

# Burning Man, Part 2

## Continuing the Interview with Michael Salvesson

By Szaja Gottlieb, Certified Advanced Rolfer™ and Michael Salvesson, Advanced Rolfig® Instructor

*Editor's Note: Advanced Rolfig instructor Michael Salvesson has been an integral part of the Rolf Institute®. He was chosen by Dr. Rolf as one of five to help transmit her work. He has many times been a contributor to this Journal, particularly about the importance of the Advanced Training and topics in Advanced Rolfig Structural Integration (SI). In March 2005 (vol. 33, issue 1) the Journal published "The Advanced Class," and in September 2008 (vol. 36, issue 3), "A Lecture from the April 2008 Advanced Rolfig Training." Though the interview includes comments and views about the Advanced Training, there is also an exploration of his own process since he became a Rolfer. This interview took place in summer 2015 at Salvesson's home in Berkeley, California a few days before he left for the Burning Man gathering. This is the second part of the interview. The first part of this interview was published in the March 2016 issue of this Journal.*

**Szaja Gottlieb:** Let's go back to the 'Recipe' and its importance. Even though I took the Advanced Training (AT) in 2008 and do non-formulaic Rolfig SI, a three-session series, or even one, I find myself always doing the ten-session series, whether I know it or not.

**Michael Salvesson:** There's a good reason for that actually. In my opinion, Ida's formulation of the Recipe is inherently tied to the actual structure of the body. Think about how the Recipe progresses. You begin by peeling the onion, releasing the superficial structures of the thorax, back, and hips. When you work in sessions Four, Five, and Six, these sessions are tied to the actual muscular compartments defined by the septa that are anatomically determining functional units in the body. She understood how these functional units fit together to make a whole. She didn't hypothesize potential relationships – she looked at the actual structure; and that's the reason that even if you've been [practicing] Rolfig work for thirty years, you still look through the image of the Recipe she created. Dr. Rolf was fond of kitchen metaphors by the way. No matter how long you do Rolfig integration and how, you still look at the body through the glasses that were put on you in the Basic Training when you learned the fundamental recipe. There have been people who come up with other recipes but they lack the anatomical integrity of Dr. Rolf's Recipe.

**SG:** So there is no escape from the Recipe . . .

**MS:** There are some other ways in which some see connectivity happening in the body. But no one has come even close to defining the sequential approach that

has the kind of potency that Ida's ten-session series has. It's because she stayed directly connected to the actual anatomical structures. The Second Hour is a good example. Work in the anterior compartment of the lower leg has a direct effect on the fascial compartments that control flexion and extension at the talo-crural joint.

**SG:** Yes.

**MS:** In the Fourth Hour, you are separating the adductor compartments. I mean, if you look at the way the legs are approached, it's sequential, medial compartment, anterior compartment, posterior compartment – sessions Four, Five, and Six.

**SG:** Exactly.

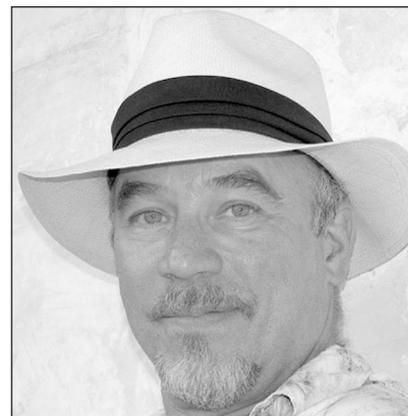
**MS:** That's not an invention. That's not somebody's idea about how lines of transmission might go through the body. They are absolutely rock solid anatomical structures and she understood how they interact. That was her power, not that she came up with some fabulous new view. She took what she knew to be the actual physical structure and understood how it went together. Not like, "Oh well, here's this one line and you could follow this flow up here across the fascia in the leg and then up into the chest." In such examples, the underlying myofascial structures affecting function are not so clear.

**SG:** She is talking about anatomically grounded structures.

**MS:** Yes, totally anatomically grounded.

**SG:** Which is critical.

**MS:** It is. It's critical because it's working with the structure as it is defined by anatomical units. It's the actual stuff. It's



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the actual way the body works. Plus, it's the way the brain works. We now know that the brain organizes movement, influenced by spatial perception. But the implementation of movement occurs according to how these compartments interact. These compartments are defined, and they define the possibility of movement. The adductors create adduction, and so forth. You are working in a system not only rooted in physical structure, but also rooted in the way the brain is organizing movement. Movement, of course, is more complex than that, but these anatomical structures comprise the actual motor units.

**SG:** Would you talk a bit about the discussion we had earlier on as to whether feet or rib cage should be done in the First Hour?

**MS:** I absolutely go with Ida here that the first session releases inhibitions to respiration from the thorax and the hips.

**SG:** I remember her saying that by working on the thorax the whole body is affected in the first fifteen minutes.

**MS:** This is both a blessing and a source of risk. I remember when I first discovered the significance of the restrictions down at the ligamentous level, it all lit up for me. I could walk up to the client on the table and see it right away and my impulse was, "Why are we tinkering here. Just go down there and open that up and then let's see what happens." I used to call it "let's blow it up and see what happens" . . . trusting that we had the skills to deal with the compensations or decompensation that would spread out from liberating that deep restriction. That was a huge learning for me to see the way those decompensations would spread.

I had a woman come here from New York. I was going to do two sessions on her two days in a row and then never see her again. She had a back problem and a slight curvature. I said, "Well, okay, I'm going to deal with the pain problem first, that's what you are suffering from, that's what you came for." I worked releasing the structures around the pelvis in a systematic way before releasing the restrictions on a ligamentous level. We got it done and we did it in one session and it's a big success. She came in the next day and I realized there were still a lot of unresolved strains from the previous session. I just need to go back and polish the stone a little bit. There were fixations in the spine that I mobilized that needed to be remobilized. I have a technique, a very direct but interactive touch; after applying pressure, I monitor the response.

**SG:** Is this the 'vectorized touch' you often refer to?

**MS:** No, this is what I usually refer to as 'bossy indirect'. I will give you an example. Let's say there is a problem around T8-T10, this area is often in trouble. You palpate, push on the vertebrae, and realize they don't move. What are you going to do? You release the soft tissue and the vertebrae are still stuck. I have a technique. I actually use my elbow. I gently make contact, line up with the plane of the facets, establish just enough pressure to where I feel I'm engaging the ligaments that control the motion of the vertebra. Then I back off and wait for the vertebra to wake up and activate. As soon as it activates, I start following it, and pretty soon it slips home. There's a big spreading. Everyone feels better.

Anyway, I was doing that with her, working my way through, and I stand her up and she looks good except: "Oh my God, she needs a Second Hour." It was so apparent . . . the lack of continuity. The work had spread to her knees, but below the knees the girl was a total mess. I then said to her, "When are you going back to New York?" She said, "In a week." I said, "Okay, you need to see this guy in New York, Chuck Carpenter." It's a perfect example of how opening up deeper structures [causes] unexpected decompensations in other parts of the body.

**SG:** I always wonder does anyone, particularly experienced Certified Advanced Rolfers, know what's going to happen before they do whatever they do?

**MS:** No, almost never. Although I have to say, with forty-five years of experience you do have a sense of the possibilities. I will tell you something else, though. Once you get the reputation for being able to fix people, they start circling your office like planes waiting to land at Chicago's O'Hare airport and you get more and more difficult people. And what is amazing to me is there is a way of assessing someone that would allow a session devoted almost exclusively to a very limited, even unilateral, area, and you can still trust that the organism is going to assimilate the work.

**SG:** The suggestion of integration.

**MS:** Yeah, it gives you the kind of confidence that you can intervene in the system and the system can absorb it.

**SG:** After all, you can't be everywhere. When you start as a Rolfer, of course, the 'pink all over' philosophy is quite common. It's hard to learn that you can do more with less. In a way that's the transition from formulaic to non-formulaic Rolfing [work].

**MS:** Yes, correct. You don't have to plow the whole field.

**SG:** I remember during my training that that was a criticism of my own work – I was told, "You open up too many boxes."

**MS:** It's about judgment. Every practitioner needs to have confidence in the data set that [he uses] to determine whether or not the organism is actively integrating as a result of what [he is] doing. You can watch the nervous system or the energetic flow. Or, you can watch movement. But there needs to be a way. When you watch someone do a session and [he does] the whole session without the client getting up to check in, you should be suspicious.

**SG:** Personally, I feel much better when I see everything in movement, the quality of the movement and the whole energy of the organism. I think sometimes that practitioners focus on structural aspects too much rather than function. My personal belief is that Rolfing [SI] is actually a movement therapy. For a practitioner, not to see how [his] results function in gravity would be absurd.

**MS:** That would certainly be problematic. The other thing that's really interesting to me – and this comes partly out of my own internal experience, my own process of healing – is the notion of unwinding. One of the things that I look for is a condition in the organism, in the person when I am working, that sets the stage for deep release. Ultimately, what happens is that there are restrictions [that] we deal with to the best of our ability. We partially mobilize, never completely, but we go in and we create some space and movement. But then [the client's] brain has to let go of the tension pattern that created the fixation.

**SG:** So, even though we give a certain potential, he may not access it.

**MS:** The question is, what does letting go look like, because it's really about letting go. In the Taoist world, they say there are two primordial actions in life, grasping and letting go. In this culture, letting go doesn't get its fair share of the press.

**SG:** Absolutely not.

**MS:** In a way, it's a notion that I introduce at a certain point, particularly with the gym rats who come in. Most are covering up a deeper vulnerability. Not that I am not a big believer in strength training, there are lots of people who need it.

**SG:** True.

**MS:** To illustrate, I stand in front of [the client] and mime a position that is severely bent to the left. I ask, "What should I do to straighten up?" I point out that many strengthening modalities would suggest that, if I am pulled over to the left, I should strengthen the muscles on the right side to create a balanced pull and then I would be straight. So, I contract the muscles on the right side and point out that, although I am straight, I am now compressed, from the contraction of the muscles on both sides. In fact, the best approach would be to let go, or release, the muscles on the left that were pulling me over to the left. Then I would be straight and lengthened,

not compressed from over-contraction. So what's happening? In the illustration, the client is prescribing a counter-shortness. What we have is an artificially induced shortness on top of an inherent shortness. It is important to note that this is actually the condition that many people come in with. The real issue is letting go of the shortness on that left side. Ultimately, in order to get that client straight, he has to let go. How?

One of the phenomenon that's mind-boggling to me is that I can be working very deep in someone – and this happens regularly now – and, all of a sudden, the whole room will just go quiet, his breathing will slow down, and he drops down, and I can feel the *chi* move up to his brain and [he closes his] eyes and is gone. I can continue working in that state, and I can do very deep work that ordinarily would be painful. What the hell is going on? Is this just opiates being released in the brain because of the pain sensation? Or something else? We should study this because that brain state, that configuration in the central nervous system, is immensely open to a new way. This is the state in which it is possible to let go.

**SG:** I think of that state as a kind of daydreaming for the body. At night the body is unleashed in dreams, flying or doing crazy things or what not. And then during the day, it can happen that we are out of the way of the body, it becomes primary, the ego is gone, and finally the body can do its thing. And that is a healing place.

**MS:** I think that's right. In relation to study in the fascia, we should also study this. This kind of state is really useful, and if we produce it regularly in a Rolfing session, that's nourishing.

**SG:** Absolutely.

**MS:** Clients say, "Wow, I feel straighter, but I also feel filled up."

**SG:** You probably don't remember a session you worked on me during my Unit 3. It was a long session, maybe two hours plus. You were the third Rolfer to work on me in that session, Patrick Hannum and Jim Price were the others. While you were working on me, I felt something. I told you, "Michael, something is coming, I don't know if it is tears or laughter." Moments later the two of us were laughing uproariously for no apparent reason. It was one of those states. My dad had died a few months earlier. It was a huge release.

**MS:** In a way that activation, that kind of deep calming that goes on in a session, is also really an indicator that tells you what you are doing is integrative.

**SG:** You are there!

**MS:** You are in a place and what you are doing is not disruptive.

**SG:** I want to turn to your teachers, your major influences. Dr. Rolf was obviously your main teacher. What about your relationship with her?

**MS:** I was very aware that Ida was an open fire. I was very aware that she had an agenda. She had come to a level of social recognition late in her life. She knew she had a limited amount of time and she wanted to get this work established and in place. The individual destiny of those around her didn't matter much. You were fuel for her fire. And, if you got too close to the fire, you could get burned. There were three suicides. There were a lot of emotional disruptions. I was close to her because she said, "Look, you're going to be one of the teachers." I sat next to her. She taught me how to teach. Also, she said, "We need someone to step forward and be president [of the Rolf Institute®]." It was either me or Joe Heller.

**SG:** I remember you talking about it.

**MS:** I told her, "Look, I'm in the middle of a divorce. Let's let Joe do it." [But] then Joe took off and then I got elected. If you knew my neurotic structure at that time, one of my great fears was being abandoned by a woman. I got elected president [of the Institute] by like 99% of the vote. Then Ida died and my wife left me.

**SG:** Early 1980s?

**MS:** 1978. In a way it cured that little glitch in my psyche because what I feared would happen, happened. It is one of those things that you know, this is going to be difficult, but you also know that if you pull this off, you'll be different forever. It was a very difficult time.

Ida needed help so she would draw people to her who could help her. I remember one night after class at the Adams House in Big Sur. She called like five of us out, she wanted to have a meeting to talk about the Institute. I was on the cliff looking out over the Pacific Ocean; Ida was in the recliner covered with a bear skin. I looked around and here were one, two, three, four, five guys, all healthy, attractive, vital. I think,

"I see what the game is here. We are like her harem."

**SG:** For her use.

**MS:** That's exactly right. We were there for her use. Obviously, she had a big influence on me.

**SG:** Sounds like that scene from *The Blues Brothers*, "We are on a mission from God."

**MS:** Yeah, exactly. A lot of people had a problem with her because she never would really say, "You got it . . . That was good." She was never big on acknowledgement. I used to say Ida was one of the teachers from the hard school. You would go in. You would engage her. You do what you were supposed to be doing. And, if you had a big hole, Ida would find it, and push you in it, and then she would help pull you out. She would immediately reveal the weaknesses because that's what you needed to work on, but it was not a gentle approach. There was collateral damage sometimes. I saw that. I was pretty careful. I made myself useful to her in ways that I knew she would appreciate. And she acknowledged me. She said, "Yeah, you're OK. You got it." She said, "You should go to chiropractic school. You should go. You could do it."

**SG:** That was huge.

**MS:** Yes, it was huge for me. It meant I didn't need to go to chiropractic school. Trust me, I saw how big her vision was. I say we are scratching the surface. The implications of what she had laid out are huge.

**SG:** Who else was a major influence?

**MS:** My analyst of fifteen years, my Jungian analyst, Donald Sander. He was the missing father for me. He was also like Ida. He was a trained MD. He was also studying with Navajo shamans and taking mescaline. He moved between those worlds. It was an early acknowledgement that there is a legitimacy to altered states of consciousness and I didn't need to deny it.

**SG:** Gave you a model.

**MS:** Yeah, and I didn't need to sit on it and suppress it, which, in a way, my childhood was set up to do. He was huge.

**SG:** Were there any other teachers who have influenced your work?

**MS:** [John] Upledger had a significant influence on my work. Long before the Upledger Institute started training

everybody, Jan Sultan set up a class with him and his wife. They came to New Mexico and taught a group of Rolfers.

**SG:** Was it obvious that craniosacral work was the next step?

**MS:** Ida didn't talk about it in class, but afterwards she gave me a copy of Sutherland's book, *The Cranial Bowl*. I still have it. She said: "Michael, you should read this book." Jim Asher, in fact, became very skilled in cranial technique.

**SG:** So, she was saying, "You need to do this."

**MS:** Yes, I got it right away. The truth is you cannot go to the highest levels of Rolfing Integration if you don't understand the craniosacral system and how to release the skull and the brain. Even though I was never close to Upledger, he did open that world for me. Not only does it make it possible to decompress the upper pole and take the Seventh Hour into a whole other world, it also introduces you to inherent motion. I felt it. When Upledger said, "Put your hands here," and I did, and then, *boom!* – I felt it.

In a way, in the early days of Rolfing Integration, it was much more like sculpture. We were moving tissue. We were molding people into an upright position. But when you get this – "Holy Christ, the whole thing is in motion, it's pulsating and moving around in there, flowing – that requires a different quality of touch. If you are going to take this work to the highest level, you have to be able to follow inherent motion.

**SG:** Another reason for the AT.

**MS:** Yes, exactly. Because in the AT, one of the benchmark experiences is the introduction to the spectrum of touch, that a Rolfer's touch goes across the spectrum of intensity and duration. That is the hallmark of a great Rolfer.

**SG:** Any other great influences?

**MS:** Yes, my Taoist teacher Bruce Kumar Frantzis. I got a call from Jan Sultan saying, "Michael, there is this guy in Santa Fe. He is the real deal. He is moving to San Francisco. You need to check him out." I did and I was impressed. I saw that this guy had the goods. He embodied what he was teaching. I have been his student for thirty years.

**SG:** Wow! Still?

**MS:** Yes, I took all his classes. We are friends now. He has moved to Hawaii but Georgette

[Certified Advanced Rolfer Georgette Salvesson-Delvaux] is close to his wife. I have [done Rolfing sessions on] him. He is one of my keystone teachers and gave the keys to the inner flow that is at the heart of my spiritual development.

**SG:** I want to cover one more aspect of the AT. I was thinking about how the AT was related to the schism in the 1980s [where certain teachers left the Rolf Institute], and now there's the recent decision to allow graduates of other SI schools to apply and attend [our AT]. It seems like we are becoming a graduate school for other SI institutions.

**MS:** Ida knew that there'd be more than one location for her work. But, I think she would not be very happy with the kind of dilution that's going on in SI. There has been dilution by SI schools, most unconnected to her lineage, and there has been dilution by the adoption of ancillary techniques – energetic, visceral, biodynamic – which have confused the basic practice of Rolfing Integration. Not that those techniques are not legitimate modes of intervention, but they are not Rolfing Integration. They can inform Rolfing work, but they can't replace it.

**SG:** It sounds like you think that SI as a brand is tainted.

**MS:** Yes, everybody now is a structural integrator. I think two things. Number one, I think the Rolf Institute needs to begin to define itself as 'Rolfing Integration' separate from 'structural integration'. We need to market the brand of 'Rolfing Integration' and minimize the connection to SI because otherwise all the good work that we do and have done to develop this work just gets tailgated on by every SI school. We raise the profile of SI by virtue of Rolfing Integration, while others do little and yet benefit from all our good work. There are exceptions. Some SI people are doing good work to put standards in place. Unfortunately, they have little leverage to enforce adherence to the standards and they need members, so they are lowering the entry standard to increase membership.

Second point. There is a problem because now you have a lot of SI practitioners out there who are actually very good, who have been trained by Peter [Melchior] and Emmett [Hutchins], and who have been trained in some other schools but do not have a home. The next step then is to make the Rolf Institute a home for people who

really want to do SI as it was developed by Ida, which we [should] now call 'Rolfing Integration'. I think the Rolf Institute can become a container for the practitioners who are truly skilled and motivated to do great Rolfing Integration.

**SG:** I think it is a brilliant idea, actually, because it takes care of a lot things. It builds bridges to other schools and practitioners. It protects the service mark. It stimulates interest in having a high level of expertise. I think it is a bold stroke.

**MS:** We have an energetic director now, Christina Howe. She has a staff. We need more money, but I think we may be able to do this at this time. The time maybe ripe.

**SG:** How do you feel about recent fascial research and our participation in the International Fascia Research Congress, has there been any effect?

**MS:** I think a lot of the impact of the fascia research has stayed in the scientific community. I don't see a lot of it coming into clinical practice. In terms of establishing credibility for the possibility of the configuration of the human body by manipulating connective tissue, and the role of connective tissue in the overall physiology of human organisms, it's fabulous.

I remember the first [Congress] at Harvard. I was sitting with Georgette and they were talking about various dissections. It was Gil Hedley and one other person, whose name I forget, but they were showing videos of a careful dissection of the superficial fascia. They had gone in, carefully peeled off the skin down to the basement membrane; there was a picture of a speckling of yellow fat all over the body of the superficial fascia of the body without skin. Then, they carefully removed the superficial fascia from the deep fascia, the first layer of the deep fascia. [They had a picture where there was] a body on a stainless-steel gurney where you could begin to see this gray glistening fascia with the muscles underneath, and on the stainless-steel gurney next to it, a body suit of superficial fascia completely contiguous like a pair of long johns. I turned to Georgette and said, "You know, dissection was done in the late Middle Ages through the Renaissance into the Enlightenment. There probably has not been a novel dissection done on a human body in three hundred years, and [we] just saw the first novel dissection in the history of anatomy right there." No one had ever

parsed that out in the body. It was totally cool! Gil Hedley is a fabulous teacher. I've watched his videos – what a tremendous resource he is.

**SG:** Do you have any fears that with all this research and dissemination of new information we will, in a sense, be overrun by other modalities? Soon everyone is going to be claiming to be doing fascial fitness.

**MS:** Just like tissue massage.

**SG:** Yes.

**MS:** The reason we don't have to be afraid is because 1) Rolfing Integration is hard work; 2) it takes a long time to get good at it; 3) it's not just about knowledge, it's something you could only learn by oral transmission. You have to have a teacher who is capable of demonstrating the results, showing you the results, producing the result in your own body and guiding your hands while you make those strategic decisions and interventions. That's not just about the biomechanics of fascia.

**SG:** I have been doing a number of reviews for this Journal in the past few years and there is a wave of therapies beginning to emanate.

**MS:** One of the things you see – and you see it in medicine, you in fact see it in many fields – is the vulnerability that we have to something that's new. The derogatory term for it is a 'fad'. You can see these fads sweep through bodywork so that everybody wants the latest fad on their business cards. Then there is a new fad and now they have got to get that name on their business cards as well. Something new doesn't mean it's better. It almost never produces a more profound result.

**SG:** I'm smiling because I'm thinking of how many times I have told people what I do, Rolfing [Integration], and their response is, "Oh, is that still around?" "Yup, we are still around," I reply, "and we are still doing the good work."

**MS:** That's right. We have been doing this for a long time now and we have trained a small but significant number of practitioners. We are not totally in charge of how many people we train. The culture that we are in isn't profoundly receptive to what we are doing. Dr. Rolf was paranoid regarding any risk that what she was doing might be construed as practicing medicine. She had friends who had been legally persecuted for practicing medicine without

a license. However, times have changed. The increase in interest in expanding human potential that occurred in the 70s and 80s changed everything. Touching the body, in all varieties of bodywork, has become a major industry. The last fifteen years has seen an explosion in new manipulative techniques. It is important we do not lose our footing here.

Our work is stronger and more powerful to the extent that we understand and master ways of moving restricted structures in areas of the connective-tissue matrix that Dr. Rolf did not address. We must, however, integrate these techniques into our unique approach to manipulating connective tissue and not adopt them without examination, and just replace our approach with another technique. We need to understand when, where, and how to use these new manipulative techniques to further our unique goals.

**SG:** I absolutely agree with you but I do feel chagrined that the public does not realize our influence in the bodywork field.

**MS:** Nobody had heard of connective tissue before Dr. Rolf had created Rolfing [Integration].

**SG:** How about the massage magazines? There is so much in there that comes from Rolfing work but the reading public doesn't know that.

**MS:** It's a form of selfishness. People want the credit to come to them but they don't acknowledge the source. We have had a huge influence on the culture, unacknowledged to a large extent.

**SG:** Exactly.

**MS:** Then the question is what our true role is here? Are we really a small secret school? We are not. We simply need to be comfortable with our true identity, and that is that we continue to train practitioners at the highest possible level and put them in a place where they are capable of making a really good living by practicing something that's very useful to their community. The waves will go out from there and maybe there's only two thousand or three thousand Rolfers in the US. It doesn't matter. All I care about is that we put some people out there who are capable of working at the highest possible level.

**SG:** And to attract those people who want to work at that level as well.

**MS:** That's right exactly. There is a way in which we are working under the radar of the dominant culture and that's fine. That's where we are. That's where we are doing our work. It's okay with me. It may change someday. We've had a huge effect that we don't get credit for. That's okay with me too, as long as keep training practitioners at the highest level. That's our job. If we do that, Ida would be happy.

I remember I was in New York with her. She was giving a speech at Hunter College, and it was the first time in public that she talked about energy. At that time, we had a couple of people on the board, and Ida was looking for money. She was staying on the Upper East Side in this beautiful loft. We were hanging out at night, it was pretty late, drinking cognac and talking. I said, "You know, you've done a lot and you've got an institute now. It's an organization. You got enough people trained and you have trained some teachers. You must be proud of that. If I were to ask you, what are you really proud of, what would you say?" She looked at me and said, "I'm very happy that I've found something that people could do that is useful,"

**SG:** Is there anything better?"

**MS:** Yeah, exactly. I could put people to work doing some useful. That's our job.

**SG:** Thank you, Michael, for your time.

**MS:** My pleasure.

*Michael Salvesson was educated in philosophy and religion, trained as a Rolfer by Dr. Rolf in 1969, trained as an Advanced Rolfer in the first AT Rolf taught, and trained by Rolf to be one of the five instructors of Rolfing SI she trained in her lifetime. Michael was president of the Rolf Institute from 1978 to 1982. He has been a practitioner of Taoist chi gong for twenty-five years. He is currently working to develop a coherent Rolfing approach to the ligamentous bed that controls movement and position of the articular surfaces of the body.*

*Szaja Gottlieb first received Rolfing sessions in 1978, which resulted in him becoming a stone sculptor, which, in turn, led to his becoming a Rolfer in 2001. He lives with his wife Ko and daughter Judith in Los Osos, California and practices in San Luis Obispo and Ventura. He believes in the transformational potency of SI.*