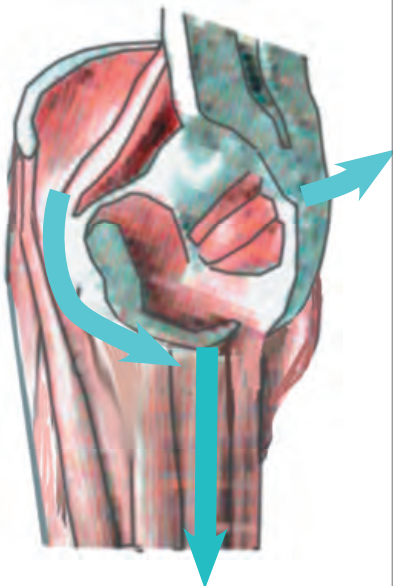
THE ANTERIOR SACRUM

Generally we are working with bodies whose sacrum is tilted forward, bringing the tail back. These pelvises need to move back and under in order to find the pelvic extension.



POSTERIOR TILT SACRUM

Sometimes, though, the sacrum tilts back pushing the pelvis forward of the torso and legs. Then it needs to be organized farther back, with a more flexible lumbar curve.



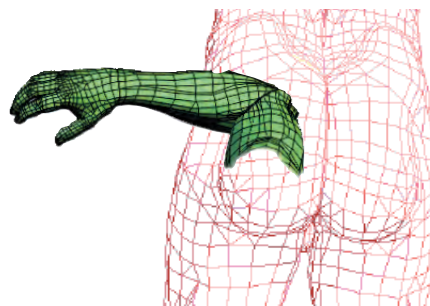
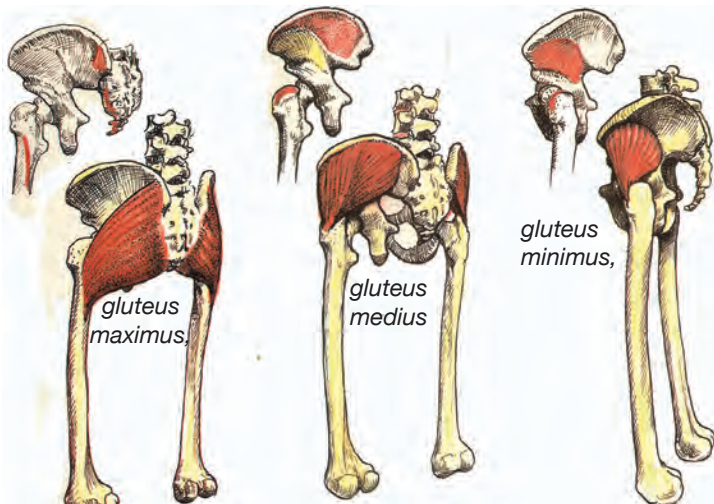
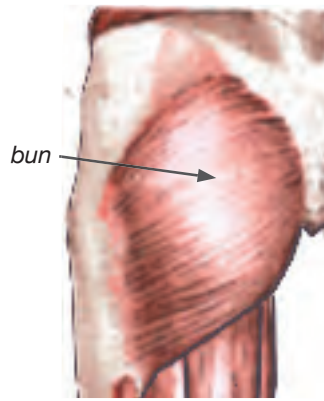
POSTERIOR TILT SACRUM

The athlete to the left has his knees hyperextended by a combination of hamstrings and deep pelvic rotators. His pelvis is forward, his sacrum and lumbar tilted back. He has the pelvic extension, but it comes from high in his lumbar spine rather than from the sacral hinge.

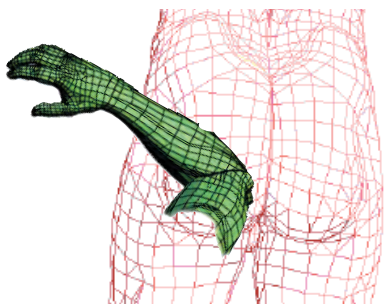
The unfortunate man on the right has a back spasm, or perhaps he has settled into a permanent compensation for his back pain. The psoas from lesser trochanter to pubic bone is frozen short. His pelvic rotators and gluteus minimus are also locked in tension.

In both cases the anterior/posterior balance of the pelvis must be sought by freeing lower psoas, pelvic rotators and hamstrings. The pelvis, unlocked, can float in horizontal stability.





Gluteals, release from Sacrum



Sacrotuberous Ligament

Posterior Pelvis

Gluteals

You can spread the outer surface of the gluteus maximus away from the sacrum, addressing only the outermost layer to begin with. Take this release down to the outer edge of the rear of the femur, paying particular attention to the gluteal tuberosity, on the postero-lateral femur, until it softens and gives the bone out from the pelvis.

Then spend some time in the deeper gluteus medius. You can use two fists here, one in the thickness of the tissue and one alternately on the posterior iliac crest or the greater trochanter. Ask the client to reach with the heel.

Pelvic Ligaments

1. sacro-tuberous

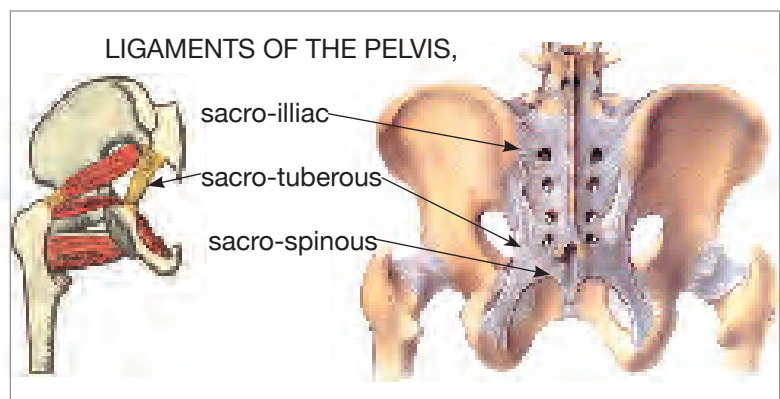
Draw an imaginary line from the ischial tuberosity to the lateral sacrum. Compress slowly into the middle of this line, and wait patiently. You are directly over the sacro-tuberous ligament, a thick strap which transmits weight in walking. It may feel immovable, perhaps even bony, but with gentle, persistent pressure it will change and soften.

2. sacro-spinous

Next, find the sacrospinous ligament, running from the spine of the ischium to the lateral border of the coccyx and sacrum. Apply gentle pressure and wait for it to soften.

3. sacro-iliac

Then follow the posterior sacro-iliac ligaments up the lateral edge of the sacrum to the PSIS. After the ligaments soften, the rotators will be much more available for contact.



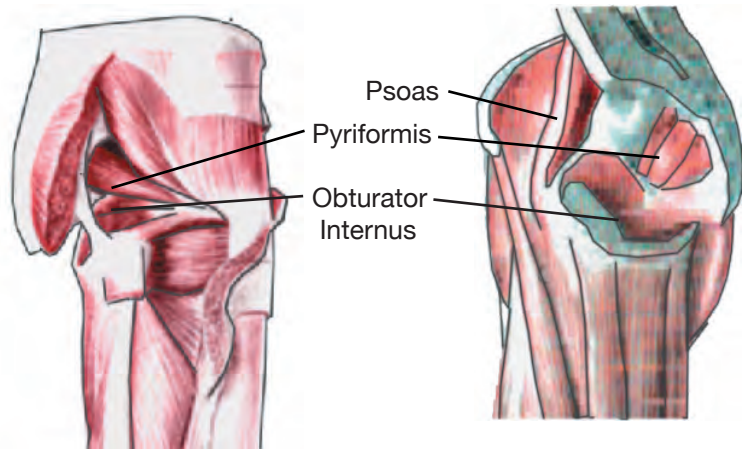


The Pelvic Rotators: the core of the pelvis

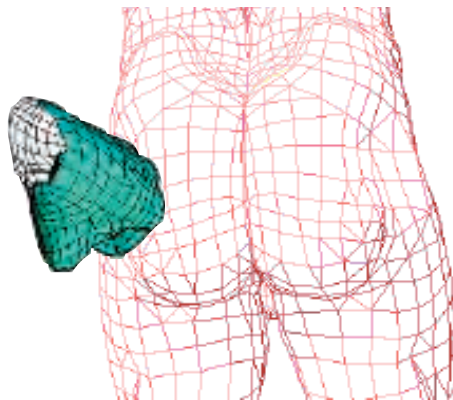
Much as a stable sacrum is the key to a breathing pelvis, the rotators are the key to stabilizing the sacrum. The rotators run from the sacral region of the pelvis to the rear of the greater trochanter. Each contributes a unique element to the balance and functioning of core extension. The goal is to open these areas up by helping the client 'give them out' and drop the femur from inside the pelvic bowl, connecting the heel to the spine. Dr. Rolf used the rotators to communicate with the nerve plexi of the inner pelvic basin, where the major nerve branches of the spinal column find their termination. This part of the session also addresses the pelvic floor and the balance of the coccyx. The emphasis is on finding the breathing pelvis from the inside out.

Posterior Greater Trochanter

Start by connecting deeply into the posterior femur around the greater trochanter. The session can succeed or fail by whether sufficient work is done here before approaching the rotators from the sacral edge. Work deeply and use your leverage to help the client find the movement of the knee which moves down and into the table and back. Your position on the rear trochanter surface should make this movement easy and obvious. Work slowly up and down the femur from the piriformis attachment to the gluteal tubercle. The dual operator touches into the border of the sacrum or holds the bulk of the high adductors.



Left: The Deep Rotators of the Pelvis, Right: The Pelvis, seen from the Midline. Notice the relationship between psoas and the rotator muscles.



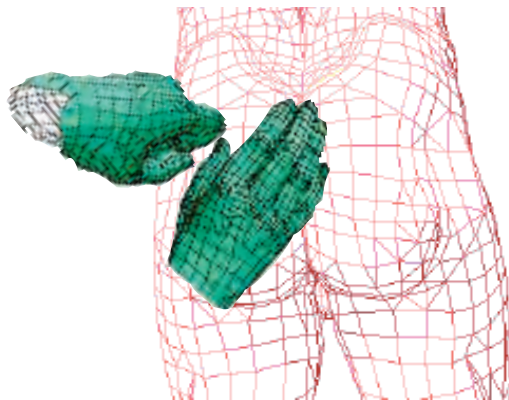
Posterior Greater Trochanter

The Piriformis: the front of the sacrum

Much as the rotators are the key to the sacrum, the piriformis is the key to the rotators, and a very important part of this session. Piriformis is unique among the rotators in that it originates on the front of the sacrum, weaves through a notch in the pelvis, and reaches out to its attachment at the superior edge of the greater trochanter. The sciatic nerve emerges from the same notch, and is often intertwined with piriformis; much sciatica is due to its entrapment within a piriformis hardened from functional misuse.

The piriformis is a prevertebral muscle axle, stretching from femur to femur. It is similar to the psoas in that it reaches across a joint from the femur to the front of the sacrum. The psoas is also supports the vertebral column from the front, reaching from the lesser trochanter, to the lumbar spine. The two support the central joint of the body, the lumbosacral junction, as well as hold the front of the spine back with the support of the legs. It is interesting to note that the piriformis run horizontally to their attachment while the psoas run vertically, creating a sense of dimension between them.

Piriformis is also an antagonist to psoas about the sacro-iliac joint. Where the psoas pulls down on the front of the lumbar spine, the piriformis will draw downward on the front of the sacrum, but on the other side of the sacroiliac joint, making a seesaw effect with the sacrum itself. As the psoas tightens, the lumbar spine dips forward, as the piriformis contracts, the sacrum is pulled into a posterior tilt. The two work together to find the optimal balance of the lumbosacral junction, effectively balancing the bones around the center of the body's mass.



Piriformis and other Pelvic Rotators

Inferior rotators

After cleaning the trochanter and bringing awareness to the movements of the rotators, press into the rotators on the outside of the sacrum starting with quadratus femoris, the most inferior. This thick strap runs from the lateral edge of the ischial tuberosity directly lateral to the femur. It functions to draw the pelvis closer to the femur, and when the heel is planted, it pulls the rear of the pelvis down, assisting in pelvic extension. Both quadratus femoris and the gemelli tend to be hardened by lack of muscular investment, used only as a passive fascial brace against gravity rather than an active reach downward into the ground. Work here until some softening occurs and move slowly up the proximal edge of the rotators, taking time to soften the tissue between the sacrum and femur, up to the piriformis.

Piriformis

Compress the body of piriformis between sacrum and femur until it feels released. Spend plenty of time. Contact, with your intention, the inside of the pelvic bowl. Imagine the piriformis as a point of leverage as the leg moves on the pelvis. The contact can also wake up the nerve plexi and to stimulate circulation and awareness in the front of the sacrum. Knee movements and attention to the breath can help.

The Pelvic Floor

Obturator Internus

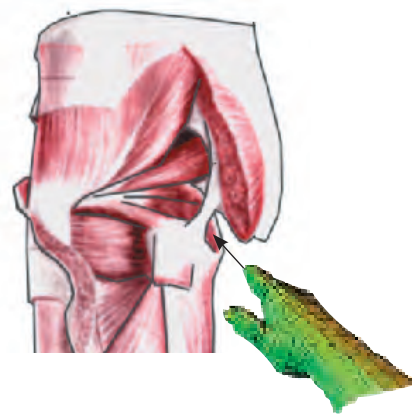
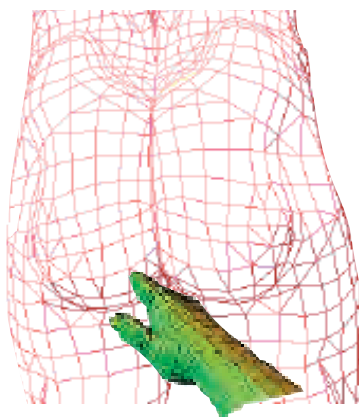
Obturator internus is the final rotator we consider in the sixth session. It runs from the obturator foramen through the sciatic notch just superior to the sacrospinous ligament (which forms the lower border of the sciatic notch). What is special about the obturator is that it can be reached from the inside, by making a contact through the pelvic floor. In fact, the fascia of the obturators runs into the pelvic floor and forms a kind of hammock across it, supporting it from the sides.

Again, asking for the same geometric movements of the knee (forward/back, reaching down, medial rotation), reach just superior and medial to the edge of the ischial tuberosities and, maintaining contact with the bones, let your fingers slide around the inside of the ischium from underneath. When you feel something moving under your hand when the client laterally rotates the back of the knee, you have made contact with obturator internus. Be gentle.

Coccyx: the end of the spine

Now that the fascia of the lower pelvis is open and breathing, you can touch the coccyx with some hope of effecting a positive change. Simply feel around the edges of the coccyx to find any lateral imbalance, or as is more usual, any anterior-posterior holding. The coccyx is meant to move in one direction, front to back, and that only passively. It tends to receive the brunt of early childhood falls and is easily distorted, because these delicate bones are anchored only on the proximal end. Its proximity to the lower nerve plexes, especially the 'Ganglion of Impar,' makes any distortion here important to the whole.

Touch into the coccyx, gripping with the thumb and forefinger, and, primarily with your intention, adjust it toward center. Wait for the client to breathe into the movement, and let the rear of the pelvis accept the change..

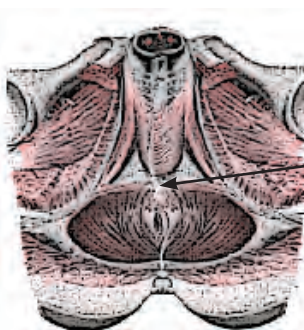


THE PELVIC FLOOR

The perineum is in the center underneath the horizontalized pelvis. This complex fascial structure lies between the more famous landmarks, both male and female.



Medial view of pelvis, male



Inferior view of pelvis, male



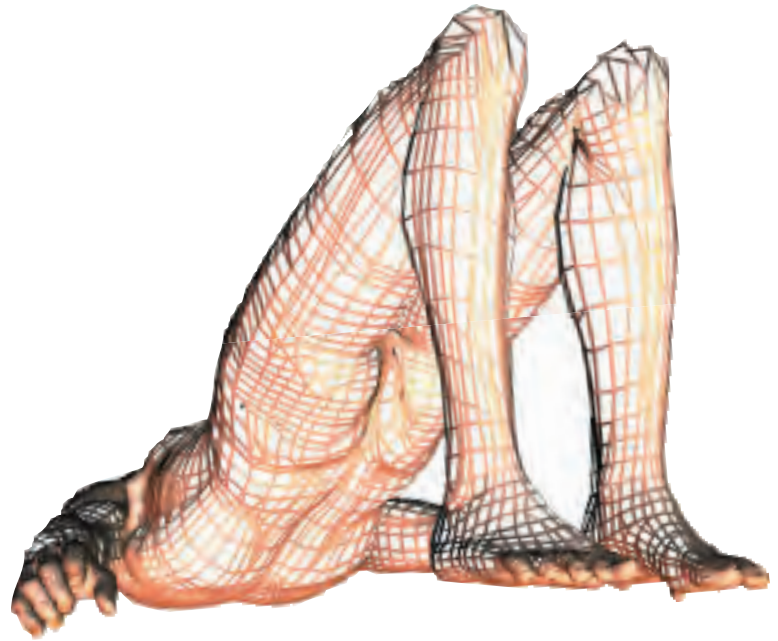
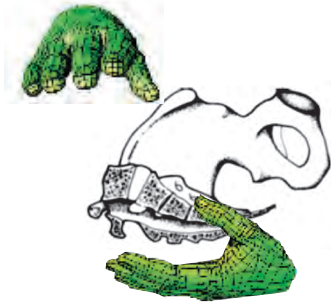
Inferior view of pelvis, female



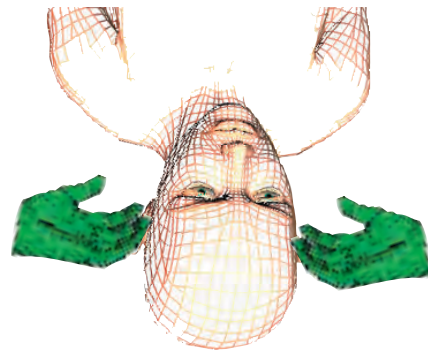
Superior view of pelvic floor, male

Completion Steps

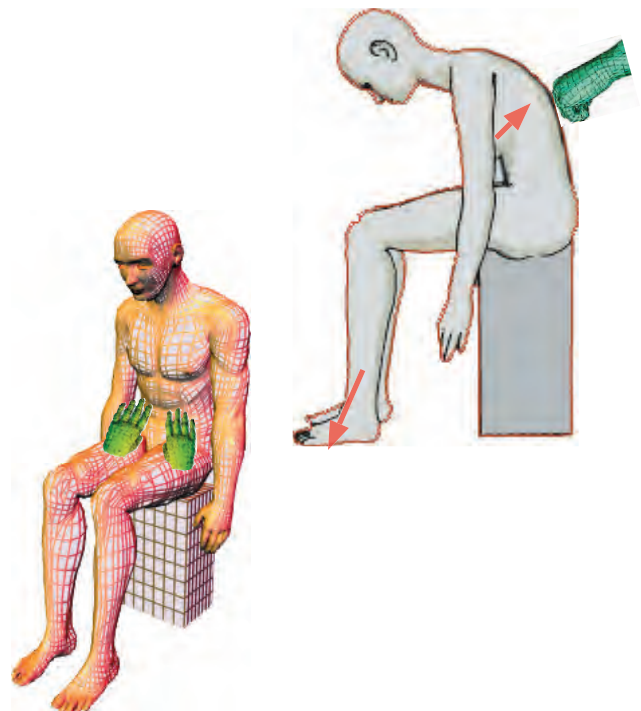
Do a long slow pelvic lift with your client, starting from up in the thoracic spine and slowly lengthening all the way out through the coccyx. Use the dual operator to help the client find the segments of the pelvic extension from diaphragm to sacral hinge.



Neck work should not take too much attention away from the lower pole. You can cradle the head with your thumbs on the transverse processes of the atlas. Imagine the atlantean hinge and the balance between the pre- and post-vertebral structures throughout the neck.



Your back work continues to engage the increasingly unified sense of the lumbar spine and core, focussing on the stability of the lumbar spine from the front and the back.



The Importance of Pleasure

When you showed your client how to participate with your hands, you told her/m to "pay attention to pleasure."

By Session Six sh/he is probably able to do this. During the first three sessions, when the sleeve was being opened in order to access the core, the unfamiliar touch was sometimes painful. Then your client learned that letting go changes the pain into something else, profound and sometimes delicious. In the core sessions your client has opened up enough to tolerate very deep contacts which open up new awareness in the body. They also are pleasurable.

What is the pleasure? Thomas Hanna called it "sarcal" pleasure after a classical greek word for 'flesh.' Fleshly pleasure. It's the pleasure of scratching an itch, the pleasure of exercising, and especially the pleasure of feeling stale holding places in the body let go and become aware.

Now, as your client becomes more and more able to work with you on this level, you are noticing something different. You are in touch with your client's inner awareness, which is now interacting with deep contact in a way that is profound and inherently 'right.'

The discovery of pleasure has served as a gateway into the Deep Body Awareness, another realm of existence altogether. The conscious person who began the sessions is now revealing another aspect of his/r being.

The body is guided by pleasure. Pleasure is the other face of innocent desire and the hallmark of authentic need.

Your client now will continue to partate more and more. The body will draw you in with receptive movements, using your hands to accomplish its own organization.



THE LIVED BODY AND THE 'THING' BODY

(The body as experience and the body as object)

The objective body is the one you think about, the object you hand over to the doctor, the body science understands.

The Lived Body is YOU in the deepest sense. It is your body's own deep awareness. It is non-verbal, sensory, and highly intuitive.

The Conscious Frontal Being ("I") is often caught up in thought, and therefore unaware of the body in this deeper sense.

This nonverbal awareness of what is going on can be called the Deep Self. It extends far below consciousness to the level of the cells. It beats your heart, as George Groddeck said, and it is also a vital, intuitive sense of the present moment.

The part of the Deep Body Awareness which can become conscious is only waiting for the Conscious Frontal Being to direct attention to it. The two have a natural partnership: the body "thinks" and the mind observes.



Thomas Hanna was a philosopher-turned Feldencrais practitioner. He pioneered the use of the word "Somatics" for the study of the experiential body and was a lucid writer and seminal thinker in the field he named.

George Groddeck preceeded Freud in theorizing about the unconscious body awareness, which he called "the It." Groddeck was far more optimistic than Freud about the benign nature of the physical being.

SESSION SEVEN: The Upper Pole

As a result of the first six sessions the client should have a well-established sense of being extended down through the pelvis though the feet into the ground. Pelvis is horizontal and the lumbar is balanced around it. The lower end of the vertical polarity is established all the way up to the diaphragm. Now the upper pole is ready for organization. To balance the extension of the pelvis, we bring the neck onto the torso and the head onto the neck.

There are many parallels between the cranium and pelvis. Like the pelvis, the cranium is comprised of many sutured bones that can shift subtly. It needs to move freely with the breath, and, to polarize with the pelvis, it needs to be horizontalized as well.

The head weighs about twelve pounds. If it balances freely upon the condyles of the atlas, and if the rest of the cervical spine is free to balance vertebra by vertebra across the coronal plane, the mechanics of the system will cause the neck to lengthen upward without effort. "Neck free to let the head come forward and up," was F. M. Alexander's way of saying it. Discovering the dynamic extension of the vertical polarity in gravity brings lightness to the entire body. The coordination of the front and the back of the neck, along with the scaffolding of the sides, reveals the upper end of the polarity and allows it to continue up through the crown.

The upper pole must pass through the yoke of the shoulder girdle in order to go up. For this reason we begin with the arms, both to gain width across the horizontal polarity and to release the pull of the arms upon the neck. Then, because the atlantian hinge is profoundly influenced by its intraoral connections, we work around the jaw into the mouth and nasal passages.

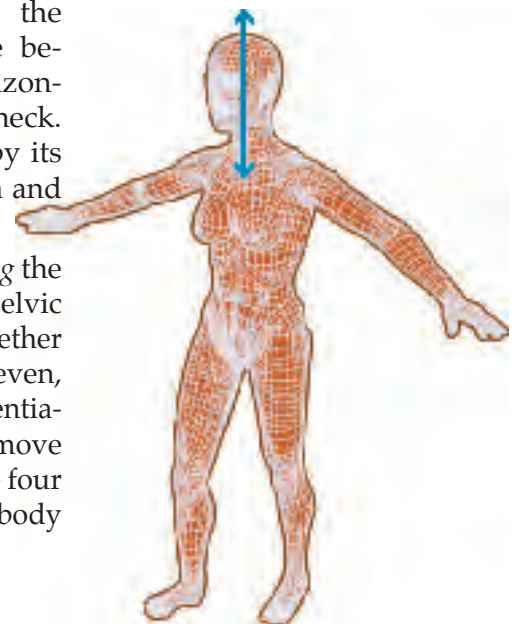
Until now we have been organizing the body by *differentiating* the movement of its parts, separating thigh from pelvis, defining pelvic hinges, articulating arms and shoulders. Segments too bound together to function fully are now free to move. At the end of Session Seven, with the seated neck extension, our intention changes from differentiation to *integration*. We want the now-differentiated segments to move as parts of the greater whole. The remaining sessions pursue the four parts of expansional balance across larger and larger areas of the body until unity in gravity becomes possible.



"Forgetting the Ox"

In the seventh oxherding picture the struggle to control the mind has eased. Mindfulness is possible.

In Session Seven the head is brought into relationship with the entire vertical polarity. In this first experience of unity, the body feels at ease.



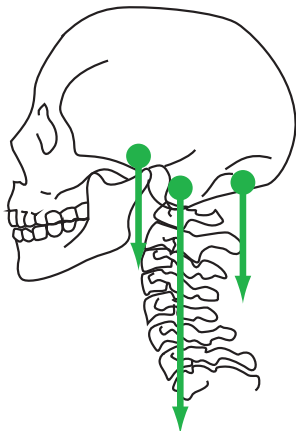
The Upper Pole

The structural design of the neck and head allows for effortless vertical extension. Head finds a balance on the atlas which triggers a series of adjustments in the other cranial vertebrae. Anterior and posterior vertebral muscles coordinate across the coronal plane, and the head lifts all the way from the thorax.

In such a neck slight shifts of the head on the atlas (flexions) and axis (rotations) create shifts of weight which initiate movement of the entire body in one direction or another. A slight tilt of the erect head can lean the body forward, causing the knee to swing forward in the first step of an effortless stride.

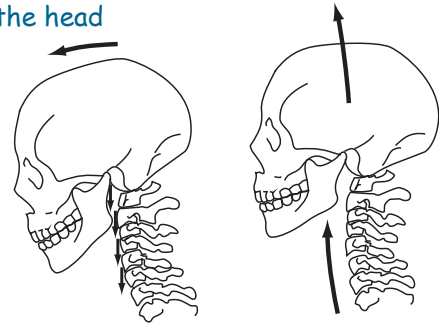
All this assumes a head free to move on the atlas.

But the head is more often bound to the neck and unable to nod freely. Portions of the neck are immobilized or undifferentiated, and their reflexive action disabled. The effortless stride is choked off at the neck.



The balance of the head on the neck

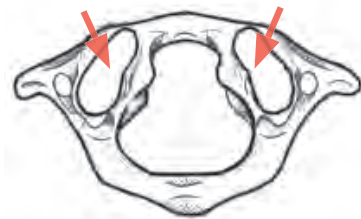
"The neck free to let the head come forward and up."
- F. M. Alexander



THE HEAD NODS ON THE ATLAS

THREE VIEWS OF THE ATLAS, SHOWING THE CONDYLES

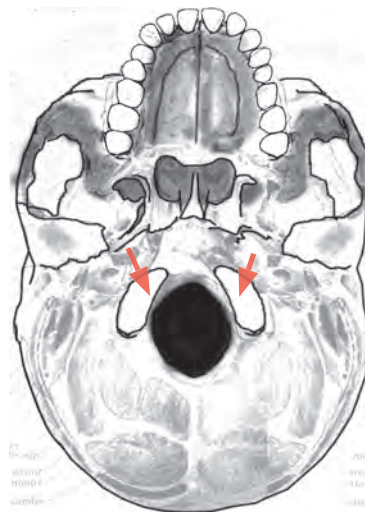
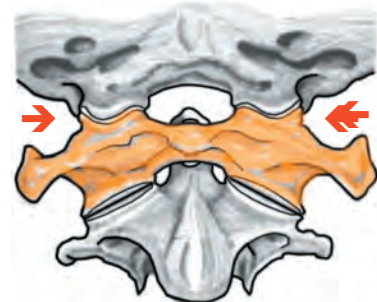
superior



posterior

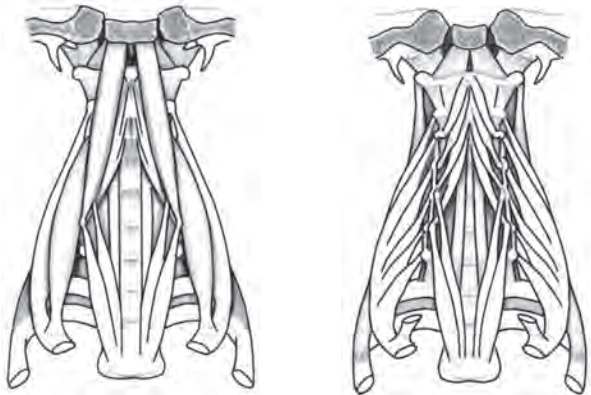


anterior



CRANIUM
inferior aspect
showing condyles and
Foramen Magnus

THE PREVERTEBRALS

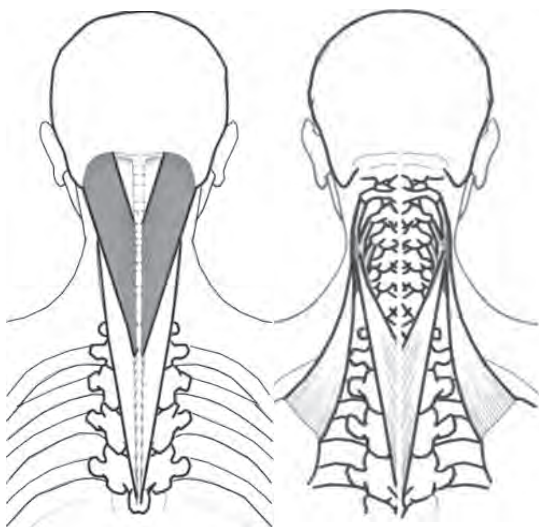


Two Layers of Prevertebral Muscles

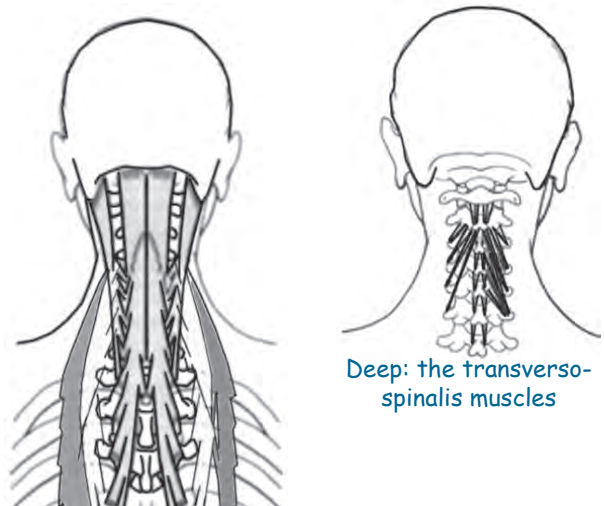
THE POST-VERTEBRALS



Superficial: Trapezius and Sterno-Cleido-Mastoid



Intermediate: Splenius and Levator Scapuli



Deep: the transversospinalis muscles

Intermediate: Semispinalis

We have made some contact with the neck at the completion of each previous session, loosening the extrinsic muscles and mobilizing extension. Now we are going to take a more comprehensive approach to the whole system until we can ask, at the end, for core neck extension, the first truly integrative manoeuvre in the series.

The cervical spine is similar to the lumbar spine in that use of the cervical hinges requires awareness of the anterior structures, the prevertebral muscles. The 'front' is brought into the 'back' for extension to take place. Like the lumbar, the cervicles seem to have three major hinges: at the atlas, at the thorax, and somewhere in the middle. The middle hinge is secondary to the others, and is most often misused in a kind of collapsing flexion at C4.

Both pre- and postvertebrals show an overlapping pattern of layers which enables differentiated use of the neck.

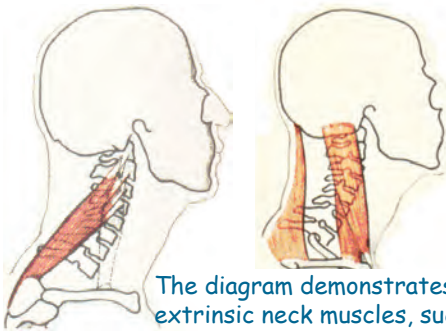
The Line Revisited

"The Line" was Dr. Rolf's most powerful analytic concept. The direction of gravity passes from earth-center to the sky, vertical through any point on earth's surface. That line becomes "The Line" wherever I am standing, and if the segments of my torso and head are balanced around it, I have a 'good line' and am a credible product of structural integration.

Dr. Rolf's early students used to sit stiffly in class trying to hold themselves in alignment with "The Line." She made it clear that 'posture', which means 'holding', was not what she wanted, but it wasn't fully clear that this line was a dynamic polarity.

In this book we have used the term "Vertical Polarity" more often than "Line," because it emphasizes the dynamic, mutually expanding aspect of the phenomenon. Human beings are designed around an internal tensegrity structure of bones and sinews constructed to expand omnidirectionally when seated or standing on a gravitational surface.

In this session we are working to connect the vertical polarity, originating in the pelvic extension, out through the crown of the head. "The Line" is still a useful concept in this project. Think of each segment of neck and head. Is the underside of the cranium centered with the foramen magnum under the center of the crown? Do the upper and lower segments of the neck balance so that the cervical spine lies behind their central line of gravity?



The diagram demonstrates how extrinsic neck muscles, such as levator scapula, trapezius, and SCM take this man's head off line. From Mollier, 1932

FACE: THE PROJECTED SELF

The face not only communicates a variety of emotional expressions; it is our most plastic superficial organ. It can shape into a number of gestural cues, relating much of our subjective world to others. When you want to know what someone is thinking, the first place you look is their face.

What does the face have to do with finding the line through the top of the head? Any sense of retraction or withdrawal that happens from the outer world will be reflected in the features of the face, either in narrowed eyes, clamped lips, or a general tension in the tissue developed as shield for the self from the eye of social interaction. Withdrawal on this level always shows up in the position of the head, either as retraction or perhaps even a compensatory brashness. Opening the face allows the inside of the creature to come out. Because we consider the whole body in structural integration, meaning the whole being, the face is an important element of the seventh hour. Releasing chronic tensions held in the fascia of the face allows us to reach out into the world, imbuing the upper pole with freshness and vitality.



Facial muscles, from a 1904 textbook of massage.



ARMS: Counterweights to the Upper Pole.

Any attempt to release the upper pole must take the shoulder girdle into account. As usual we approach the core by opening the periphery, in this case the arms and shoulder.

Ideally the arms hang down from the shoulders providing a counterweight to the neck and head. The scapulae are drawn down, levator scapulae dropped and cranium free to move upward..

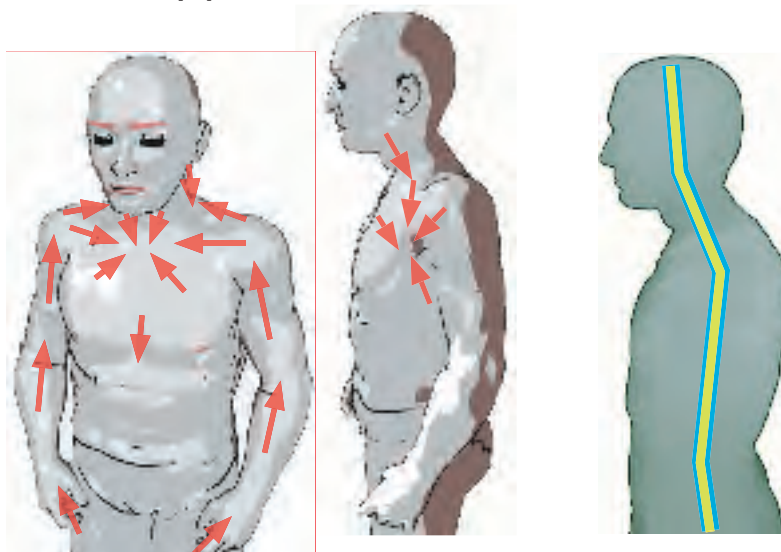
More often the arms are drawn up becoming a burden on the neck and head and distorting the scapulae.

Keep this step brief.

This first step is strictly a warmup for the neck and head. Your goal is to orient the shoulder girdle to the side plane, giving the arm some sense of balance, front-to-back, and widening the horizontal polarity..

Contact the anterior forearm and ask for elbow movement to the side, Contact the anterior upper arm and ask for extension downward into the hand. Contact pectoralis minor and subscapularis briefly to release the shoulder while drawing down the scapula from behind.

The pectoralis minor is of particular importance because if it is shortened, its antagonist, the lower section of the trapezius, will be unable to draw the scapula down the back.



This man has drawn his hands, arms and shoulder girdle in around his clavicle. In fact it probably focusses internally around his heart and throat centers. The result is that his balance around "The Line" takes several detours from segment to segment.

This man has had to struggle with asthma. He uses his shoulders to help him breathe.





THE NECK: Layer upon Layer

The neck is layered and we work from the outside layer in. The layers communicate between themselves to balance the heavy cranium on the small pedestal of the atlas (C1). The bony articulation of the cranium on the cervical spine is posterior to the center of the weight, so the post vertebral muscles are larger to help keep a counter balance to our face. Shortened fascia here tends to push the neck forward of the line, shifting the vertebra, out of their most efficient position, and leaving the head without stable support. We are seeking to establish the basic dimensions by differentiating the front, the back, and the two sides of the neck.

Outer layer: the large muscles

The client is supine with knees bent and feet on the table; you are seated at the head of the table. Hold the SCM close to the clavicle and ask for rotation away from the contact. When the SCM softens, follow around towards the back of the neck, connecting with the posterior scalenes, levator scapula, and the trapezius. Then touch in again around from the front, higher up from the clavicle, differentiating the many straps, including the omohyoid, from each other in the same manner. The movements here are the same as for the neck contacts we have made in earlier sessions: rotation and extension.

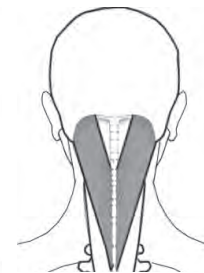
Ask the client to extend through the pelvis into their feet in order to engage the lower pole with your contact. When the outer layer is pliable, connect into the second depth, the deeper post-vertebral region.

Middle layer: the postvertebrals

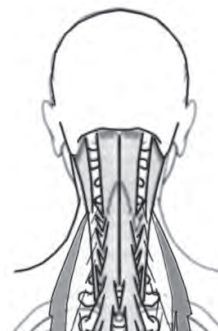
From your position near the upper trapezius, with the head turned away, work down the splenii and into the groove of the spine, where the erectors, rotatores, and multifidi reside. With the active hand, compress down to the third or fourth thoracic vertebra, a spot from which the head is often held. Make deep contact here, but very carefully and slowly, seeking simply for the hardened, dried tissues to rehydrate and soften. Touch to know. Awareness makes the change.



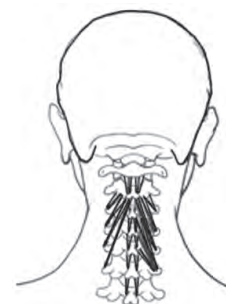
trapezius and
SCM



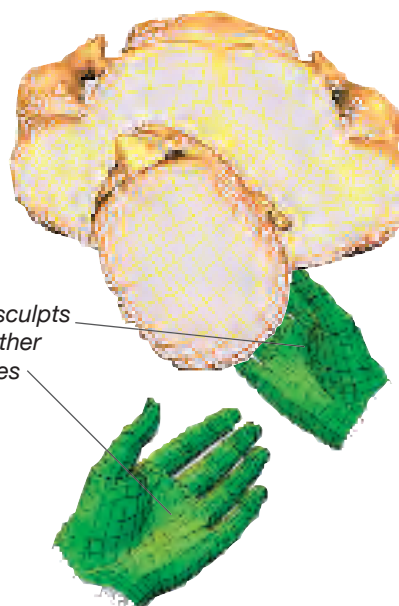
Splenius and
Levator Scapuli



Semispinalis

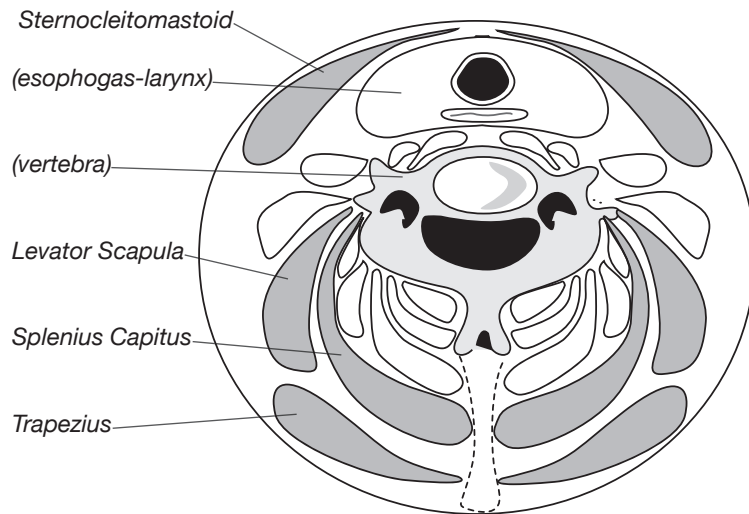


Transversospinalis

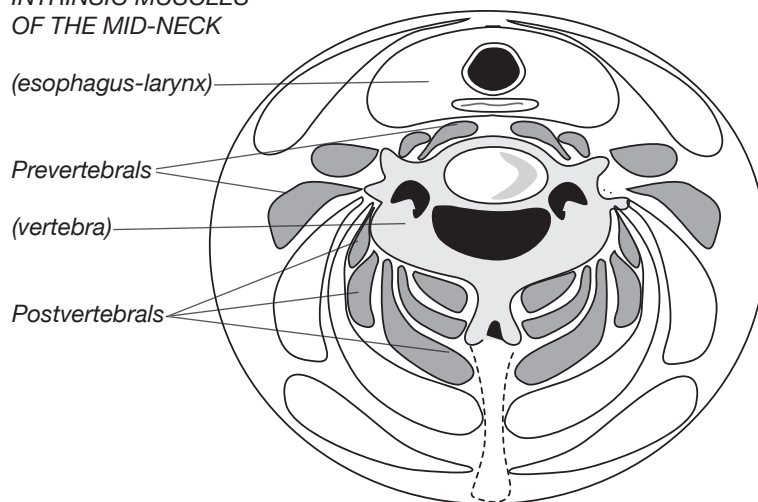


One hand sculpts
while the other
hand cradles

EXTRINSIC MUSCLES OF THE MID-NECK



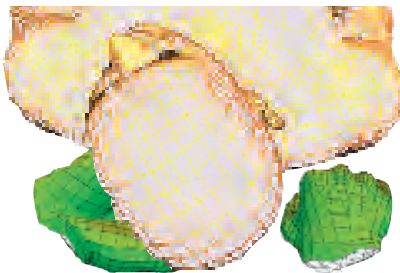
INTRINSIC MUSCLES OF THE MID-NECK



Next draw up the nuchal ligament to occiput, lengthening the back of the neck and recentering the upper pole. Turn the head to the same side and work down the cervical fascia, which runs down the lateral cervicis. When approaching the thoracic outlet, touch into the area just under the clavicle. It isn't necessary to be muscularly specific here, simply find the places that seem to be thickened and allow them to soften as the client turns their head to the opposite side. Move around to the lateral clavicle, then draw up the nuchal ligament to the occiput again.

Deep layer: the suboccipitals

The atlas and axis are unique in both structure and function. They rotate to support and hold aloft the cranium while the rest of the cervical spine sways side to side, as happens in walking. The sub-occipitals arise from both the atlas and axis, usually shifting the bones posteriorly when they become chronically contracted. You can work into the dense tissues underneath the occiput, softening from the occipital ridge to where the cranium meets the cervical spine. The suboccipitals span about three finger widths on either side of the midline, and tend to be rather taut and stringy. They have a large number of reflex points within them that influence the tone of all the spinal erectors, and for this reason it is important to touch in here and call for length, not only to create space for the atlas and axis, but for the entire spine.



One hand cradles while the other, a fist, presses down on the levator insertion on the medial scapula.



Under the Jaw...

Begin by drawing the fingers under the jaw-line posteriorly towards the ear, releasing the hyoidal and digastric attachments.

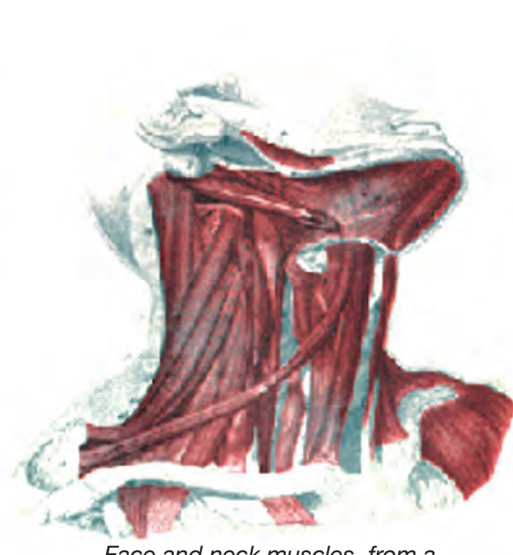
...and the prevertebrals

The prevertebrals coordinate with the sternocleidomastoid to support and elongate the cervical spine from the front, similar to the action of the psoas on the anterior lumbar spine. In addition to this, the fascia of the front of the neck runs directly into the fascia of the face.

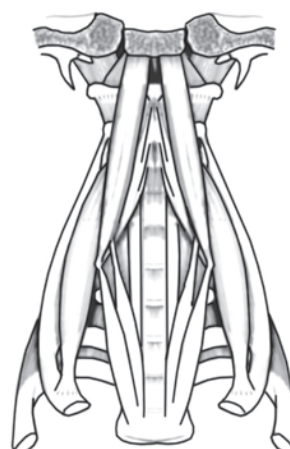
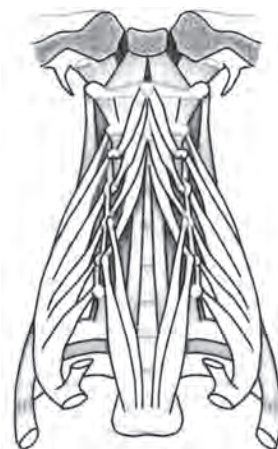
Holding the trachea to one side with the thumb, carefully touch into the cervical spine from the front. Lift the tissues running longitudinally up the anterior bodies of the vertebrae superiorly; Ask the client extend through the pelvis into their feet in order to engage with your contact. Finish by gently contacting the hyoid bone where it rests over the the throat.

NOTE OF CAUTION: When contacting the front of the neck, be certain you stay clear of the heavy pulses the come from the carotid artery.

***Awareness
Makes the
Change***



Face and neck muscles, from a 1904 textbook of massage.



Two Layers of Prevertebral Muscles

The three main segments of the body (pelvis, thorax, and head) each have two limbs extending out from symmetrical ball and socket joints. Although we tend not to see the upper segment in this light, the head is no exception to the pattern. The two sides of the jaw meet late in embryological development and do not fuse until after birth. The TMJs are ball and socket joints with mobility comparable to the gleno-humeral joints, despite the typical hinging motion they allow. It is the very mobility of the TMJ that sets the scene for the common chronic injuries that are found there.

Making contact inside the mouth, when viewed this way, is quite similar to making contact with the other appendages in the armpit or the groin ('the leg pit'). In this sense, the inner mouth is 'the jaw pit,' and contacts here are made in much the same way: with a great deal of sensitivity and the use of the dual operator; one active hand inside the mouth, the other passive and supporting from without, at the TMJ, the temporal area, occiput, or upper cervical spine.



One hand cradles while the other can contact anywhere on the anterior neck



Inside the Mouth

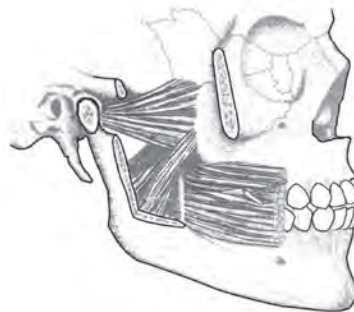
A. lateral mandible

We work from the outside in. Insert the index finger inside the far side of the client's mouth between the cheek and gum, make contact and wait for the tissue to melt. Repeat in successive contacts back towards the ear. You are moving tissue back that has migrated forward. When you arrive at the masseter, wait for the tissues to soften. Simple chewing motions can help. Move up into the temporomandibular joint (TMJ) from the inside. Ask your client to open the jaw and breathe. Work into the area, softening as much as possible with gentle contact. The dual operator hand can position itself at various points underneath and behind the jaw opposite the internal contact.



B. lateral maxilla

Begin here by inserting the index in the upper mouth, outside the maxilla. Notice how far the finger can travel towards the nose. Continue in the same fashion as the lower jaw, softly moving the fascia away from the teeth, making successive contacts back and towards the ear underneath the zygomatic arch. Ask your client to open and close the jaw in order to draw your finger into the deep areas under the rear of the arch, where you will find the lateral pterygoid. Urge the finger gently to get into this deep and sensitive area of the jaw, turning the pad of the finger up towards the top of the skull. The dual operator hand is useful behind the zygomatic arch and jaw. Very subtle circular movements, passive joint style, between outside and inside contacts, can help ease holding patterns without undue pain.



Three Movements of the Jaw

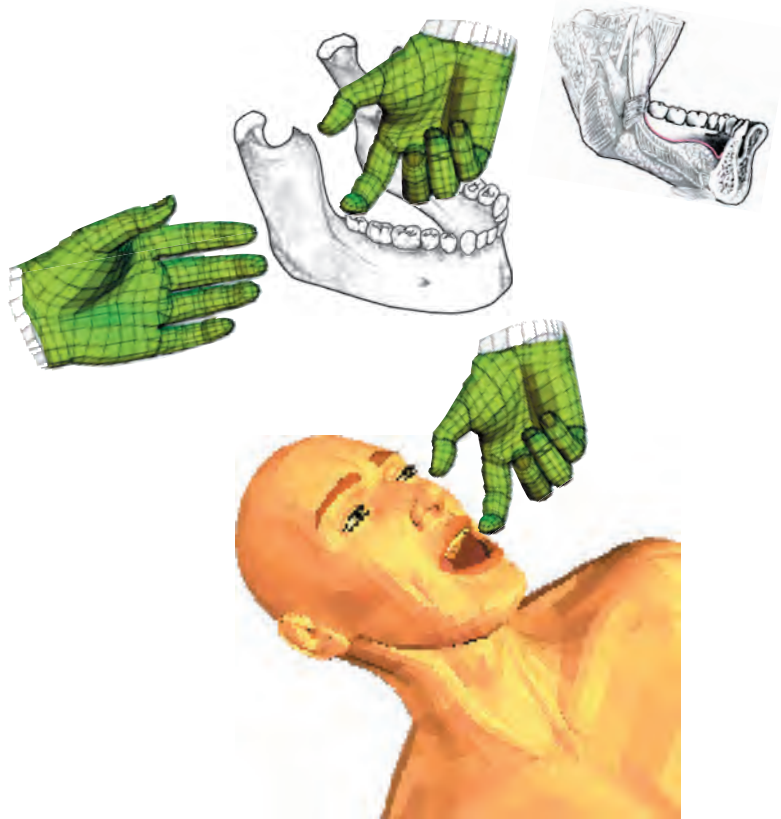
The temporomandibular joint permits movement in three dimensions: open and shut, front and back, and side to side.

When you are contacting the soft tissue attachments of the jaw you can ask your client to move in any of these directions as seems useful.



C. floor of the mouth

Use your index finger to hook around the near side of the jaw, contacting the tissues where they attach to the lower edge of the mandible. This is the margin of the floor of the jaw. Work slowly and patiently from the front towards the rear. Take time to allow the floor to open. Avoid moving too fast or too deep around the salivary glands. You will hook around the back of the mandible where there are many connections to the vertebrae, especially C2. This is also the edge of the esophagus: to help avoid gagging as you reach the rear of the mouth, stay close to the mandible. Towards the rear, near the inner angle of the bone, you will find the medial pterygoid. Often this powerful muscle will feel like a bone. Press gently into this wiry strap until some sense of release and softness is found. Asking for very slight opening of the jaw can be helpful.



D. the roof of the mouth and the sphenoid

The roof of the mouth is an important area for resolving tensions that cross throughout the cranial bones. The wings of the all-important sphenoid bone lie just posterior and lateral to the hard palate.

Using the index finger, press lightly up into the palate. Define the margin between the hard and soft palate, smoothing out the ridges. See if the sides of the roof are equal in dimension. If the roof feels flat, create some space by lifting the fascia up and away from the midline. If it feels too arched and dome-like, scoop fascia in towards the center. Resist the temptation to press into the midline. Remember that we are working into the sinuses from beneath, so use as light a pressure as possible.



Sphenoid Bone, anterior aspect.

The sphenoid bone, shaped somewhat like a butterfly, is the center of the skull. The other cranial bones attach to it from all sides. Dr. Rolf thought of it as a thrusting bar whose primary function is to hold apart the connective tissues of the head. Indeed, when we look at the bones of the cranium and face, it is amazing how porous they are and how thin and delicate. It is clear after some inspection that the bones of the face developed to create and maintain space so that the many sensory and epithelial tissues have room to perform their functions. The primary spacer, the sphenoid bone, holds the eyes and several other important nerves, and connects in to the mouth and the region of the temples. Our work into the roof of the mouth and the nasal passages is our most direct access to this area.



Nose

Using a light coating of oil, preferably with some eucalyptus included, insert your little finger into your client's nose. The nasal passage runs directly back and slightly down into the face. Do not use direct pressure but allow your client to open and draw you in.

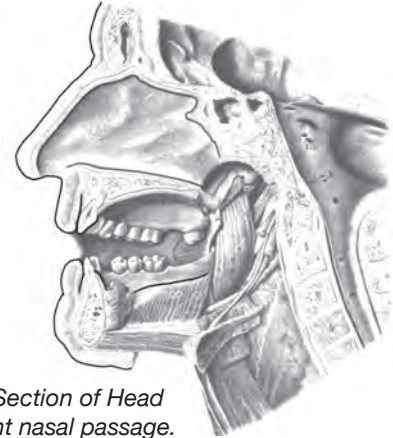
Linger for a while at the limit you encounter, waiting for the cranial pulses to regulate. Patient, relaxed contact will allow your client to draw the contact farther into the sinal passages. Take care to withdraw slowly.

If your finger is too large to fit comfortably inside the nostril, you can use the client's finger, guiding it as you would your own.

This contact must involve a deep communication between finger and nose. The nostril must draw you in with receptivity: and you may be amazed at how much it can open. If the client is not receptive, pass on: this cannot be done with force.



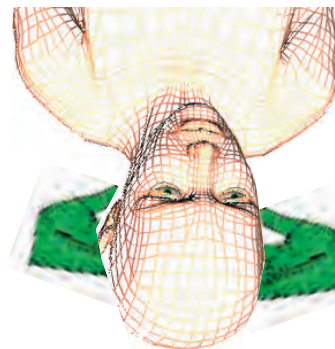
The pad of the little finger contacts the medial septum of the nostril.



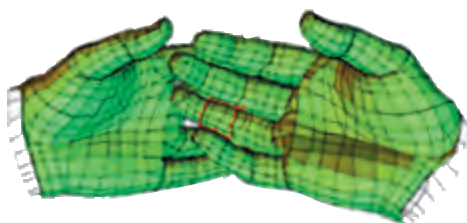
Midsagittal Section of Head showing right nasal passage. (from Grant's Atlas)

The Atlantean Hinge

Now you can reset the balance across the topmost hinge of the neck. Ask your client to stick his/r chin out so that you can insert your thumbs in front of the transverse processes of the atlas. Ask your client to, "bring your head up and over and your chin in, lengthening the back of your neck." This will move the posterior jaw against your thumbs and press the atlantean processes backward, allowing a more active balance across the hinge. Again, use some common sense and beware of deep arterial pulses.



Thumbs on anterior transverse processes of the atlas.



These as well as any deep, intimate procedures should be done with one's self before being done on anyone else.

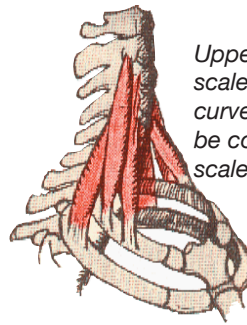
It is only by sensing the patience and focused touch required to make successful contacts in these areas in one's own body that one becomes an effective structural integrator.



Completion Steps: Seated Extension of the Head and Neck

Do a pelvic lift, but do not put too much emphasis here. Let your client rest her sacrum on your hand for few breaths to bring the body awareness down and through the core.

Lengthen the nuchal ligament again and let your client rest on the table for a moment before sitting up.



Upper two ribs and cervical spine, with scalene muscles. The “dowager’s hump” curve at the base of the neck can sometimes be corrected with this contact, provided the scalene muscles can be mobilized (Mollier)

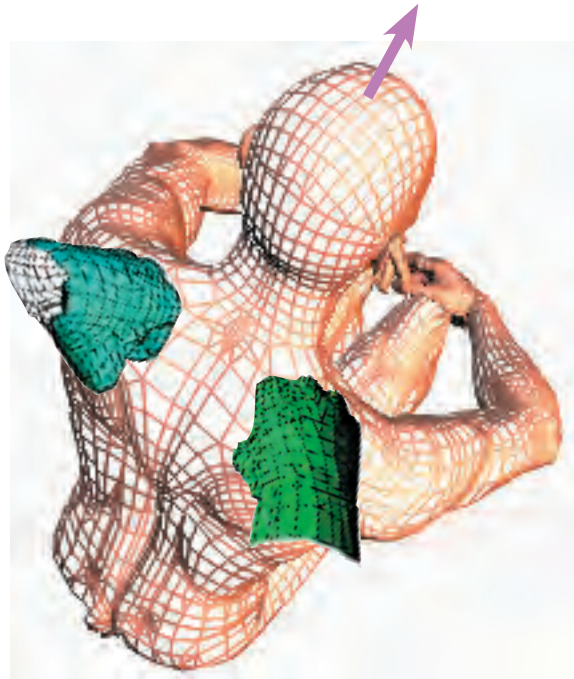
Seated Extension: Integration Begins

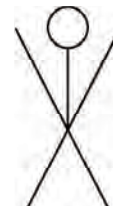
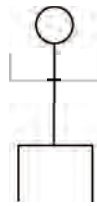
Have your client sit in the ‘siesta position,’ knees up, fingers intertwined in front of the knees, back relatively straight.

Place loose fists on top of the shoulder girdle and ask your client to push down into the sit bones while extending up through the top of the head. The neck should lift through your downward pressure without engaging the spinal erectors. The purpose of this integration movement is to connect the pelvic extension to the reach upward through the crown, integrating the dynamic polarity of the body in gravity along the central axis of the core.

Possible movement cues are to have the client draw the elbows towards the floor while letting them float just slightly to the side, and to “turn (rotate) the head sensitively” side to side (making sure to maintain a horizontal cranium by keeping length through the back of the neck).

When your client stands up, have him find the lower extension through the heels while finding the extension of the upper pole with the elbow movement down and away, slowly shifting his weight minutely from front to back to help define the line.





THE INTEGRATION PHASE

Integration: the Ideal, and the Possible

Up to this point we have been organizing individual joints and individual segments of the body. That was the "Differentiation Phase." Now the differentiated segments need to come into a greater whole, into integration, into a structure unified by its relation to Earth's gravity.

Integration means expansional balance. We are going to find as much expansional balance as we can throughout the body. First in one girdle, and then in the other.

We want legs which relate clearly to the spine through the pelvic extension, and which can find unified, segmented expansion clear down through the feet.

We want arms which are light in weight, with expansional balance from the spine out through an open shoulder, elbow and hand.

Finally we want both girdles to relate across an open, stable torso – a torso which constantly counterbalances all four limbs.

This is integration you can see in balanced movement and more mobile posture. You can feel it as more awareness inside the body, and as a more centered way of experiencing the outside. The real *message* of integration goes to the entire being.

The process of integration should continue long after the last session. The body is assimilating a new way of moving. The mind has ideas and images that can produce change for decades. A new awareness, perhaps a new sense of presence within the body, has been engendered.

Integration is a function of movement, not a final, static state. It is not a new way of holding yourself. You have to reestablish it every day when you get out of bed – with movement!

How much is possible?

It's not going to be perfect, of course.

Integration is not an all-or-nothing phenomenon. In practice there are degrees of integration, and we bring our clients as far as their bodies will carry them. Ours is "the art of the possible." The free flow of expansional balance has to go around *some* obstacles in almost everybody.

Dr. Rolf's solution to the intractably stuck places was to "wrap them in order." She took her people as far as they could go and expected the new relationship with gravity to do the rest.

It doesn't have to be perfect. There are skeletal injuries we cannot repair, and yet despite them a body can acquire expansion and lift. The strength of spirit can often counteract the weakness of the flesh. Sometimes a body which does not exhibit much change externally will feel altogether different, unified, and more pleasurable to its owner. Awareness has made the change.

The Lower Girdle Hour relates the legs to the spine so that the pelvic girdle is transmitting core extension rather than being a focus of contraction. The entire leg is integrated from foot to sacrum.



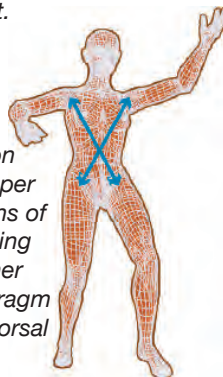
This session often, but not always, precedes the Upper Girdle hour.

The Upper Girdle Hour relates the arms to the spine so that the shoulder girdle is transmitting core extension rather than being a focus of contraction. The entire arm is integrated from hand to spine.



Sometimes there will be indications that the upper girdle needs to be organized first.

The Tenth Session integrates the upper and lower portions of the body by relating them to each other across the diaphragm and the lumbo-dorsal hinge.



Integration & the Four Parts of Expansional Balance

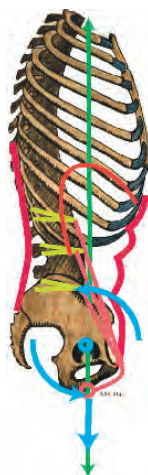
SESSION 7

Finding the upper pole really begins with the seated extension of the neck at the end of Session 7.

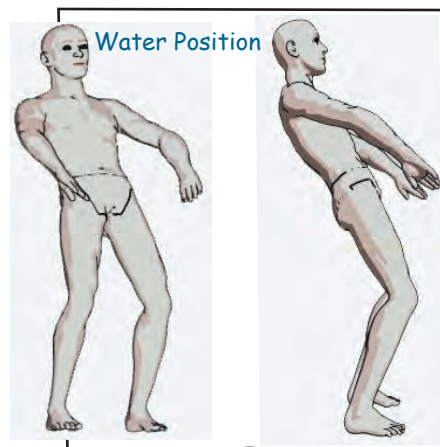


LOWER GIRDLE (8?)

Integrating the legs with the core involves finding the pelvic extension and relating it to the lumbar balance. These two steps have obviously become one: the downward extension of the feet connects all the way to the diaphragm and lumbo-dorsal hinge.

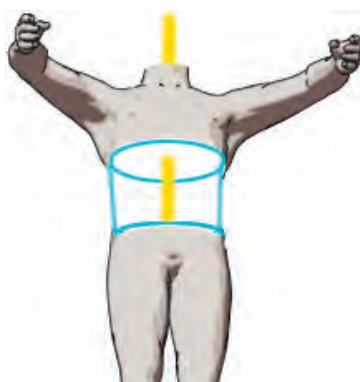


Pelvic Extension and the three layers and three hinges of the lumbar torso

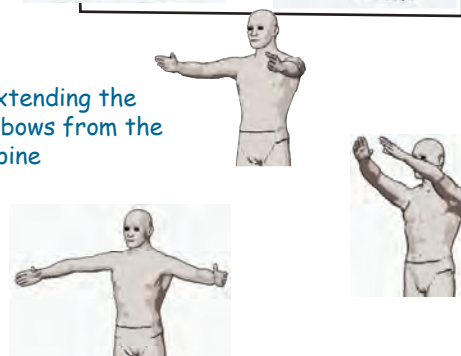


UPPER GIRDLE (9?)

Integrating the arms with the core involves finding the horizontal polarity using the foundation of the diaphragm. Secondly, the shoulder girdle must be differentiated from the head and neck; so finding the upper pole is also involved.

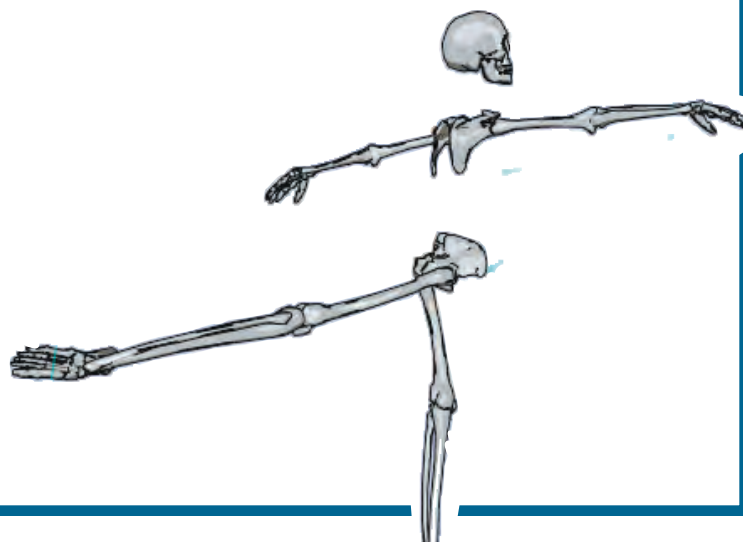


Extending the Elbows from the Spine



SESSION 10

Finally, all four parts are brought together. The lower pole connects with the upper pole unencumbered by distortions in the horizontal polarity or the lumbar balance. Now all four limbs coordinate across the fluid, dynamic balances within the torso.



The Integration Phase, continued

Since integration is a function of movement, rather than a final, static state, only changed habits of movement can maintain it. Manipulation alone will not bring it about. Through all the sessions we have worked with precise, geometrically correct movements to organize progressively larger areas of the body. Now it should be possible to bring it together in fuller unification. *How* unified depends on how well we have done our work in the first seven sessions, how deeply the client's body has assimilated the work, and *how well we can see* what remains to be done. Above all, it depends on the client in two specific ways:

1. She must keep moving with expansional balance.

2. He must internalize and keep working with the primary images – geometrical planes, polarities, bony landmarks – which have been transmitted both verbally and with touch.

When this happens, the client is likely to gain better organization as time goes on. It is not uncommon for someone to look more integrated a year later than they did at the conclusion of the series.

Almost No New Procedures!

The integration sessions involve almost no new contacts or procedures. Instead, you will use many of the things you have done in earlier sessions, but with a deeper sense. Outside, it might look as if you were doing the same thing, but your client will have learned to work more deeply, and you will have a greater sense of that body and what it needs.

Most of what is offered here are possibilities. "You can do this." "In such and such a situation you can try that." Nearly all that you have done in the earlier sessions will be brought out for possible use again, depending on the circumstances. The difference is the depth at which you and your client can work *and the difference between differentiation and integration*.

In the first three sessions you opened up the sleeve; in the next four you organized the core; now you are bringing the two levels together so that voluntary action

takes place always in relation with the core. When the body moves, it moves from the center.

The touch you will need for integration is different. You are tuned to bringing larger areas of the body into relationship, and your hands communicate this breadth. You are not taking things apart; you are enabling them to move together.

Now it's about Seeing

In the first three sessions you could follow along with the usual maneuvers, organizing small areas. Seeing wasn't much of an issue, because you still had to get one side of a part done, and then the other before the full balance could be revealed. Even in the core sessions you were uncovering first one part of the core and then another. You had to see where to work next, but a lot of the work could be standard. Now, in the integration sessions, it's all about seeing. You are lining up larger and larger parts to work together, and how well you can see the greater whole, its remaining points of holding, and the far-away roots of its various distortions, determines how effective the integration is going to be.

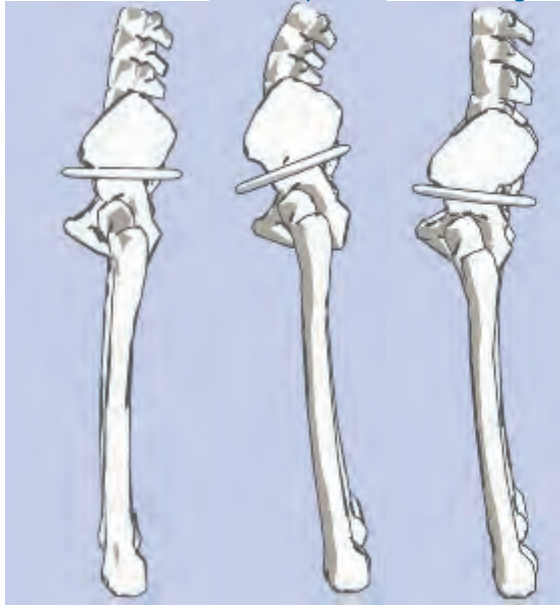
While 'seeing' takes time to develop, it is not extra-sensory perception. Everything is there in the client's body to see: the twists, the subtle signs of holding, the deviations from balance. Experience teaches you to see distant connections and overall configurations. It's as much a function of your kinesthetic empathy as of your eyes.

Depth of Intention

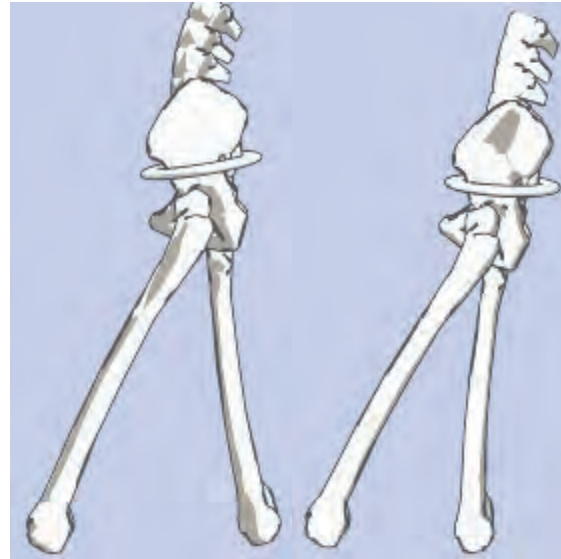
What is different is how deeply you can now sense into your client's physical space and spiritual Being. Hopefully your client has learned progressively to draw you in, first through the outer layer, then portions of the core, and now, finally, into large areas of core and sleeve together. This 'tuning in' is called intention. As always, when you become aware of something in your client's body, that same thing tends to appear in your client's awareness. Awareness makes the change, and your intention engenders the awareness.

Watching People Walk

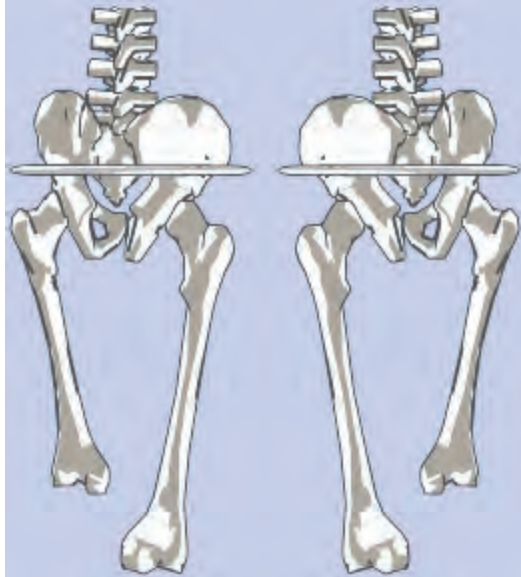
People-watching has never been so much fun. One way to start observing physical structure is to look for the belt line when a person is standing or walking.



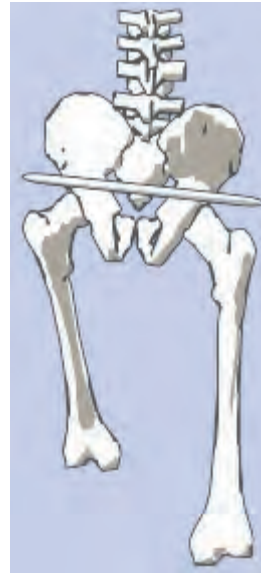
The person to the left is standing with the belt line horizontal. In the middle the waist is dumped forward. On the right the sacrum is thrust forward and the belt tips slightly back.



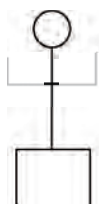
When the person on the left takes a step, his pelvic flexors take a strong role and the belt tips forward. Less frequently you will observe a slight drop in the opposite direction, indicating a person whose back lengthens slightly when the knee swings for-



Many people rotate the pelvis horizontally when they walk. This is the mechanism of the "spinal engine" in which walking is produced first by the spinal core with counter-rotation between the shoulder girdle and and pelvis. It is a sign of relative integration in the act of walking. Observe where the point of rotation is in the spine. Sometimes it is up near the rib cage. Sometimes it is much lower around the hips.



Sometimes you will see the belt line tip from side to side. The person on the left is lengthening down into the foot he steps off from, indicating the upper adductors are permitting expansional balance. The person on the right is much less fortunate, because with each step the load on the weight-bearing leg is transmitted up into the hip, compressing the lumbar spine on that side and probably causing pain.



THE LOWER GIRDLE HOUR

Session Eight (or Nine)

The goals are simple: to relate the legs to the core, and to carry the expansion from sacrum out through the feet.

In expansional balance, every movement of the leg has references within the core, counterbalancing places within the torso from which the movement departs. The entire leg has expansional balance, and the full opening of the balanced foot literally expands by reflex against the ground, lengthening

Much of the work of the first six sessions aimed at creating a 'horizontalized pelvis.' Where the legs were bound into the torso, they were released. Pelvic flexors, hamstrings, quadratus lumborum, gluteals and pelvic rotators all were unwrapped in turn to provide freedom for the pelvis. No longer bound and dragged along by every passing movement, the pelvis could remain stable and *transmit* leg movement from the spine, relating leg to spine through its floating intermediate position.

Now we are going to put it all together. From watching our client stand and walk we can see where the connection is not quite complete. Instead of working on specific parts the *overall balance* of the tissues must be organized to make it clear. We will go back to many places we have worked before, but with a broader intention.

The Eighth Hour Decision: Upper or Lower?

The eighth hour begins with a decision whether to work with the upper or lower girdle. More often than not the choice will be the lower girdle, because it is so fundamental to the rest of the body. 'What goes down can come up,' I say, and the more down the better.

However sometimes it appears that the shoulder girdle is strangling the expansion of the body. The arms need to release and relate before the rest can open.

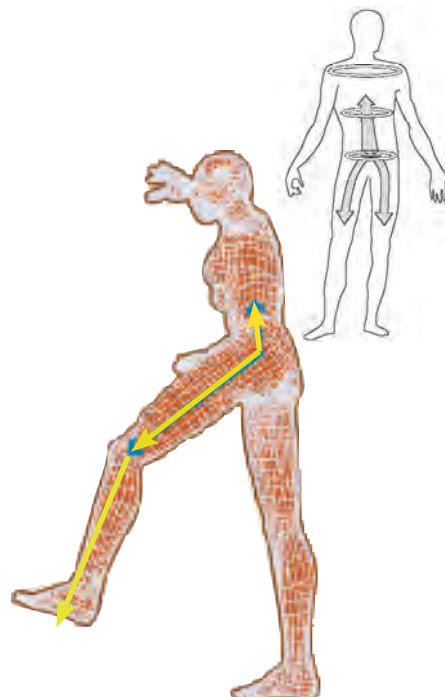
If you start on one girdle and are getting nowhere, try shifting to the other one. Some people test for which girdle by seeing whether a little work on one or the other opens the breathing. If this ordinary consequence of structural contact doesn't happen, you are on the wrong girdle.



"Ox and Oxherder are Both Forgotten"

In the eighth oxherding picture everything merges into "No Thing"

In Session Eight the legs are fully connected to the core. Curiously, this involves a body awareness which is non-verbal, below thought, "no thing."



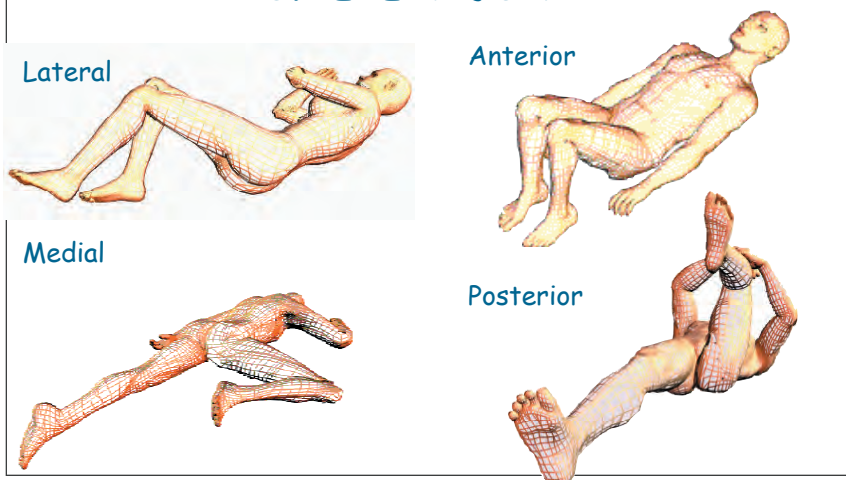
The Task of the Lower Girdle Hour

WHAT IS NEEDED TO RELATE THE LOWER LIMBS TO THE CORE?

TWO GOALS:

1. Make sure the leg is integrated (no blocks or missing parts.)
 - Do the Feet Connect?
 - Are the Knees Blocked?
2. Connect the lower limb to the spine through the pelvis.
 - Does the Pelvis have an Open Balance?

YOU HAVE DIFFERENTIATED EACH SIDE OF EVERY JOINT



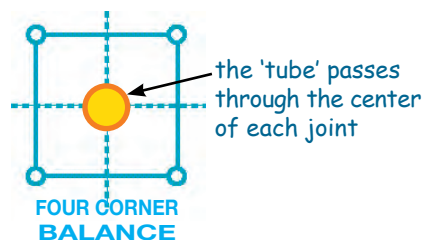
THE FEELING OF INTEGRATION

Integration is something you can feel. The Standing Foot Work in this session can produce a strong sense of the unified, balanced leg. You will recognize it; it feels **right**. It's a core sense. Hopefully you will have it throughout your body.

How do you find the core sense? By organizing the four-way balance across joints and then moving expansionally.

Imagining 'TUBES'

Imagine tubes connecting the center of adjacent joints. These 'tubes' from spine to fingertips, from spine to toes, from perineum to crown help you find the centered place through which expansion can take place.



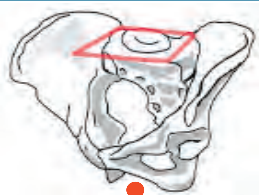
NOW EVERYTHING NEEDS TO BE INTEGRATED INTO TWO LARGER WHOLE

1. THE WHOLE LEG
2. THE LOWER GIRDLE AND CORE

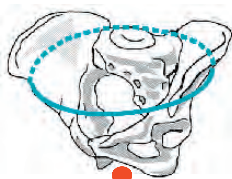
Until now you have balancing individual joints across their various dimensions. Now you are bringing those balanced joints into relation with each other. You are working across larger areas, no longer differentiating, but integrating them.

Anything you have done before may be useful

You may find yourself repeating contacts from previous sessions, but it is not really the same. The body is more receptive and has more internal awareness. The contact is lighter, and the client is more able to work deeply with it. Your hands can communicate across larger spans of tissue. The difference is that you are relating what you do to the limb in three dimensions. You will see how some particular area is not quite fitting into the whole picture. You will see the whole body in terms of its overall expansion in gravity.



The Sacral Table (the sacral hinge)



The Ring of the Pelvis

The red circle denotes the center of the pelvic floor.

SEGMENTATION

Because of its segmental design, the leg expands from the core in an alternating sequence from spine to toe.

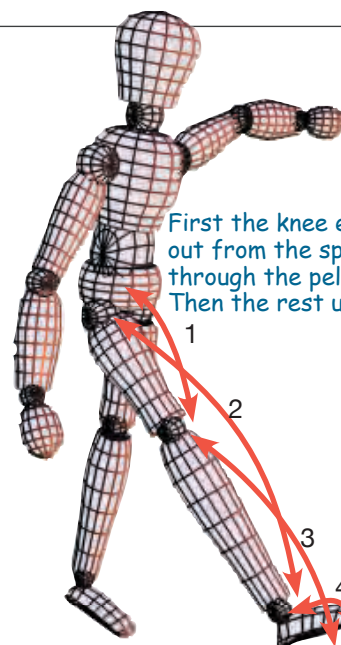
First expansion: the knee emerges from the sacrum across the hip. Is the knee free to come out? Does the hip open?

Second expansion: from hip to ankle, counterbalancing across the knee. Is the knee blocking this connection?

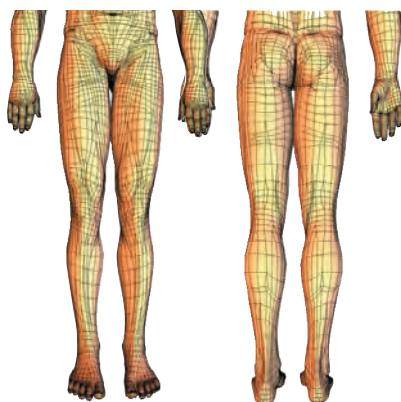
Third expansion: from knee to tarso-metatarsal hinge (the arch). Is the ankle open and balanced?

Fourth expansion: from ankle to phalangeal hinge. Is the tarso-metatarsal hinge functioning?

Fifth expansion, from tarsal arch to toe.



First the knee expands out from the spine through the pelvis. Then the rest unfolds.



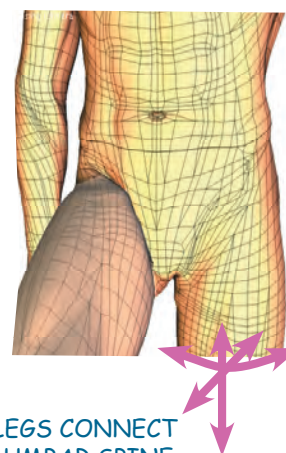
ARE THE LEGS STRAIGHT?

When you imagine the bisecting plane down through a leg, is each joint balanced on it? Are there rotations in the knees or ankles?



IS THE PELVIS BALANCED?

Can the legs move while the sacrum remains stable?



DO THE LEGS CONNECT TO THE LUMBAR SPINE

A TYPICAL SESSION

The session is quite variable and should be guided by the fundamental goal of integrating the lower limbs to the core.

After appraising the legs and pelvis of your client carefully, you are likely to start with **Standing Leg Work**.

Your eye is on how the joints of the legs balance on their bisecting planes. The standing knee movement brings any contact you make anywhere on the feet, calves or knees, into relation with the whole leg up to the sacrum.

Then, because the upper groin is still likely to be shortened, you can work with the **Femoral Triangle** and **Pelvic Bowl/Anterior Lumbar**.

The leg/pelvis/spine relationship may continue to be your focus as you find other sides of the pelvis need to be brought into the picture. Perhaps you will address the posterior, or the lateral aspects.

Sometimes the feet still don't open out to the ground. Then a major part of the session might address them.

Standing Leg

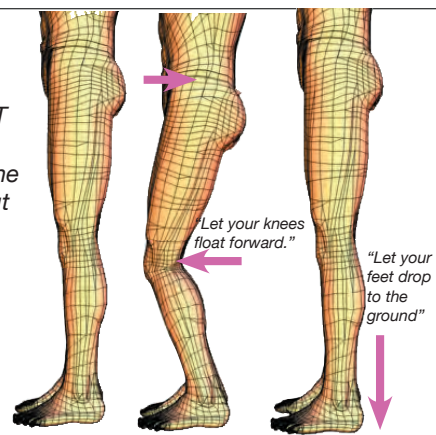
Because your client is standing, any movement of the foot or leg which aims for balance across the bisecting plane will effect the entire limb in an integrative way. Your goal is to organize all the hinges on the bisecting plane. Your client is standing with feet parallel, two inches apart.

The knees move straight forward and back, as if client were about to sit down. The ischia remain directly above the heels, the torso vertical above the pelvis. This means the knees are moving from a stabilized sacrum. The movement can become quite effortless, as though the backs of the thighs are 'giving' the knees forward and, as the leg straightens, the feet are being 'dropped to the ground.'

The touch is firm, the pressure directing attention into deeper bony areas, but the strength of intention is all important. If you are imagining bones, your client is probably able to feel them. If you are holding the structure closer to the bisecting plane, your client will probably accept the shift in balance.

Standing leg work is usually done only after the core work is complete so that the client is capable of keeping the vertical polarity without slouching or collapsing. Keep an eye on your client up there, because some people get very light-headed when they feel shifts happening at the bony level.

STANDING LEG MOVEMENT
It is essential that the ischia stay over the heels, so that the knees are moving forward out of a deep lap. The waistline stays back.

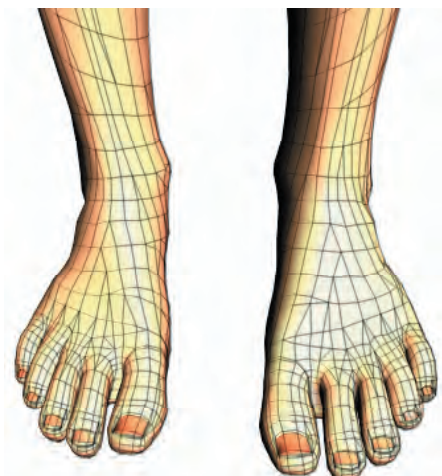
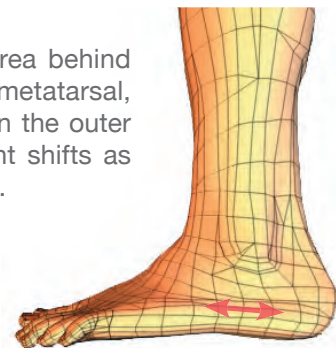


Contact 1

Hold the two sides of the heel as close to balance across the plane as possible. When the arch is extra high, the focus will be on releasing and lengthening the tendons of the medial ankle. When the inner arch is weak, the focus will be on the lateral heel. (When the foot is completely flat this procedure will not help)

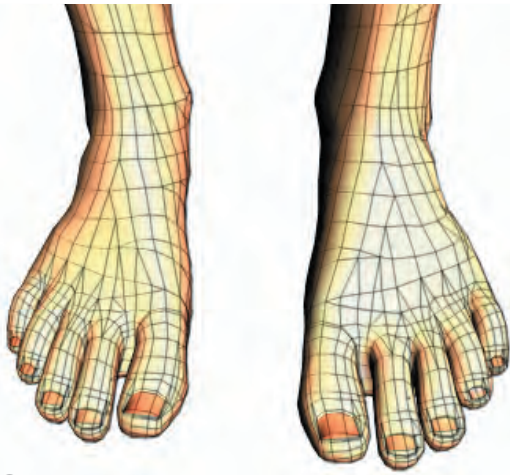
Contact 2

Press into the area behind and above the fifth metatarsal, feeling for flexibility in the outer arch when the weight shifts as the knees go forward.



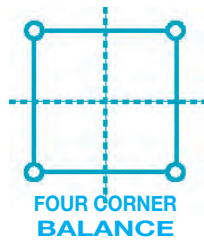
Contact 3

Press directly into the anterior ankle, at the joint. Though the anterior tibialis may tend to push you out, try to establish the sense of the precise front of the hinge, balanced on the bisecting plane.



Contact 4

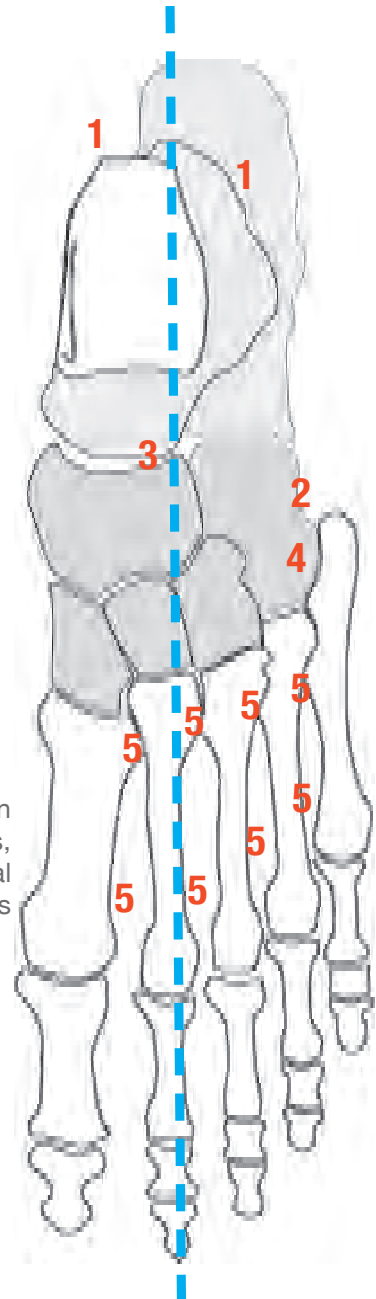
Tarsal-Metatarsal Hinge. Feel how the weight shifts from heel to transverse arch as the knee moves forward. Is there a strong medial arch from navicular forward to the first metatarsal head? Is the lateral arch frozen?



It's everywhere!

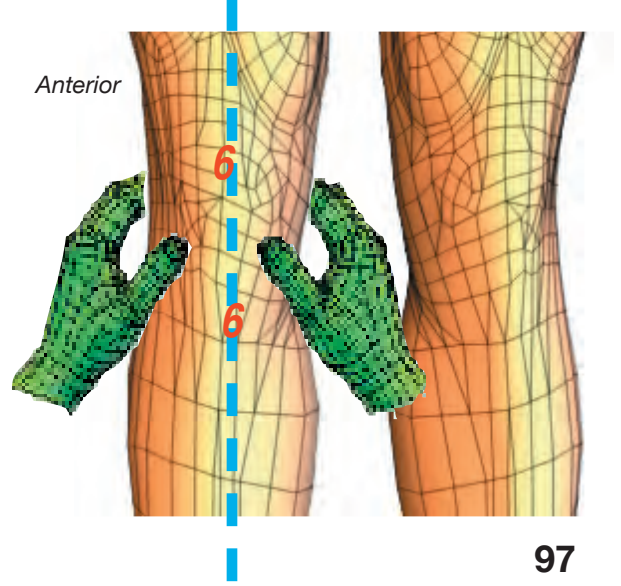
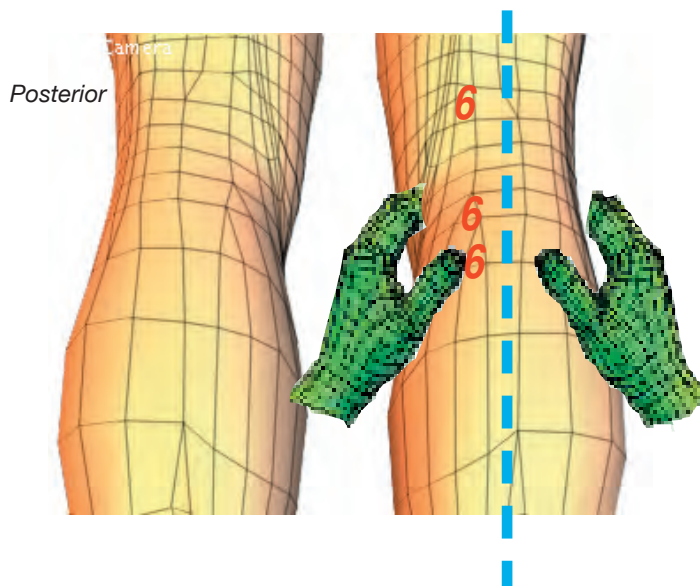
Contact 5

Make compressions between the adjacent metatarsal bones, at both the proximal and distal heads. Feel how the weight shifts through the foot.



Contact 6

hold the knee firmly on both sides and guide it through a *straight* movement front and back. 'Think Bones' and feel them slide into alignment



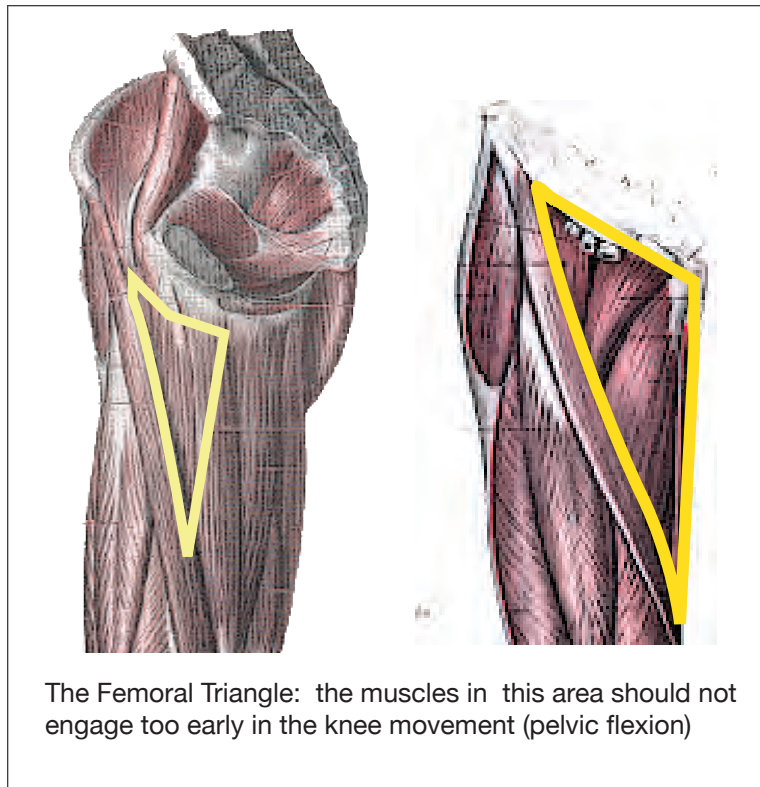
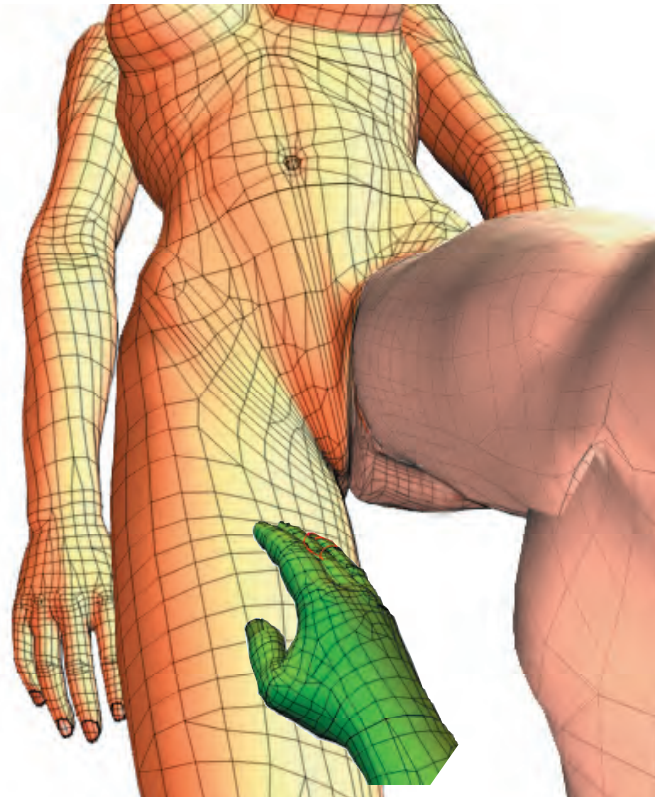
The Femoral Triangle

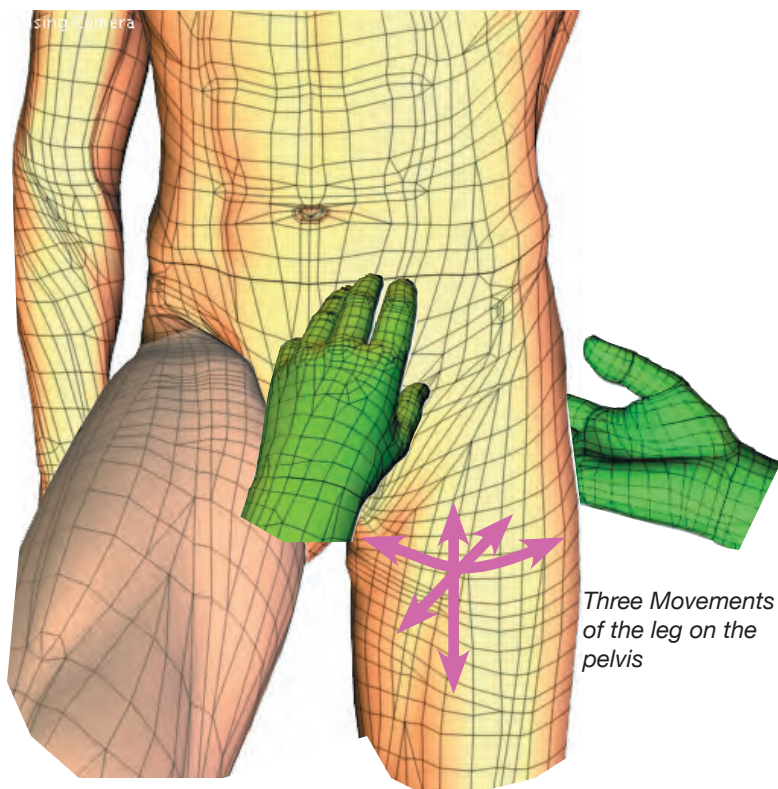
This is a further refinement of the work you have done with the medial thigh and around the pelvic flexors.

The femoral triangle is bounded by the femur, sartorius, and the pelvic ramus. The knee should be able to move straight forward for 3-4 inches before the muscles contained in this triangle begin to engage. You can use a firm, rather pointed contact to organize the coordination of muscles in this area.

The client is reclining with one knee up. As you contact various points within the triangle, you can ask for knee movement 'straight forward and straight back.' Keep the movement less than three inches, and also ask for much shorter and more subtle movements as well.

Reach into the deep attachments of the adductor muscles, pectineus, and even psoas to organize their participation in the movement. This will be done at several points, beginning at mid-thigh on the femoral line and moving upward into the ramus, pubis, and inguinal tendon.



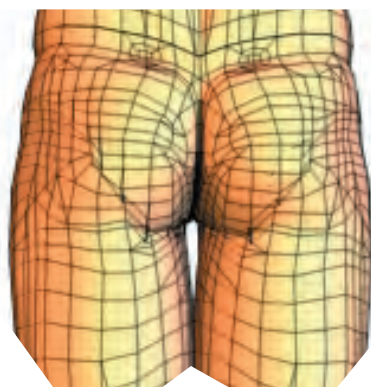


Anterior Lower Lumbar

Integrate the movement of the leg with the sacral table and pelvic bowl. Make contact with the psoas at L5 and ask for the three movements of the leg on the pelvis. Encourage your client to improvise, going from one movement to the next according to how the contact feels. This can be a deeply mutual work.

Here you are contacting the points in the lower pelvis which tense when the knee moves forward. Usually they are in the psoas or iliacus, and they signal that the movement is being made as a flexion rather than as an expansional movement involving the extensors of the back. A dual operator behind the greater trochanter brings both front and back into the integration.

Carry the work as far up the lumbar spine as seems appropriate.



Posterior Aspect:
A return to the pelvic rotators and hamstrings can bring the front and back into relation. In the prone position the breath should make the pelvis rock on the leg.

Lateral Aspect:
The quadratus lumborum can further integrate with the movement of the leg on the hip.



Other Aspects

Still watching for the fullest possible connection between the pelvic extension and the lumbar balance, you may be drawn to various other sides of the pelvis and leg.

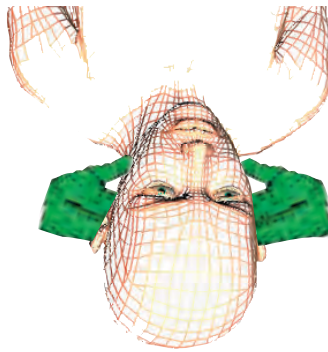
Further contacts with the posterior pelvis may complete the picture, including a return to the obturator internus and the other pelvic rotators. The touch is different from your style in Session Six. Now your client is able to get the message from a much softer approach. The body can remember what was released before, and your broader contact brings it into relation with a larger area around it.

From the side aspect, ask for knee movement while you contact quadratus lumborum and the muscles around the greater trochanter.

Completion Steps

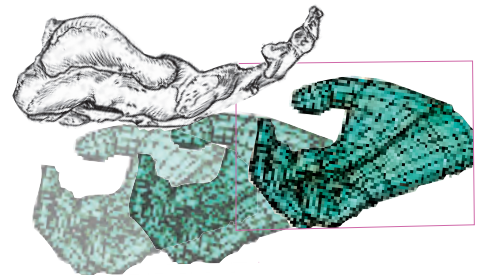
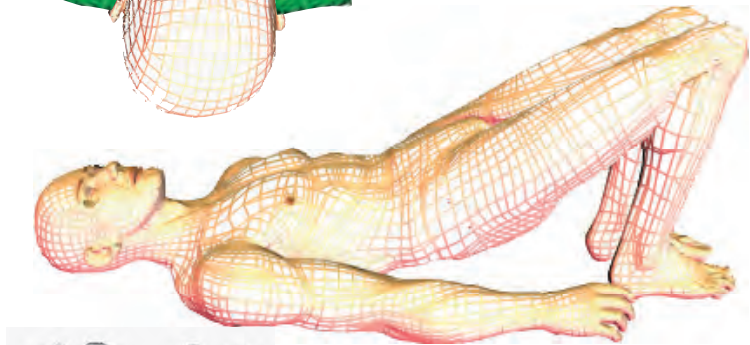
Neck Work

Return to the contact with the transverse processes of the atlas. Feel for the anterior-posterior balance of the cranium and on down the neck. Your hands should remind your client of her state at the end of Session 7.



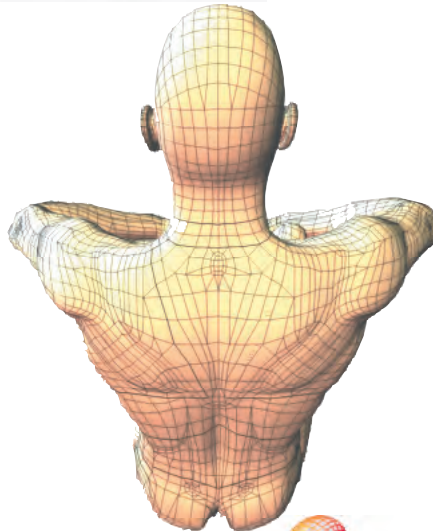
Pelvic Lift: a variation

Now that you have clarified the leg-core relationship you can do a further differentiation of the posterior sacrum and coccyx. Tell your client “just turn your tail under” (just use the sacral hinge without lifting further). Immediately insert your hand under the sacrum and exert traction as you tell your client “Lay it down long.” Your fingertips are very specifically pressing into the sacrum between the top two sacral vertebrae. Repeat, placing your hand at the next lower joint on the sacrum. Repeat lower and lower on the sacrum and upper coccyx



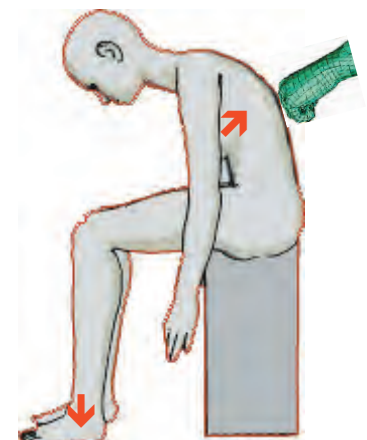
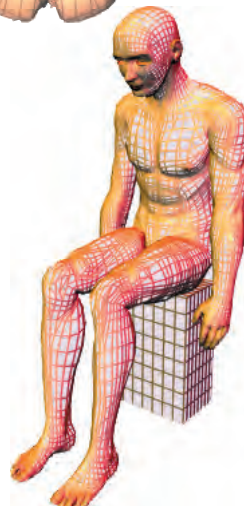
The Upper Pole Extension

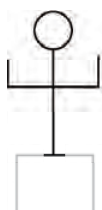
The last contact of Session 7 now becomes a regular part of your completion steps for the rest of the series.



Seated Bench Work

Any amount of bench work, from the front or from the back, will be useful in helping your client integrate the legs with the lumbar spine.





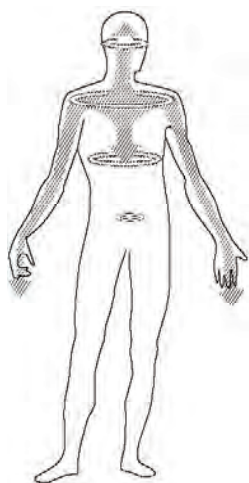
THE UPPER GIRDLE HOUR

Session Nine (or Eight)

In the previous session you integrated the lower girdle with the core. Now the upper girdle needs the same treatment. Every movement of the arms has a reference within the core, some place within the torso from which it unfolds.

In earlier sessions you approached the arms from a variety of directions. Anterior arm, posterior shoulder, armpit and thoracic outlet have been differentiated. Now you will work for a fully balanced shoulder joint, open, balanced movement of the shoulder girdle on the rib cage, and a fully open arm and hand. Instead of working on single joints you will pay attention to the *overall balance* of the entire system.

The chest introduces a major difference of the upper girdle from the lower. Here the fact that the core is a set of relationships around the entire torso, front and back, becomes obvious in the role of the rib cage. Where the front of the lumbar spine was heavily invested with the psoas muscle, the thoracic spine is supported by muscles all around the outer rib cage, above where the psoas ends. This means you are working with three layers in mind: the spine, the rib cage, and the entire layer of chest and back muscles involved with the arms.



"Returning to the Original Place"

In the ninth oxherding picture one reenters the world where, "having forgotten oneself one is enlightened by all things."

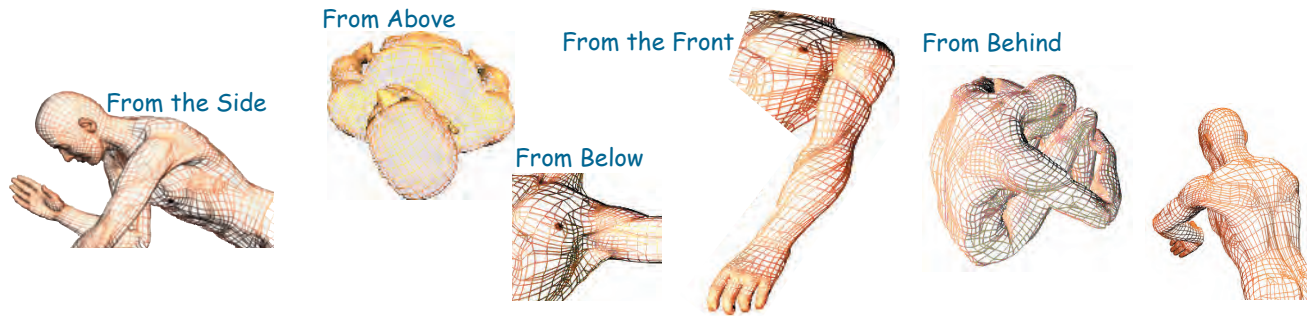
In Session Nine the arms are opened from spine out through fingers, enabling the hands to make contact with the 'outside' world.



THE TASK OF THE UPPER GIRDLE SESSION



YOU HAVE APPROACHED EACH JOINT FROM EVERY ASPECT



NOW EVERYTHING NEEDS TO BE INTEGRATED INTO TWO LARGER WHOLE:

THE WHOLE ARM

THE UPPER GIRDLE AND CORE

TWO GOALS

Connect the upper limb to the spine through the shoulder girdle

- Does the shoulder girdle have an open balance so that the elbow can extend directly from the spine?

Make sure the arm itself is integrated (no blocks or missing parts.)

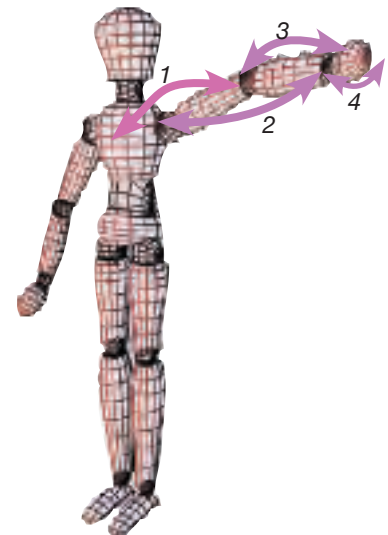
- Do the hands connect?
- Are the elbows blocked?

ANYTHING YOU HAVE DONE BEFORE MAY BE USEFUL

The difference is that you are relating what you do the limb in three dimensions. You will see how one side or one joint is not quite fitting into the whole picture.

The contact is lighter, and the client is more able to work deeply with it.

SEGMENTATION



Because of its segmental design, the arm expands from the core in an alternating sequence from spine to fingertips

First Expansion: from spine to elbow across the shoulder. Is the elbow connecting with the spine?

Second Expansion: from shoulder to wrist across elbow. Is the elbow blocking the connection?

Third Expansion: from elbow to carpal-metacarpal hinge across wrist. Is the wrist open and flexible?

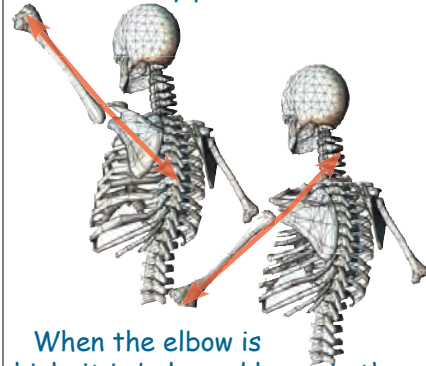
Fourth expansion: from wrist to metacarpal-phalangeal hinge across the palm. Is the carpal-metacarpal hinge functioning freely?

Fifth expansion: from palm out through the fingertips.

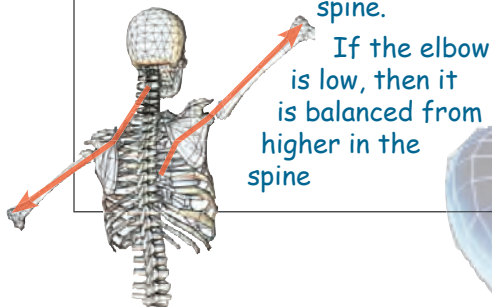
EXPANSION IS STABILIZED BY THE CORE AS IT PASSES THROUGH THE CENTER OF JOINTS TO BEYOND THE FINGERTIPS

THE CORE COUNTERBALANCES

The scapulae have a variable connection with the spine. Depending upon where the arms are reaching, the stabilization may come from any part of the back.

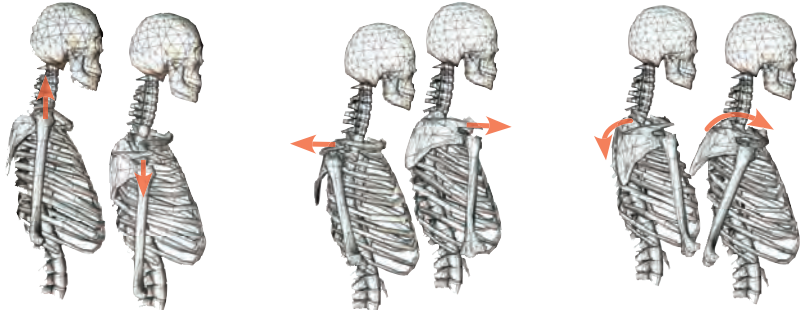


When the elbow is high, it is balanced lower in the spine.



If the elbow is low, then it is balanced from higher in the spine

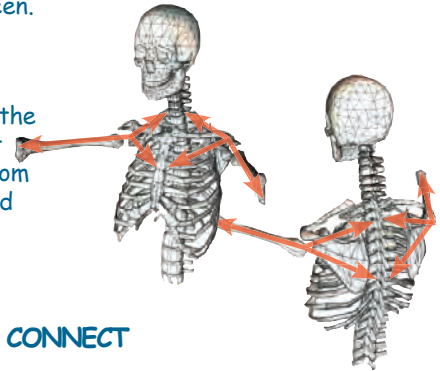
THE SHOULDERS TRANSMIT



The shoulder joint can go up & down, forward & back, and rotate in two directions. The center lies in between.

THE ELBOWS EXTEND

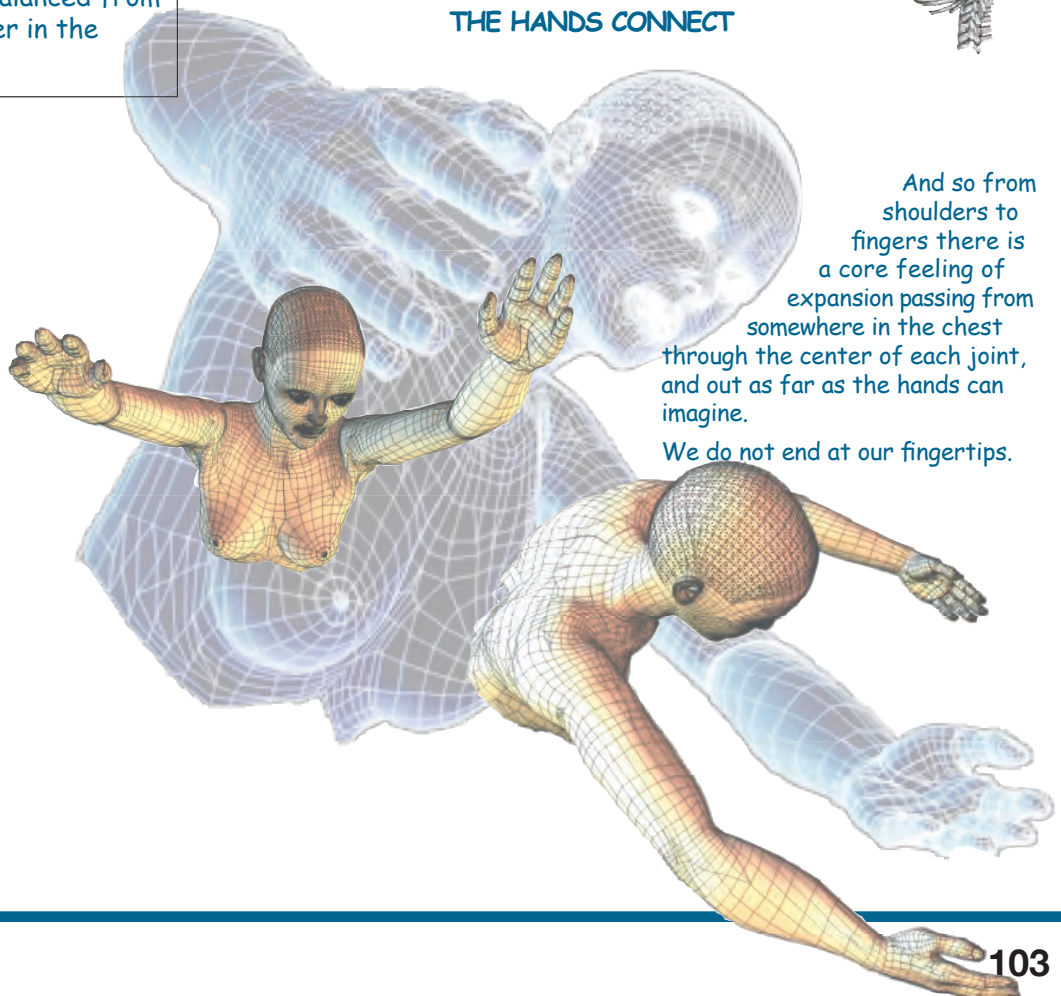
The elbows, like the knees, are the first movement of the limbs out from the core. They extend from the spine through the centered shoulder



THE HANDS CONNECT

And so from shoulders to fingers there is a core feeling of expansion passing from somewhere in the chest through the center of each joint, and out as far as the hands can imagine.

We do not end at our fingertips.



Chest

AN INNER LAYER, THE TORSO, GIVES STABLE SUPPORT TO THE ARMS

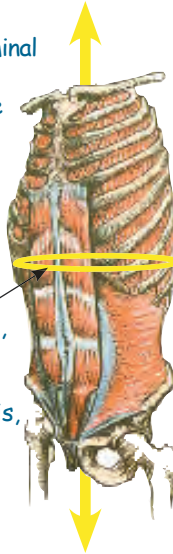
What is this core from which the upper girdle extends? It is three-dimensional, and it has two major layers. Its 3D volume was organized in the core sessions, the diaphragm being brought into relation with the horizontalized pelvis, the spine put into place behind the central vertical line, and the circumference of the cylinder organized for three-dimensional, flexible support. This is the inner layer, a balance of spinal column and outer cylinder.

Between that and the arms is a middle layer of musculature which relates the upper girdle to the torso.

A Structural Integrity beneath the Shoulder Girdle

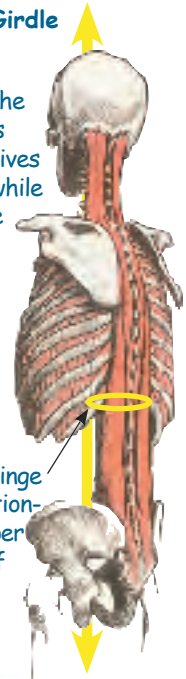
The chest and abdominal wall form a cylinder balanced around the central line.

The Diaphragm Ring, parallel to and supported by the horizontalized pelvis, is the foundation of the upper girdle.



Inside the cylinder the spinal column with its supporting muscles gives length to the torso while remaining behind the central line.

The Lumbo-Dorsal Hinge determines the relationship between the upper and lower portions of the torso.



A MIDDLE LAYER OF MUSCLES COORDINATING UPPER GIRDLE AND TORSO

The entire outer layer of myofascial tissues on the chest is devoted to arm and shoulder girdle. It is a kind of cape resting over the torso. This is the layer which you are addressing in Session Nine.

The session is an overall look at the horizontal polarity from midline (spine and sternum) to fingertips.

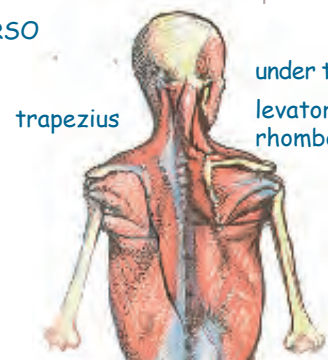
You are interested in the lumbo-dorsal hinge because the diaphragm is the foundation of the arms. There is an important sense of balance across the spine between the upper psoas and the rhomboids.

You are not yet fully addressing holding patterns within the chest or torso.



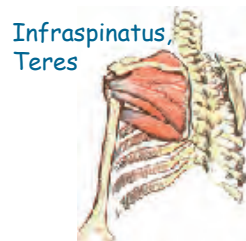
Pectoralis Major

Pectoralis Minor and Coracobrachialis

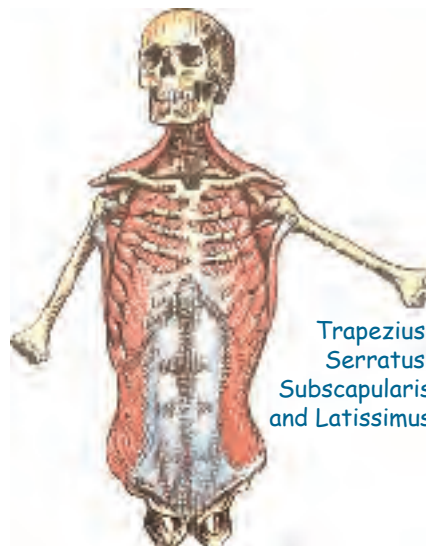


trapezius

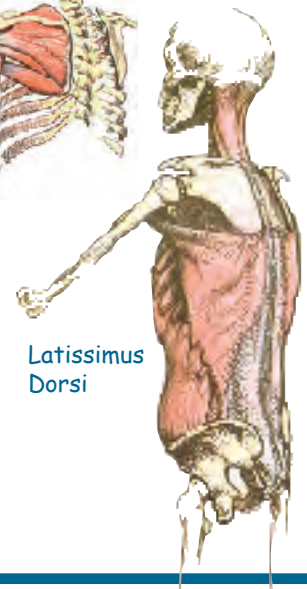
under trapezius
levator s.
rhomboids



Infraspinatus,
Teres



Trapezius,
Serratus,
Subscapularis
and Latissimus



Latissimus
Dorsi

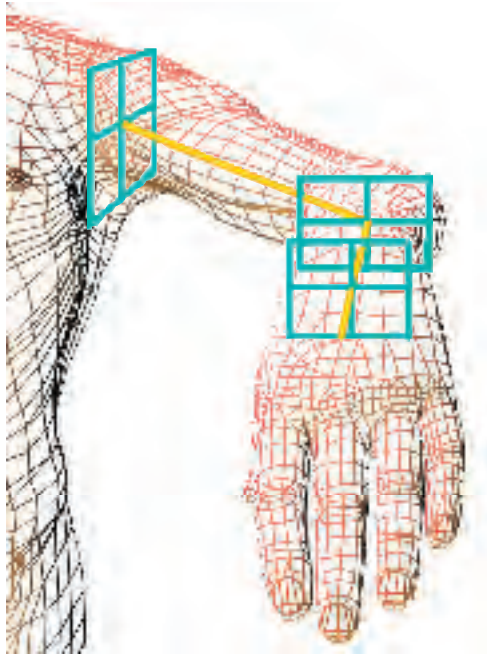
Arms

ARMS CAN BE FEATHER-LIGHT

When arms are functioning as a true horizontal polarity, they feel as if they were going out to the side rather than having to be lifted. To do this there must be a sense of connection to the spine, and the shoulder joint must be open across the four-corner balance.

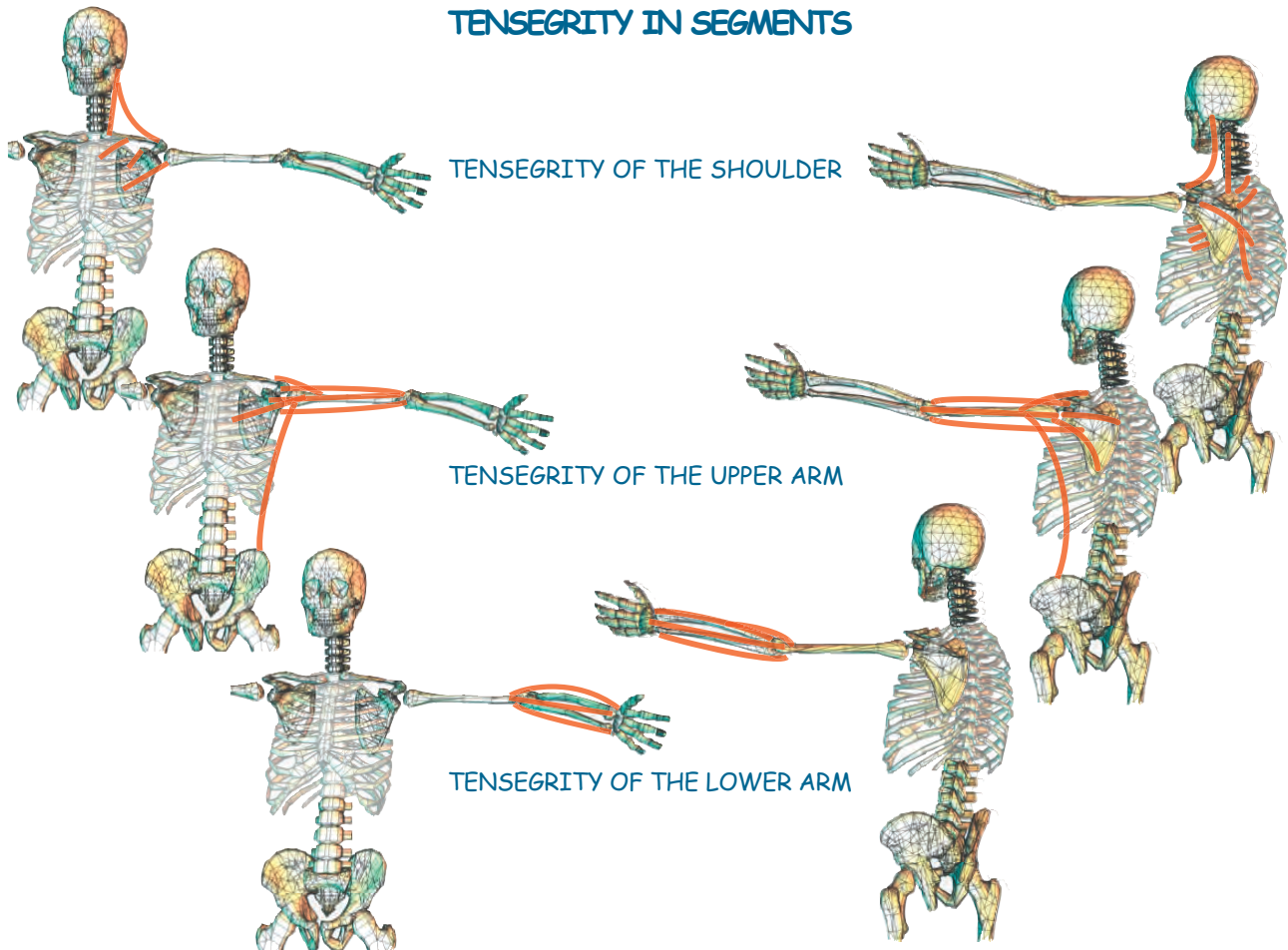
Much of the arm work has already been done. What is new is to view the shoulder girdle as a whole, on all sides, finding an interior sense of connection between all its joints. The tensegrity concept is useful here.

The outer layer of myofascial tissue on the chest is all arm-related. It will be your concern as well, to include it in the extension of the horizontal polarity.



FOUR-CORNER BALANCE
THROUGH THREE JOINTS

TENSEGRITY IN SEGMENTS



A Typical Upper Girdle Session

Look for Contraction

Looking at the entire upper body, where are the arms drawn in? Where is expansional balance not happening? Some of the contraction will be in the shoulder girdle and some deeper in the thoracic core.

Lateral Shoulder

Start with the lateral shoulder. Client is lying on his/r side, elbow and arm on a plane vertical to the medial plane. Is the humerus free to rotate on the scapula? Small, precise contacts with your intention directed to bony landmarks around the rotator cuff will bring awareness into the system.

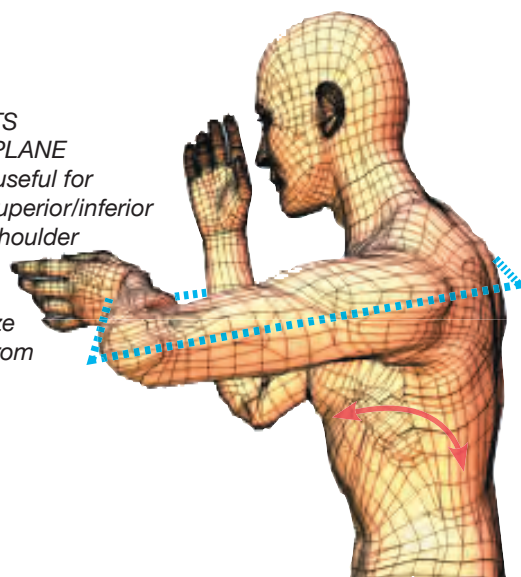
Similar contacts across the scapula and on the medial border of the scapula may locate other points of contraction and withdrawal.

You have already done the uncovering outer work in earlier sessions. Now you are going deeper with less effort. Your client's immediate, nonverbal body awareness makes the change.

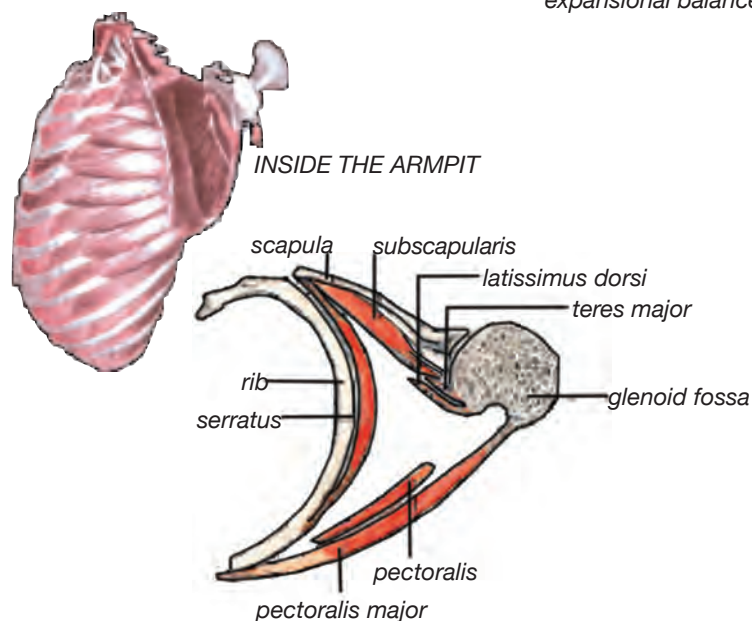
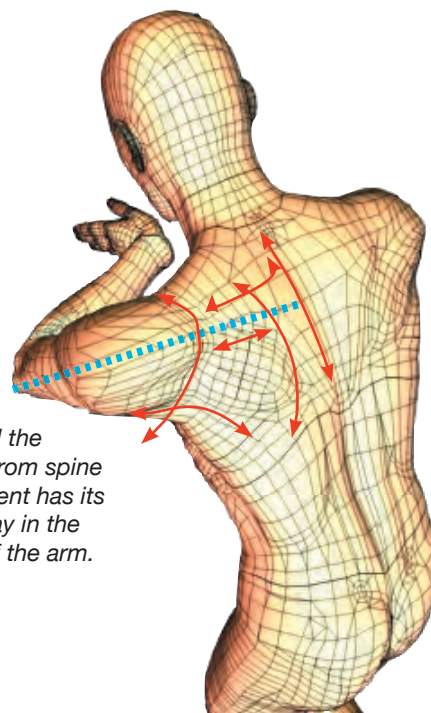
Upper Back

Return to the rhomboids and find ways to release them. Go still deeper into the spinal erectors and even the rotatores and levatores looking for where the breath is blocked in the rib cage. The extended elbow can help to uncover places which are bound and immobile.

THE ARM ON ITS TRANSVERSE PLANE
This position is useful for organizing the superior/inferior balance of the shoulder. Extending the elbow forward can help organize each segment from spine to elbow.



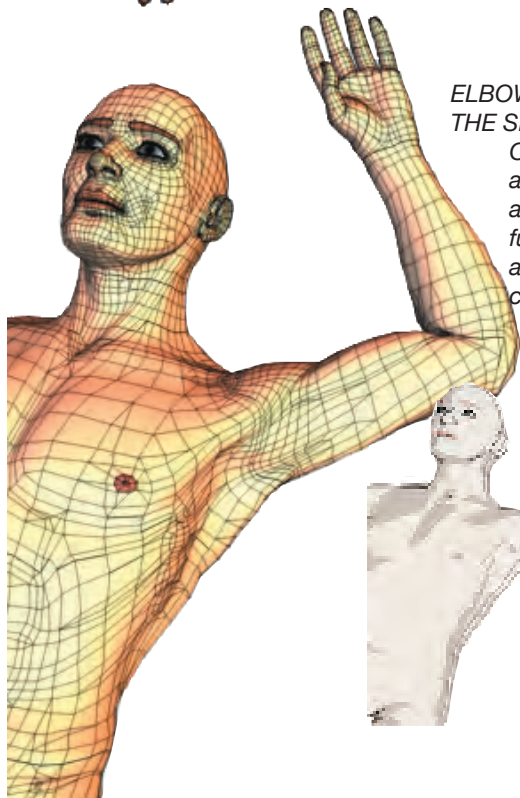
THREE SEGMENTS ACROSS THE BACK
Humerus, scapula, and the hammock of muscles from spine to scapula, each segment has its independent role to play in the expansional balance of the arm.





ANTERIOR ARM, WITH MOVEMENT

The client can lie supine. The contacts can be on lower or upper arm. The elbow can move in and out, or the hand can move on the wrist side to side or up and down. Balancing the arm across the coronal plane can open up the horizontal polarity.



ELBOW UP AND DOWN ON THE SIDE PLANE

Contacts under the axilla, organizing serratus and subscapularis can further relate the arm and shoulder to the coronal plane.



Anterior Arms

Use the deep contacts on the lower arm again with wrist and elbow movements. Now your client can move the elbow without losing the front-back balance across the shoulder.

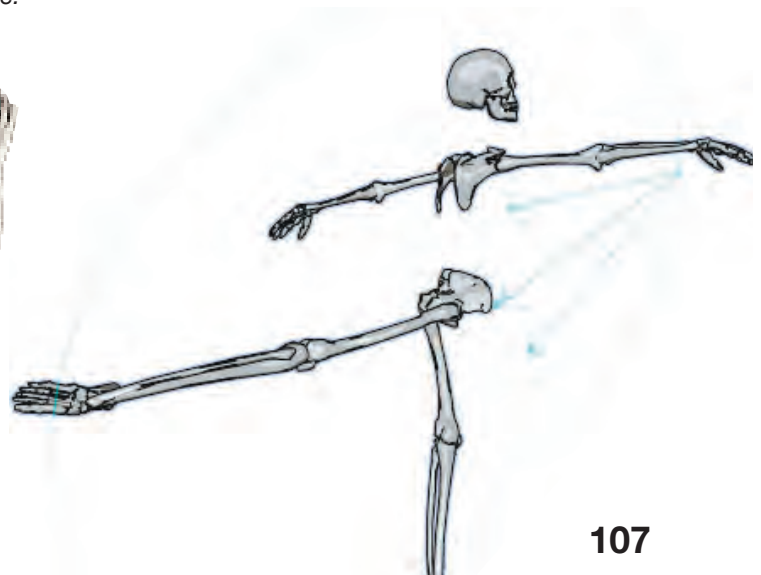
Contact the anterior upper arm and ask your client to reach down with the hand or move the elbow laterally. Again the work will be contacting deeper than before.

Extended Shoulder

Now, with the elbow turned up and the arm flat on the table, it becomes possible to approach the lateral rib cage. Serratus and Subscapularis form an angle between the scapula and the rib cage which you have addressed in Session One. Now the entire underlying support of the shoulder can be organized. Serratus is only the first layer. Deeper are the Intercostal muscles and the holding patterns of the rib cage itself. Think geometry, send your intention deep into the rib cage, and ask the client to move the elbow up toward the ear on the flat plane of the table.

These four contacts might form the whole of a Session Nine

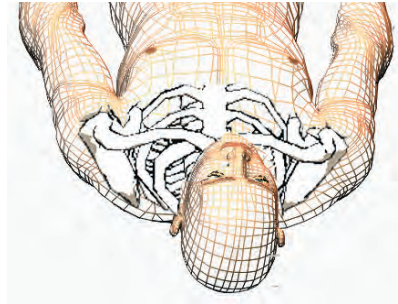
Or you might discover that the hands are not connected, the anterior chest and collarbone need attention, or the anterior spine at the dorsal hinge is not organized properly to support arm movement.



Completion Steps

Neck Work

Contact with the posterior shoulder girdle from above will help disentangle the shoulders from the neck. Ask for neck extension and rotation of the head away from the point of contact and concentrate on creating a horizontal shoulder girdle.

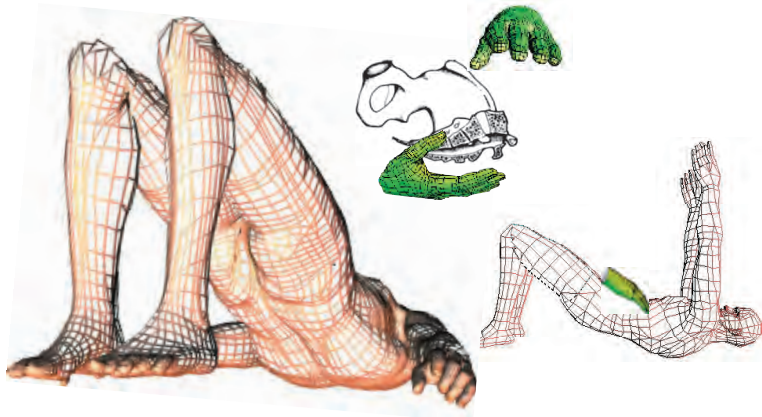


A Pelvic Lift to the Diaphragm

“The ring of the diaphragm is the foundation of the arms.” (Nebadon)

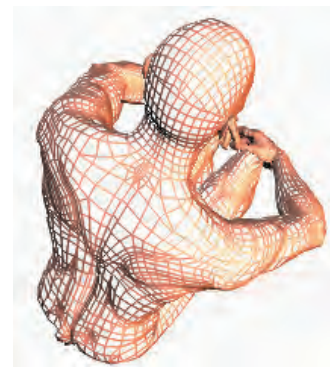
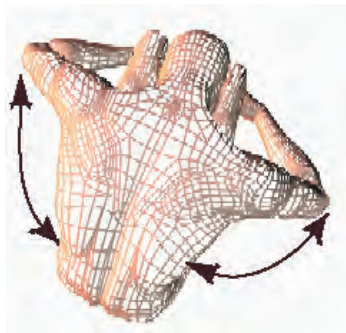
Have the client execute a pelvic lift all the way up to the diaphragm. Track the coordination around the diaphragm with contacts in front and back.

If necessary you can repeat the contact with the anterior spine at the dorsal hinge (see Session Five) using a very light touch.



Seated Upper Back Work

You client can sit on the floor, knees up, forehead on knees. Contact the rhomboids while client moves elbows out and down without raising shoulders. Repeat the seated neck extension as well.

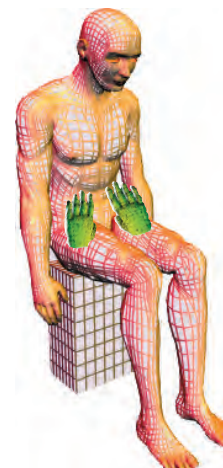


Bench Work

Bench work from the front or from the back will be useful in helping your client integrate the shoulder girdle with the core.

From the back you can develop a sense of balance between upper psoas and the rhomboids by having your client press back at the lumbar hinge and drop the scapulae.

From the front you can coordinate the lumbodorsal hinge (upper psoas) with the carriage of the shoulder girdle.



SESSION TEN: Integrating Both Girdles across Core



This is the culmination. Dr. Rolf joked that structural integration consists of Session One and Session Ten with everything in between being preparation. It was a joke, but Session Ten is an entirely different kind of session from the others. You and your client have come to a very special place of touch communication. Your client has learned to participate, draw you in, move in response to your contact. Now the two of you are going to clarify the movement of expansional balance across the entire body. Even the previous two integration sessions are not so general, so broad, so . . . integrative.

You want to put it all together. What does this mean? There must be an open balance across the torso between the limbs. When you walk you swing your arms, and all four limbs are coordinating across the intervening space. That space is expanding in six directions, from atlas to perineum, and across the shoulder and hip sockets.

Structural Integration is *Unity in Gravity*.

Most of your work will be on the torso with emphasis on the level *beneath* the muscles of the shoulder girdle – the ribs, spinal muscles, abdominal wall – bringing it into flexible relationship with the limbs, opening up more points of counterbalancing relationship within the torso.

It is important not to get caught up in detail. Especially in Session Ten you must be aware of the entire torso and the shoulder/arm movement even when you are precisely contacting some specific point. Before the integration sessions you were *differentiating* structures, organizing function across individual joints. That was *taking apart*, moving from the outer layers until you reached the core, then differentiating hinges within the core. Your touch may have been quite intense to reach the appropriate levels. Now you are in. Your client has been trained to participate and can draw you in to these levels. You are working on an educated body which can work with you.

All this time you have given your client simple geometric movements. By now they have become pleasurable. In Session Ten they are indispensable. So much more now depends on your client's initiative. Long, delicious stretches, rotations, expansional gestures. . . the very pleasure of movement makes use of your hands to discover the inside, vibrating volume.

Your conversation suggests movement, pleasure, expansion. You are anchoring internal physical experiences in your client's awareness, making sure the ego reflects on this non-verbal sensate phenomenon of wholeness. From the table you move to bench, and to standing.



"Entering the Market with Helping Hands"

In the tenth oxherding picture the enlightened being has reentered the world on a whole new level, engaging without striving, compassionate and helpful.

In Session Ten the body becomes unified and relaxed in gravity, allowing effortless movement and balance.



The Task of Session Ten

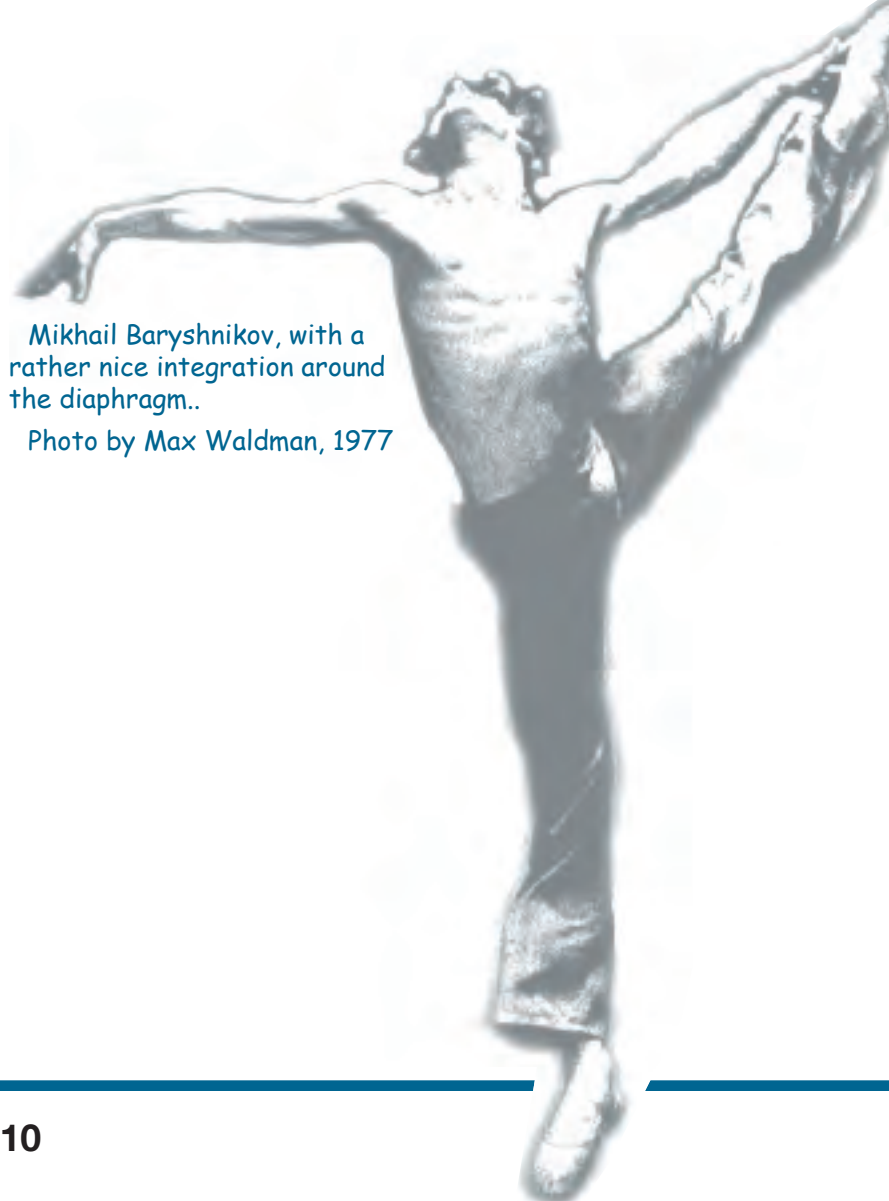
AN OPEN BALANCE OF THE LIMBS ACROSS THE TORSO

The legs have been related to the sacral table through the pelvic girdle; the arms have been related to the spine through the shoulder girdle. Now the torso must open to support a variety of different relationships of all four limbs with each other across the core.

IN THE CORE SESSIONS WE ORGANIZED THE BALANCE OF SOFT TISSUES AROUND THE SPINE, PELVIS AND MEDIAL LEG.



NOW THE REST OF THE CORE, THE OUTER CIRCUMFERENCE OF TORSO MUST BE BROUGHT INTO BALANCE WITH IT.



Mikhail Baryshnikov, with a rather nice integration around the diaphragm..

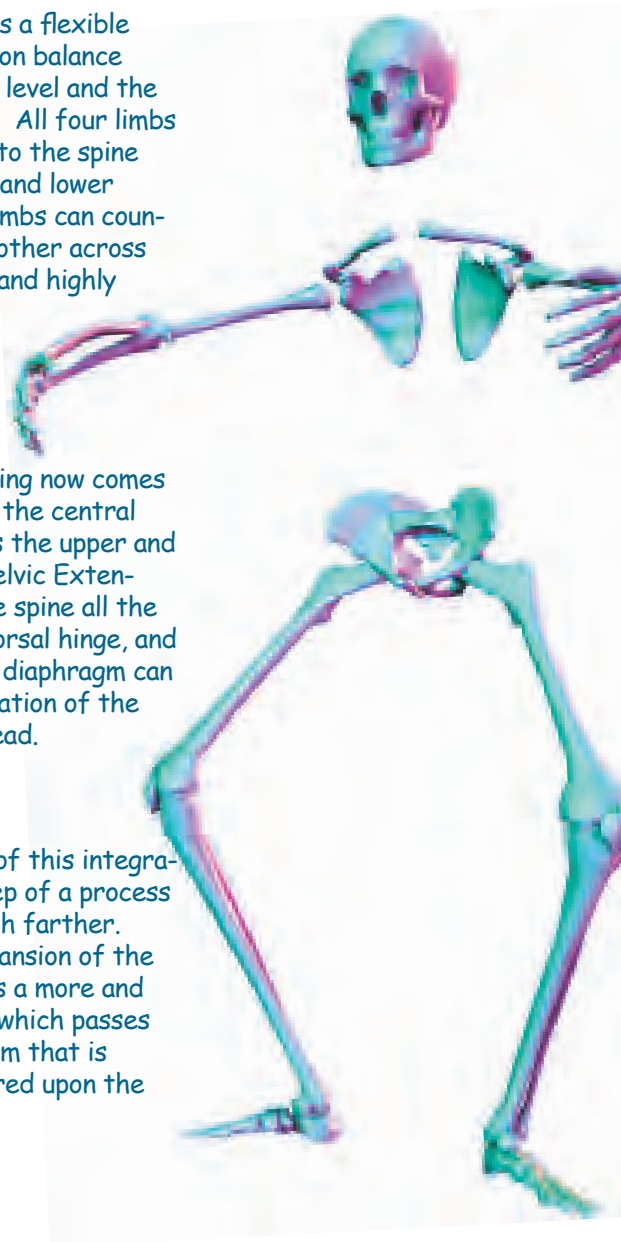
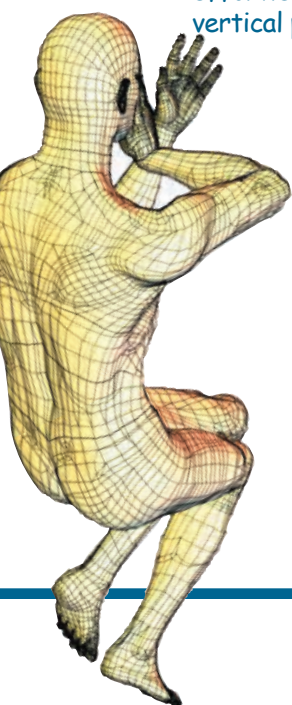
Photo by Max Waldman, 1977

The Counter-Balancing Core

The torso now has a flexible strength, based upon balance between the spinal level and the abdominal cylinder. All four limbs have been related to the spine through the upper and lower girdles. Now the limbs can counter-balance one another across and open, flexible, and highly responsive middle.

The Diaphragm Ring now comes into prominence as the central plane which relates the upper and lower body. The Pelvic Extension can engage the spine all the way to the lumbodorsal hinge, and the now-stabilized diaphragm can serve as the foundation of the upper girdle and head.

The experience of this integration is the first step of a process which can lead much farther. Ultimately the expansion of the four limbs becomes a more and more open system which passes through a diaphragm that is effortlessly centered upon the vertical polarity.



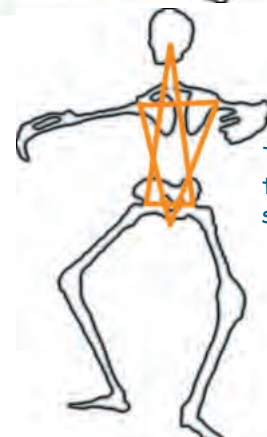
A complex, ever-shifting web of relationships within the torso



Arms and legs related across the diaphragm ring



Down feels related to Up



The body free to expand in all six directions

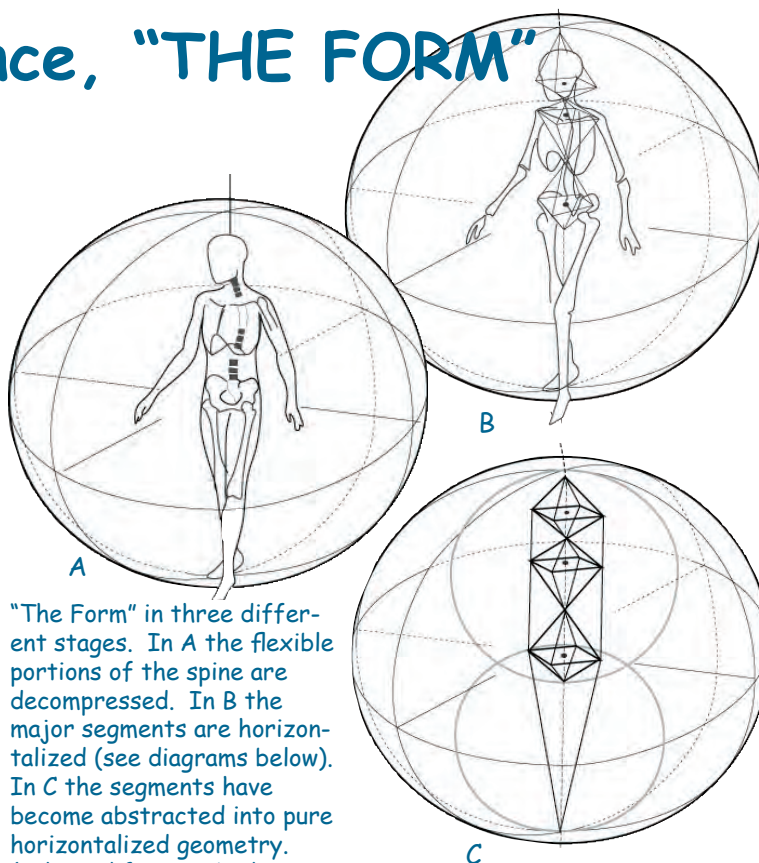
MICHAEL NEBADON

Expansional Balance, "THE FORM"

Michael Nebadon called the state of being in expansional balance "The Form." It is a fully expanded state in which the slightest shift in any joint influences every other joint. It can be so open it transcends the whole pattern of contractions one recognizes as self, the tensions which make up the sensory experience of ego. It is not surprising that Nebadon reported it can be frightening to lose oneself and open all the way into 'the form.'

This is a very radical concept of Structural Integration, a more distant possibility: expansion in which the limitations of the self experience are transcended. But Structural Integration is the experience of unity in gravity, and we should not avoid the full implications of the idea.

It is interesting to compare the Rolf Ten Series to the way Michael Nebadon worked. His sequence was different. He began by releasing the horizontal polarity to free the head and neck, then horizontalized the pelvis. The Rolf series clearly horizontalizes the pelvis first and then builds the other two on top of that. At the end, both arrive at the same conclusion, an omnidirectional expansion in space.

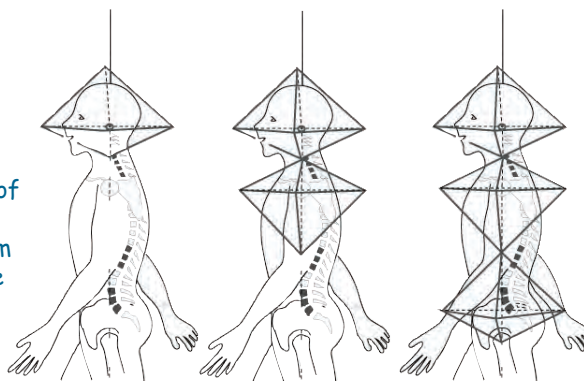


"The Form" in three different stages. In A the flexible portions of the spine are decompressed. In B the major segments are horizontalized (see diagrams below). In C the segments have become abstracted into pure horizontalized geometry. (Adapted from Nebadon, Slide Show, 1975)



Expansional Balance as a six-pointed star. Head and the two hips form one triangle. Shoulders and perineum for another. Nebadon, 1975

Three Stages of Horizontalizing the body. From Nebadon, Slide Show, 1975.



Planning Session Ten

Your goal is to bring the core into open balance in relation to the limbs.

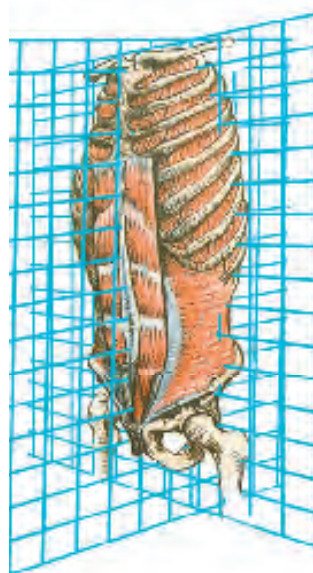
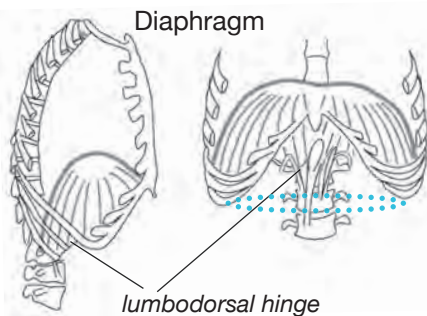
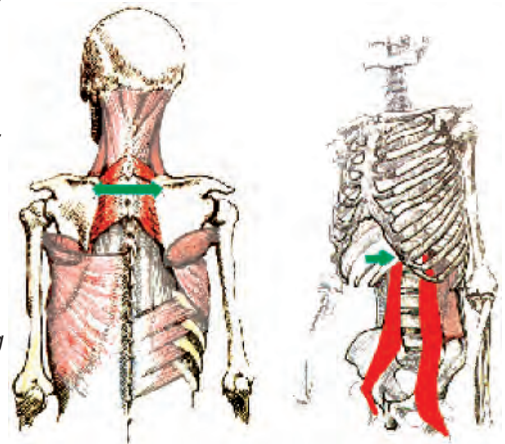
There is no formula for Session Ten. Most students can become competent in the previous sessions by following Dr. Rolf's 'recipe.' But how to produce optimal integration in each particular client is something we learn over years of practice.

The movement-oriented bodyworker will draw upon her/s own sense of integration. The feeling of open balance helps sense what is needed in this client's body.

Avoid falling into the trap of doing more detailed organization on parts. Keep a very broad attention to the body as a whole.

The Rhomboid/Lumbo-Dorsal Balance

A critical concern for the anteroposterior balance of the core is the way in which the rhomboids balance with the lumbo-dorsal hinge. The upper segments of the psoas should in a floating relationship with the rhomboids. When the first lumbar comes back, the rhomboids should widen, producing a feeling that the shoulder girdle is hugging or wrapping around The Line at this level.



The Torso, bisected by two planes. A Session Ten often begins with assessing whether the main imbalances are from side-to-side or front-to-back.



Grundy's model shows an imbalance across the central sagittal plane. Notice the lean to the left, the deep shadows around L2, and the difference in the two sides of the clavicle.

The 'C' Position

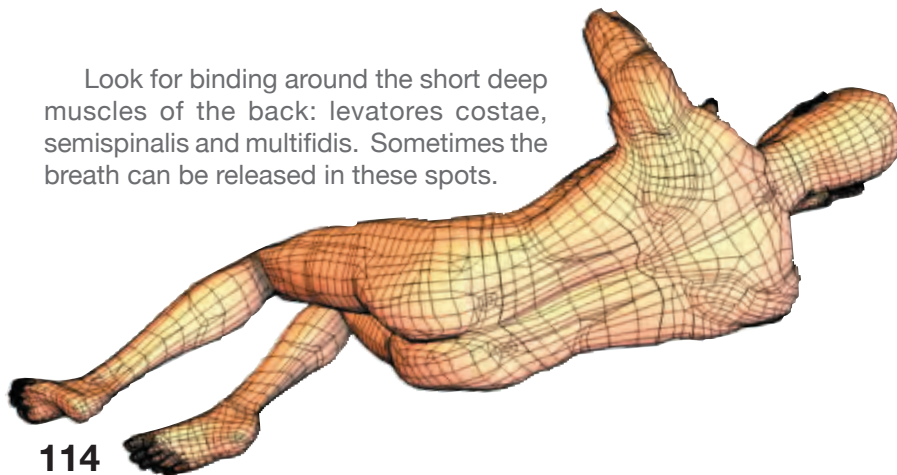
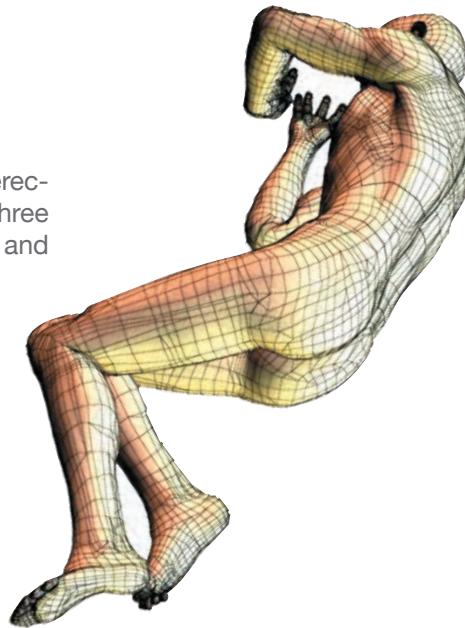
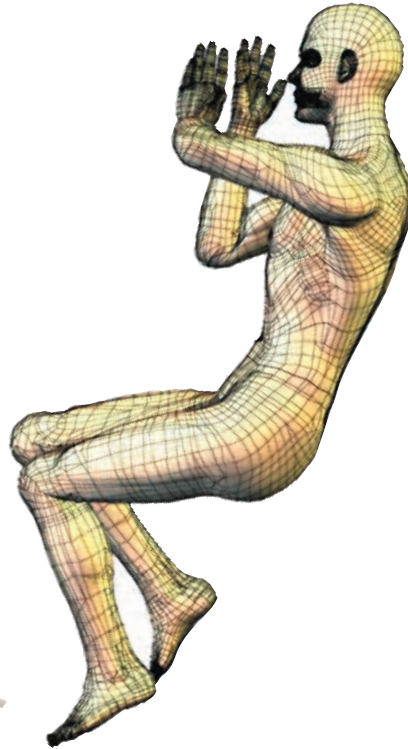
The side position is a good place to start. It gives access to both front and back of the torso, and the limbs can be brought into relation with each other across it.

Consider the three layers of the lumbar and thorax. Ask for pelvic extension into the knees. Ask for elbow extension forward. How are these extensions relating to the three lumbar hinges? Look for binding which displaces the outer core layer when the limbs move.

Look for binding between the upper back and shoulder girdle which prevents the posterior spine from counterbalancing the forward movement of the elbow;.

Look for binding within the spinal erectors which prevents free use of the three lumbar hinges. Contact these areas and ask for knee and elbow extension

Look for binding around the short deep muscles of the back: levatores costae, semispinalis and multifidis. Sometimes the breath can be released in these spots.



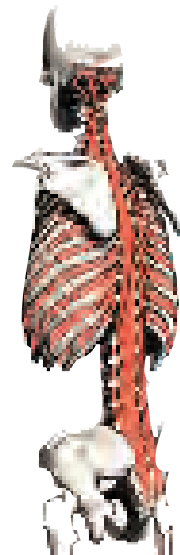
C POSITION

You can contact any point in the posterior lumbar and ask for knee movement, extension of the lower spine, or elbow extension forward.

Think Bones, but keep your intention on the soft tissue of the outer core. You have already differentiated the hinges of the core; now use the movements you have organized to integrate both levels.



Think broadly across structures. Resist the temptation to work on small areas without regard to the whole. Use your second hand as a dual operator and place it far away from the first.



Other Work for Balancing Front and Back

You might work on the pelvic balance, using contacts from previous sessions, but with a very different intention: integration rather than differentiation.

You might also work with the upper girdle, holding precise contacts with the torso while asking for arm movement.

Include verbal cues to anchor the experience of integrated movement. Put more attention on training the movement than on trying to accomplish further tissue change.

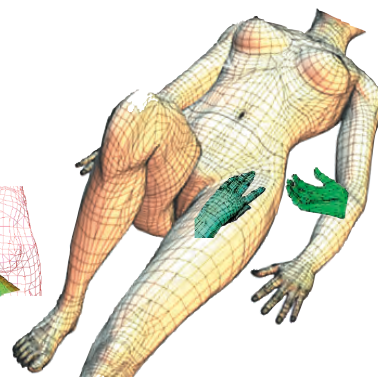
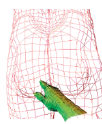
Don't try to do it all

Make only a few contacts, but make them count for the whole picture. Improvise. Think. Respond creatively to the body you see before you. What is still needed to open core balance in this body?

Touching up the Lower Girdle

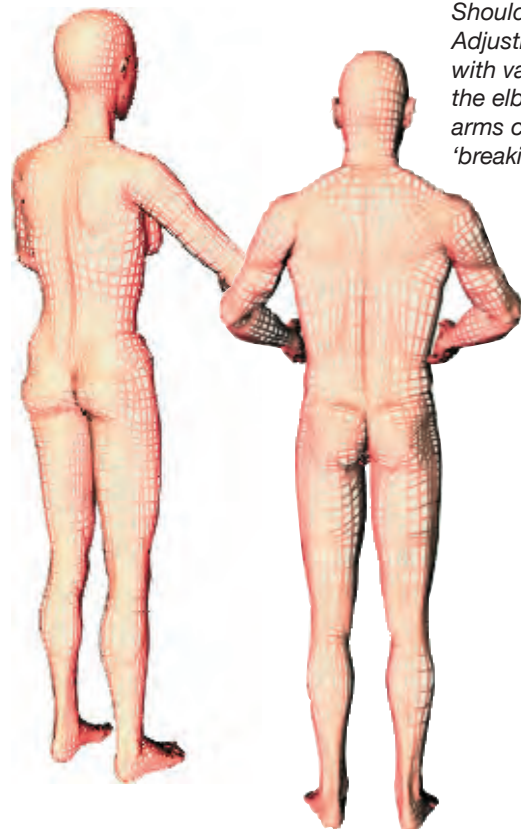


If you repeat the hamstring contacts at the ischium you will have all sides of the bony pelvis in mind, and your touch will be light. Expect your client to make use of your hands.

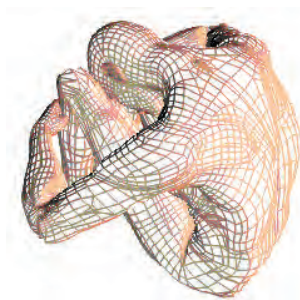


You might approach the posterior pelvis, even the obturator internus with the same attitude of breadth and awareness

Touching up the Upper Girdle



Shoulder Girdle, standing. Adjustments can be made with various movements of the elbow. Make sure the arms can move without 'breaking' the core.



Seated work with the upper back can enlist deeper levels of the torso in the elbow movements.



Long, slow, deep pelvic lifts are even more integrative now that the client is aware of the differentiated segments and can use them all.

These are only possibilities. Don't try to do them all.

Other Work for Balancing Side-to-Side

Sometime Session Ten needs to focus on lateral asymmetry in the torso. When that is evident we expect to pay particular attention to bound places around the anterolateral spine and perhaps medial thighs and neck.

At this point even scolioses can be reduced as well as other conditions in which the deep webs of fascia have become asymmetrically bound.

Anterior pelvis and psoas

You may want to return to the psoas and anterior pelvis. Work with the psoas can be much more light and specific now. Make precise contact with the portions of psoas which become mobilized with leg movement and ask (1) for extension of the lower spine—"tail under"—and (2) for the three movements of the leg on the pelvis. Contact the pelvic bowl in various places as the involvement of psoas lessens.

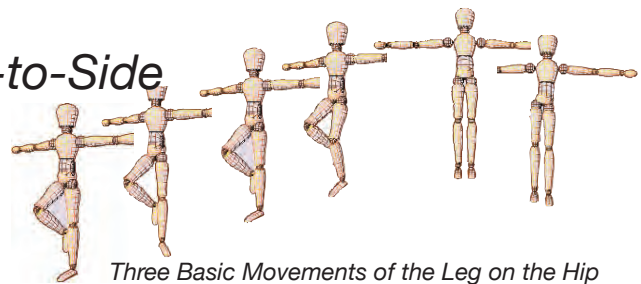
The client's movements can be much more improvisational now, more in response to pleasure.

These light, precise contacts can be continued up the lumbar spine, watching particularly for differences between the two sides. Often the sources of major asymmetry will be found high up, around L1 and L2. Rely on the client to draw you in with the leg movement.

Medial thigh

If the pattern appears to involve the medial thigh you can have your client lie face down with one leg flexed. Reach around the extended leg to engage holding patterns in the femoral triangle. Ask your client to reach down with the heel, opening the groin.

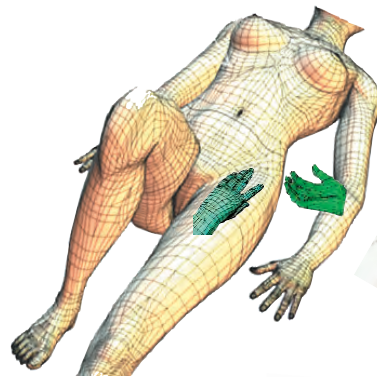
Yes.



Three Basic Movements of the Leg on the Hip

1. Hip rotation side-to-side 2. Knee forward and back 3. Foot down

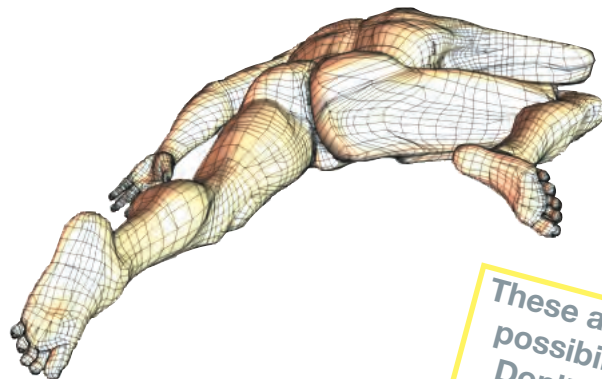
By now your client is able to use movement to organize pelvic bowl and lumbar spine.



Anterior Pelvis Contact. Your intention can engage your client's awareness



Lumbo-dorsal Hinge Contact. Keep it light and directed to your client's awareness.



These are only possibilities. Don't try to do them all.

Finale

We conclude. Large areas, large, integrated movements. Whatever is going to help your client find a unified sense of themselves in gravity in the weeks to come.

The neck extension is pretty standard, because it integrates the head and neck with the core and The Line.

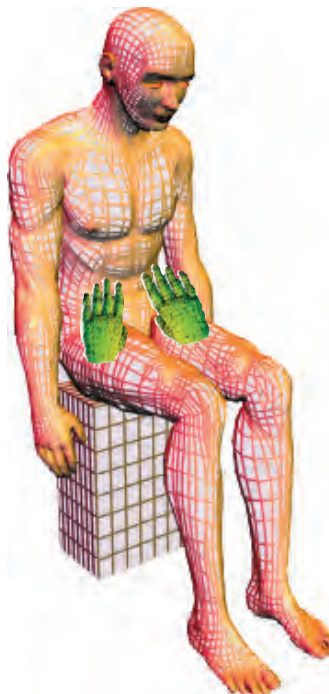
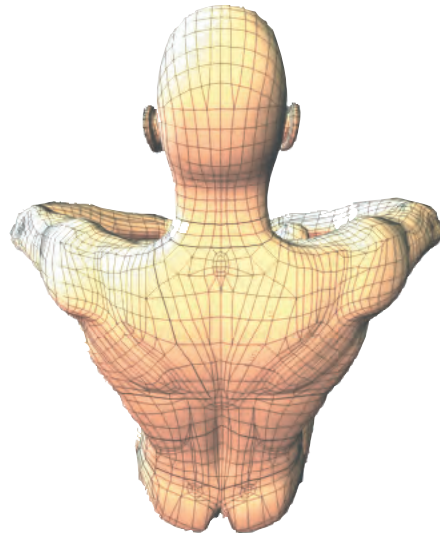
Seated work on the bench is a good conclusion. Observe that your client is now much more unified than the earlier times you used this approach.

To repeat, the touch is much deeper in intention, but precise and light. You can more easily feel far more deeply into the body, because your client now has much more awareness there. You can call upon much more active movement from your client, because of this same awareness.

You are not trying to take stuck places apart; you are integrating the entire body in these movements. If there are still problem areas, you are “wrapping them in order,” bringing their whole field of related structures into integrated balance around them.

Imagine the tensegrity and counterbalancing taking place across the torso. Feel the whole vertical polarity, the feet expanding down and head expanding up.

You are not limited to these positions. Standing contacts offer many more ways to integrate movement across the whole body.



The Experiencing Core

The core balance which we call "The Line" is closely related to the core feeling of one's own being. When the outer layers of the body release to permit the inner layers to function, a deeper awareness opens up. "The Line" is not a physical entity, but a sense of inner space. It is no accident that those centers of feeling which yoga calls "chakras" lie along the same central line of gravity.

The usual sense we have of ourselves and the world is based on characteristic patterns of tension. When we release these tensions and rely on the expansional balance of the core, The Line, we move the center of our experiencing into the core as well.

The effect of the ten sessions can be a major reëxperiencing of one's Being. Thought patterns based upon old contractions release and are replaced by a different viewpoint. Dr. Rolf spoke of "turning people out" by which she meant they were more open to the world because they had learned to relate from the core.

The poet, William Blake seems to be talking about the same thing in this quotation:

"If the doors of perception were cleansed everything would appear to man as it is, infinite.

"For man has closed himself up, till he sees all things thro' narrow chinks of his cavern." [MARRIAGE OF HEAVEN AND HELL, 1793]

If I think what I'm perceiving is "out there," I am looking out through my senses as if through chinks in the cavern wall of my dualistic perception. If I move into a continued contact with my core experience, I am cleansing the doors of my perception. Blake is talking about returning to core experience, and most mystics and really good poets have pointed to the same shift.

Blake was criticizing the viewpoint, strongly embraced by the material sciences of his day, which takes the external world seriously as independent and "out there." This viewpoint neglects the equally important fact that our experience of anything is organized by our habits of perception. It is not 'in itself' as we perceive it.

To experience from the core is to take responsibility for helping to create our reality. We move away from an externalized, "over there" kind of perception into a continued link with our feelings, perceptions, and responses.

Dr. Rolf was organizing fascia in a physical body in a three-dimensional gravity field, but she was not only working on a material body. It was the body as it is experienced, the somatic body. This body is real in an entirely different sense. It exists in the mind, organized by the imagination.

Fortunately, we can get our hands on it.

TRADITIONAL CHAKRA SYSTEM



with centers in crown,



forehead,



throat,



heart,



solar plexus,



lower abdomen,



and perineum

TWO MAPS OF CORE

ARICA HYPER-GNOSTIC SYSTEM

The same seven chakras with additional centers in sacrum and base of skull. Arica theory relates these centers to the physiological systems of Western science



Chest, some unfinished business

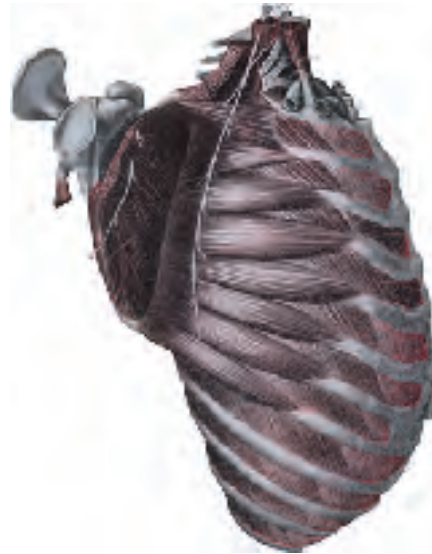
Let's acknowledge that the first ten sessions do not completely address the chest. We have carried the vertical polarity up through it and related the horizontal polarity across it, but we have hardly gotten to the core of it.

Dr. Rolf reserved her work on the intercostal muscles of the rib cage for the advanced sessions, where she approached them from the side. Such work even seemed to have an effect on heart conditions through a system of reflexes. (Fritz Perls relied on it to control his angina.) Any student of somatic psychology knows that intense emotions reside in the heart and lungs. Intolerable longing, inconsolable grief, overpowering rage, and overwhelming fear are our legacy from childhood, and not all of it has been handled successfully; the rest is stored in the chest.

There have been emotional releases, of course: tears have welled up, and relief has come, but it would be foolish to expect that the ten session series alone would be sufficient to work through the most intense, blocked, and defended elements of feeling.

In an experienced client this return to the chest can be part of an emotional exploration as well as further integration.

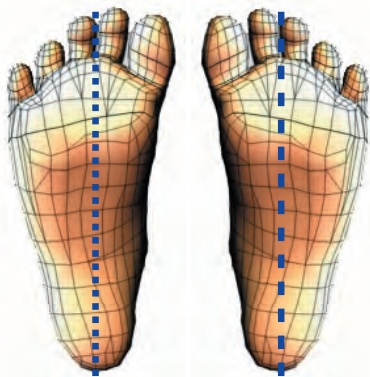
It is important to remember to balance all such work by grounding it thoroughly through the legs and feet.



Posterior aspect of the anterior chest. (The interior muscles across the sternum)

Opening the Feet

THE 'FIFTH PART OF EXPANSIONAL BALANCE' MUST BE FOUND WITH MOVEMENT

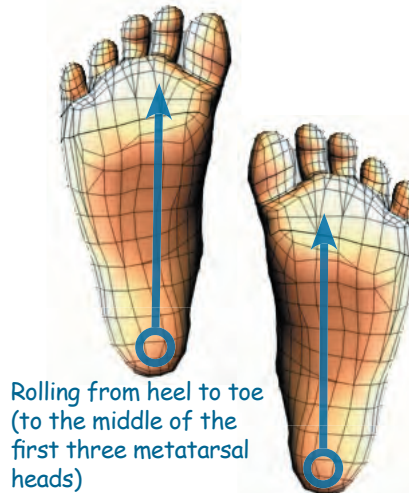
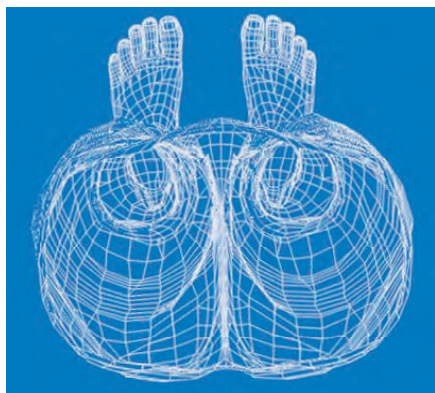


Bisecting Planes of both feet Parallel

Connection to the ground requires pelvic extension and also for the feet to be open through balanced ankles. Session Two, of course attempts to bring that about, but the feet must be used in movement to exercise such open balance.

The bisecting plane of the leg is the critical concept here. It is useful to walk very precisely plane in mind to realize an accurate shift of weight from heel to toe, and from toe to heel.

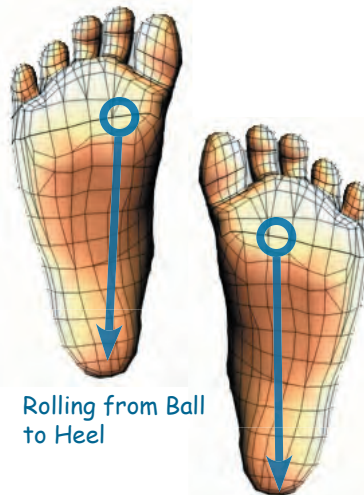
Step One: roll slowly from the center of the heel to the medial arch with each step. Pay attention to any tendency to avoid making contact with the head of the first metatarsal. Do not push off with the rear foot, but roll across the arch like a rolling tire.



Rolling from heel to toe (to the middle of the first three metatarsal heads)

Variation "Noh Drama Walk". Press your knees together (as if an axle were connecting them) and do the rolling step. The knee contact will dig out the medial leg from ankle to groin so that it participates in the balance of the foot.

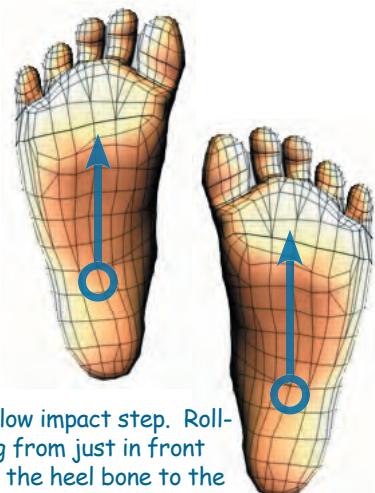
Variation, Treadmill Do either variation of Step One on a treadmill moving about .5 miles per hour. After a minute, increase the speed to 1 mph.



Rolling from Ball to Heel

Step Two, Samba Step: step on the ball of the foot first, then drop your weight onto the heel, lifting the heel again as you shift onto the forward foot.

Variation Treadmill: do it on the treadmill at 1 mph. After a minute, increase the speed to 1.5 mph.



A low impact step. Rolling from just in front of the heel bone to the center just behind the ball of the foot ("bubbling spring" point).

Step Three: Minimum Impact. Increase your speed (2.0 mph) and attempt to step with the minimum possible impact. This will probably be very slightly toward the back of the foot and then shift forward onto the ball of the foot.

Step Four: After a minute increase your speed to 2.5 mph, still letting your feet find the lightest possible strike on the ground. At this speed, and as you increase it still further (3.0 mph and up), more of the leg will be involved in each step.

Step Five: Be aware of the upper medial thigh. The short adductors may begin extending slightly as you step forward. This upper groin movement is related to the medial arch of the foot, balancing with it across the medial knee.

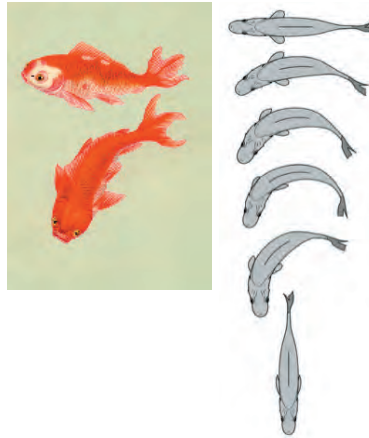
More about the Spinal Engine

GRACOVETSKY'S THEORY, SIMPLIFIED

A fish makes progress through the water by bending side-to-side.

A human's spine is a compound curve. When it bends to the side, it also rotates axially, the shoulder girdle and pelvis counter-rotating.

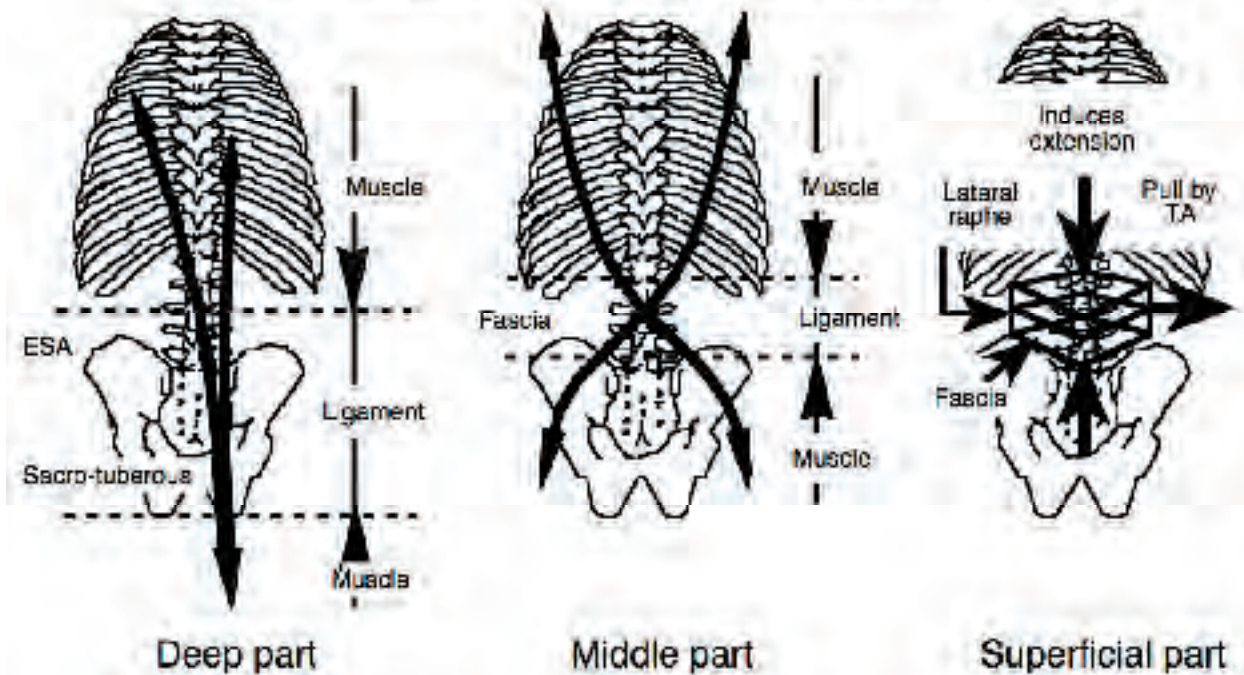
This bending-rotating is the spinal engine, producing locomotion. A step is initiated with a downward movement on the weight-bearing side, and an axial rotation forward on the other side. The stride, thus initiated, passes like a wave through the knee, ankle and foot.



HOW THE COUNTER-ROTATION IS TRANSMITTED-GRACOVETSKY

The basic force transmission system comprises three mechanisms: a) a deep part connecting the biceps femoris and the hamstrings to the upper extremities via the sacro tuberos ligament and the erectores spinae aponeurosis, itself part of the iliocostalis thoracis; b) a middle part connecting the large gluteus maximus to the upper extremities via the thick thoracolumbar fascia and latissimus dorsi; c) a superficial part connecting transversus abdominis (TA) to the tip of the spinous processes via the raphe of the fascia thereby generating an extensor moment whenever TA contracts, if the abdominal pressure is sufficient. Otherwise this mechanism is disabled.

Posterior Ligamentous Force Transmission System



A *Dynamic Relation to Gravity* is a real contribution to the theoretical and practical basis for the expanding field of Structural Integration. Ed Maupin was one of the first rolfers trained at Esalen, and has practiced Structural Integration since 1968. He has pondered the world opened up by Ida Rolf and her work for many, many years, and we can be glad that the work has now gelled enough for him to have his say. A unique human document emerges which has much to offer the longtime practitioner as well as the beginner.

Tom Myers, author of *Anatomy Trains*

Wisdom and clarity blossom over time. A book that harvests that understanding into a cohesive expression can take decades to manifest. Since my time as his apprentice in the mid 70s, I've been waiting for that book from Ed Maupin. *A Dynamic Relation to Gravity* is worth the wait.

Text and graphics pulse with the magic of real dialogue that relates practitioner and client as they are buoyed by the invisible reality of life's forces. It's a book that demonstrably informs while enticing a deeper exploration of the Self that manifests in the world as a somatic practitioner. Both aspiring and seasoned practitioners will relish the foundational understandings and the practical hands-on contacts it offers. Ed's life quest for insight, spiritual and physical evolution, and alive educational exchange has reached fruition in this book... and we're all the richer for it.

Carole Osborne-Sheets, author of *Pre- and Perinatal Massage Therapy* and *Deep Tissue Sculpting*, co-founder International Professional School of Bodywork (IPSB), San Diego, CA.

"Ed, these are very nicely done books. I appreciate the clarity and beauty of both of them. Thanks for putting them into the world."

Valerie Berg, Faculty, Rolf Institute.

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Edward W. Maupin, Ph.D.

A clinical psychologist (U. Mich., 1962), he became interested in body-oriented methods of psychotherapy after a Zen-inspired body epiphany while in graduate school. As scholar-in-residence at the Esalen Institute in Big Sur, California, he underwent Structural Integration at the hands of Dr. Ida Rolf in 1967, was trained by her in 1968, and has practiced Rolf Structural Integration ever since.

He teaches this work at the International Professional School of Bodywork (IPSB San Diego) where he was once President and is still, from time to time, President-Emeritus.

www.edmaupin.com