

# Past as Prologue: The “Future” of Structural Integration

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**W**ant to make God laugh? Tell Her your plans. Any projection about our future is written in invisible ink on the Void, but let us consider the possibilities that await us.

To declare my interests from the outset, I currently oversee our structural integration (SI) program, Kinesis Myofascial Integration (KMI), in the U.S., Europe, and Australia, and ergo have sympathy with the joys and frustrations of school administrators, faculty, and students worldwide. I am a founder-member of IASI, as we at KMI wish to see the larger interests of SI bound together, rather than creating our own limited club for our graduates alone. KMI gives our graduates the gift of an IASI student membership, which we hope they see fit to continue.

On the other end, with about a dozen faculty members our company also offers shorter continuing professional development courses employing principles, strategies, and techniques drawn largely from the SI library. These courses are offered to osteopaths, physiotherapists, chiropractors, Pilates and yoga teachers, personal trainers, massage therapists, and other somatic educators—so we have cause to rub elbows with practitioners from various professions from every continent (save Antarctica so far) who are interested in what structural integration has to offer their daily work and, in some cases, to their career arc.

I first saw Dr. Ida Rolf work in early 1974, and had limited contact with her throughout the last five years of her life, including being an enthusiastic but awed student in her last Advanced Class in Philadelphia in 1978, before her death in early 1979. These brief encounters affected me profoundly and 30 years of her work later I still miss her. In

approach, I learned a lot from Peter Melchior—also no longer with us, and likewise sorely missed.

I have been on the Rolf Institute® Board and its adjunct faculty, though my certificates are all signed with names now associated with the Guild for Structural Integration (GSI). I have keynoted for the Hellerwork group, hosted Ed Maupin of International Professional School of Bodywork (IPSB), Jim Asher of the Rolf Institute® of Structural Integration (RISI), and been hosted by George Kousaleos of the CORE Institute. It was my pleasure and honor to have inspired Gil Hedley and Christoph Sommer at the outset of their bodywork careers. I have broken nutritious bread with Karen Bolesky of the Soma Institute of Neuromuscular Integration®, and sipped artisanal beer with numerous others in the SI field, including my old friends from the Rolf Institute faculty like Michael Murphy and Jon Martine. I share the road with Erik Dalton, Art Riggs, Til Luchau, and other vagabond teachers basing their work on Rolf principles and methods.

The only point of this recitation, long enough already, is to establish my *bona fides* in cross-pollinating among many SI programs as well as other professions over many years. Thus my authority in saying: Everywhere in SI I find awake human beings, some with more knowledge or heart or sensitivity than others, but all serving usefully with a wide, healthy variety in tone and emphasis. I continue to be inspired by our students and goaded into more learning by my faculty.

Everywhere one also finds, in my observation, a deep craving for a center line in SI—a core curriculum, a cohesive narrative, and reliable holistic

protocols; in other words, for this work to start building on itself like a coral reef, not be continually washed away by the waves of novelty in the world of manipulative arts. For such a small group, Ida and her heirs have been very influential. So much that is found in soft-tissue work today—in osteopathy, chiropractic, physiotherapy, massage, and many of the fascial research topics—can trace its origin to Ida’s influence. And yet the principles and protocols of SI remain largely unknown in the wider world, and there is little concerted effort to correct that lack.

In an earlier *Yearbook*, I compared recipes from various schools (Myers, 2004), showing how much curricular overlap there is—with some areas of useful disagreement—and yet, save this publication, there is no forum for strategy comparisons and the work’s evolution. The heavy lifting to develop the SI exam deserves praise even if the end result can seem a bit off the mark. The nascent effort to come together among the various faculty leaders and develop a core curriculum is to be praised, but has yet to pump much iron.

On the one hand, this reluctance of schools to play together can be laid off to not wanting to share proprietary secrets. A cynic might surmise that some of the reluctance stems from the lack of organized curriculum to be shared. Each school teaches by its own lights, accountable to no one but itself. Faculty members come and go, bringing and taking their curricular treasures with them. These are all attributes of a young profession. Maturation involves grasping the nettle of the three-part process:

1. What do Structural Integrators **do** on a daily basis?
2. What specific skills are **necessary** to perform those tasks?
3. How do we best **embody** (and evaluate) those skills in the limited time we have for training?

Each of the schools and many of its journeymen teachers have developed coherent theories within its group—like Normal Function, Jan Sultan’s Internal-External model, or Aston Patterning from the old days. [Hans Flury wrote about many of these old models in past issues of *Notes on Structural Integration* (1986-1993), and many are also included in *Structural Bodywork* (Smith, 2005).] Newer models include Liz Gaggini’s biomechanics, my own Anatomy Trains (Myers, 2001, 2009, 2013), which to my surprise now acts as an ambassador in 11 languages, Monica Caspari’s movement correlates, or

Adjo Zorn’s Swingwalking (Zorn, 2011), to name a few from more recent years. But productive friction among the schools and with other professionals outside our circle has been hampered. There are a number of Rolf-inspired books, to be sure, and some list-servers, but yet to come about is the active professional construction for SI that Marilyn Beech and I envisioned for IASI from its inception at a picnic table in Montana in 2001.

I personally and truly believe that Rolf’s SI as a field of inquiry has sufficient depth and breadth to make such a construct worthwhile. I see a great future for SI, with some distinct challenges between us and it.

People argue about the distinct virtues of SI, and nearly 40 years into it I myself still have trouble with any single “elevator pitch” for our work, preferring to emphasize different aspects for different audiences. For the purposes of this exercise, let us posit these three unique benefits that SI offers—to the public, to other professions, and to the more general enterprise we have termed Spatial Medicine (Myers, 1995):

## Basis in Fascia

A tissue which continues to surprise us as the dearth of research in Ida’s time blossoms into a plethora of new findings in our own. Some results we can confirm with knowing nods [fascia is indeed plastic, Dr Rolf (Schleip & Findley, Eds., 2012)], while some command us to refine and expand our work in light of new observations [sorry, Ida, muscles simply do not slide past each other (van der Wal, 2009)]. We cannot rest on our laurels of having been first to discover fascia, but it does point to a great strength within our modality that goes hand in hand with our fascial obsession.

### *Experience with Fascial Touch and Patterning*

Although there are exceptions, most SI-trained practitioners have a depth and knowledge within their touch that can be found occasionally in other individuals from different professions, but has a unique feel. Often, when teaching people from other modalities, getting this connection, depth, and in-form-ation into the student’s touch becomes a precursor to other strategic skills. By and large, SI grads have that ability to feel into the body’s structural patterns.

## Language of Relationship

I almost wrote “a whole-body approach to posture,” but other modalities would also make

a similar claim, such as Alexander, Egoscue®, and Global Postural Re-education® (RPG). Nevertheless, many practitioners from traditional modalities are quite excited to get a language of relationship through which they can make the connections from feet to pelvis to shoulder to neck, as opposed to the language of isolated structures and rehab failures that characterize so much of physical medicine today. Practitioners from more alternative or holistic modalities go easily along with SI's holism, but are excited to attach useful specifics to the general idea of everything being connected.

### *10-Session Protocol*

This language of relationship finds its most articulate and practical form in the 10-session recipe that Ida left us. However modified by the various schools, the basic structure of the series is a brilliant hook on which to hang the coat of our professional development and to build the common language.

### **Holistic Approach to the Parietal Myofascia**

This would include the idea of (tensegrity) balance in gravity, which most SI practitioners claim as unique to our approach. In fact gravity and ground reaction force have been considerations in biomechanics from the beginning—and Ida Rolf continued and made some contributions to that line of thinking. While gravity is obviously an important consideration in biomechanics, in my opinion claiming gravity or The Line as uniquely our own is a strategic as well as historical mistake.

Oddly, a great strength in our modality is its limitation to the parietal myofascia. This leaves us open to ally—within each practitioner or within the profession—with cranial (dorsal cavity), visceral (ventral cavity), HVLA thrust or joint mobilization work (inner bag of articular fascia), neural work (neuro-vascular fascial sheaths), trigger-point methods, training regimes including yoga and Pilates, meditation, psychotherapy, acupuncture, martial arts, and a host of other approaches with which we can blend successfully.

In other words, we are not trying to replace or displace any of these modalities, or even traditional medicine of physiotherapy or orthopedics, but adding the new dimension of whole-body myofascial patterning to the Spatial Medicine mix.

There are those who would say that SI is radically better or in a different category than any of these other modalities or that our ability to “change the sky, not push around the stars” puts us on a different plane. Even if we set aside the inaccuracy of such an attitude, this is not a productive position to take in gaining professional respect or building alliances. Let us assert our uniqueness without bothering with the arrogance, which tends, as ever, to hide an insecurity.

Having gone toe-to-toe with some very good physiotherapists and osteopaths, I can assure you that there is a bedrock value in SI that can be perceived and appreciated by seasoned professionals in other fields. Equally, allow me to assure you that we have much to learn from other modalities as we grow and mature. As massive as her grasp was, Ida did not have a lock on every good technique and, however long your training, you did not get the whole story within it. That's why they call it “practice.”

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If you bristle at these words, I can only urge you to get out more, see what other modalities are offering. Massage therapy, Pilates, personal trainers, and physiotherapists are all making great strides toward more sophistication, toward building the cohesive professional structures and narrative necessary for mid- to long-term survival—and they are all now interested in fascia in therapy and in training. We should emulate their example, not isolate ourselves and wait for the world to beat a path to our door.

I am well aware that others will have a different list of SI's unique strengths, but if we admit this list or something like it for initial consideration, we can envision how these unique properties might be useful to the society in which we find ourselves.

Private practice has obviously served us well in our first 40 years for growth—surely the majority of SI practitioners work in this way. Some work in or own multi-modality clinics, and some few have found

jobs within social structures. While private practice of the series and advanced or fix-it work is an effective method of dissemination of our ideas, this last category—jobs within the system, so to speak—will need to expand in our future.

While private practices, research into SI, and active formulatory discussion among the schools, faculties, and practitioners are all important to our future, producing practical benefit in social institutions is probably the fastest and most effective way to social acceptance and professional viability. Given also that economic conditions are unlikely to improve materially during the next two decades and could well decay considerably, private one-on-one practice may become a less viable work option in any case as time goes on.

Let us review a few of the social institutions where SI practitioners could bring practical value to people outside the confines of private practice.

### Physiotherapy

It is no secret that physiotherapists across the world, in both nationalized and private insurance programs, are being squeezed in terms of numbers of sessions, time per session, and how far afield they can work from the area prescribed. A structural integrator on staff could put the finish on physiotherapy rehab, melding the changes into the body movement as a whole, and easing any fascial restrictions that crept in (often quite a distance from the injury) during healing and recovery.

My Dad broke the neck of his femur, pinned after a typical snap from a fall on the ice. When I came to see him after he got home, he was limping badly. “Does it hurt that much?” I asked as we walked outside. “Nah, it doesn’t hurt,” he said as he lit his cigarette. So while he had his smoke, we walked up and down the driveway, with me coaching him: “Feel how the weight travels over your left foot, can you make the weight travel over the right foot in the same way?” And the same with the knee, hip, and low back. By the time he was stubbing his butt out, he was walking normally, and would walk without a limp for the rest of his life.

This simple but essential-to-healing integration work is what we do best, melting any changes into the rest of the body’s integrated movement. Largely, the physiotherapy community has neither the time nor the mandate for this kind

of work. It is a great opportunity to show our unique skills and be of service to the community.

### Rehabilitation

The same applies to rehab after surgery: structural integrators could be part of the last call after any kind of invasive surgery, to make sure the connective tissue layers are freed and working smoothly with each other some weeks after the procedure.

### Mental Health

Psychiatric wards and other mental health institutions are filled with people who have lost their bodies; structural integrationists could help them get their bodies back. In less severe mode, people undergoing divorce or stressful times could use grounding in their bodies. The increasing numbers of returning soldiers have either lost psychobiological patterning or are missing limbs—both of these groups could use our services. Even though some of these positions might have to be volunteered at first, once value was established, funding would follow.

### Childbirth

Birth is not surgery (actually, it too often is—the Caesarian rates in the US and increasingly elsewhere are appalling), but it can be very disturbing to the mother’s structure, and sometimes the baby’s too. Pre-, peri-, and post-natal services to restore proper movement and structural integrity to the pelvis is a ripe area for our services to shine—and do some real good in a society which promises little and delivers less to its mothers.

### Education

Schools are another place for structural integrators to make a significant contribution. Since patterning often starts young, this is a great time to nip problems in the bud, such as incipient scolioses, pelvic twists, rib-shoulder malalignment, cranial strain, lordoses, kyphoses, breathing restrictions, and foot misuse.

School budgets in free fall are limiting outdoor and physical education opportunities for our kids, increasing the somatic alienation brought on by too many hours of sitting, and also by the increasing hours spent staring into screens of one kind and another. Bringing integrated physical movement experiences to schools and athletic

programs is an opportunity to affect the next generation of clients.

## Movement and Performance Arts

Many of us are familiar with offering services to yoga, dance, or acting groups. While this is not always remunerative, it is a great way to introduce your work to a community context, and these people talk to others.

While working with a sports hero or famous person gives us all a publicity boost, making these inroads into the social structure will build our value in communities across the world. Increasingly, in the economic straits that are coming, these lateral moves away from working solely in private practice and more into the public sphere will make the difference.

We have inherited a tendency to isolate ourselves from other professions and from the social world in general, perhaps from Ida's unique but abrasive personality and from the early, heady days of the Rolf work's evolution in the etheric realms of Esalen and Boulder. This piece is a plea for us to make moves to join the rest of the world. Isolating oneself comes generally from a feeling of inadequacy, often masked by a sense of superiority—a common feeling within our community, and one that serves neither us nor the communities in which we work.

Some readers may be mentally making the counter-argument to this entire piece: structural integration was never meant to be a profession. It is an art, and structural integrationists are much more a collection of highly individuated artists. Therefore the attempt to codify its practice and band together (the very meaning of the word *fascia*) its practitioners in common cause is either ill-advised or could actively damage the unique intuitive character of SI. Being an artist myself, I am not unsympathetic to this argument, but if you make it, you must accept its corollary: SI is a one-generation art installation that will disappear shortly, absorbed for lack of boundaries or suffocated through isolation, take your pick. Allow me to say, if this ends up being the case, how happy I was to be part of it. But is this the fate we really want? If not, the path forward has defined shoulders.

Let us not kid ourselves: in these 40 years, much has escaped any attempt at our tight grip. Ida never wrote down any of her protocols (to my knowledge)

and surreptitious copies of the recipe by students circulated *sotto voce* around the classroom. But time has passed, and times have changed: there is nothing left to protect. The 10-series is routinely taught (often badly) in massage schools. Everyone does “a little rolling.” Too many are painfully “rolling out their fascia” on foam rollers in the gyms. However much we might like them to, it is hard for the outsider to distinguish between Active Release Techniques® (ART), myofascial release (MFR), deep tissue, and Rolf-based fix-it work. Ida herself said it to me in 1976: “There is nothing new under the sun of manipulation.”

The irony is that structural integration **does** have unique benefits to offer: a holistic way of seeing and assessing, a different kind of touch to change deep patterning, a defined strategic protocol to help new practitioners get their leg over a complex task, and a powerful technology for unwrapping your presence in an increasingly alienated world. We have no need for the isolation of shame, and no justification for the isolation of superiority. And, with fascia on the ascendancy as a buzz-word (as an “expert,” I get approximately two pleas per week asking me to justify some new or reworked method in terms of its supposed *fascial* effect), now is our time.

It is the job of the collective faculties to gird up our loins, put aside fear, and get to work on hammering out a core curriculum, as well as documenting the work of our elders and whatever else we can lay out in terms of good teaching and mentoring. Individual practitioners can document effective protocols for particular situations. Writers can put out more books. IASI, as it strengthens, can build more professional alliances for research into and application of these protocols, as well as promote good regulation and oppose incursive legislative missteps.

Ultimately, however, we will need to enter the halls of the schools, hospitals, and other social institutions and demonstrate the practical value of integrated structure and functional movement for our mothers, children, and the socially or physically deprived. This way, in my opinion, lies the future of structural integration.

## Resources

Kinesis Myofascial Integration. <http://www.AnatomyTrains.com/kmi>

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