the intuitive, metaphysical folks. Peter Melchior, a very bright, perceptive guy, said simply, "The metaphysicians need to learn more anatomy and the anatomists need to learn more metaphysics." It's just a matter of balance. At the time, one of the theories that was going around, at least among a few of the faculty, was that the Rolf Institute® qualified as a "mystery school." So of course I wanted to know what a mystery school was, and was told it was an ancient religious tradition. The idea was that the students who came would be given all kinds of specific work to do, information to absorb, principles and ideas and all kinds of things they must master before they were ready to go out into the world. So the emphasis was on knowledge, but that was simply a way to keep their minds occupied; what was important, the real issue, was whether or not they *wholeheartedly* gave themselves to the discipline, could even find themselves falling in love with it. If the student sensed that there was something of deeper importance than simply following this formula or that strategy, then the heart would open and the spirit could enter – and that's when she or he was actually "trained." The rest was window-dressing, stuff to keep the mind entertained so that the good stuff could enter and elevate the soul. The idea shows up in many ancient cultures. Might not appeal to the scientific mind, but it is an interesting idea, no?

Nicholas French was certified as a Rolfer in 1976 and did the advanced training in 1979. He was on the Rolf Institute faculty for about ten years before leaving it to do Jungian psychoanalytic training. He currently practices in both disciplines in Dallas, Texas. Anne Hoff is a Certified Advanced Rolfer in Seattle, Washington.

Resiliency as a Conceptual Model

Bridging Pain and Integration

By Szaja Gottlieb, Certified Advanced Rolfer™

Perhaps is it some consolation to know that when it comes to the issue of dealing with pain from the viewpoint of integration, the first Rolfer, Dr. Rolf herself, confronted many of the same issues. When she presented her work to chiropractors and osteopaths in the 50s in the hope they would champion her work, they appropriated her techniques into their practice but set aside her integrative approach (Feitis 1978, 1990, 13). This disappointment eventually led to the establishment in the 70s of the Rolf Institute®, with structural integration (SI) in its masthead.

Within the Rolfing® SI community we are in profound agreement that the holistic vision of SI occupies a very special place in the field of somatics. In the 90s Jeffrey Maitland formally analyzed SI as occupying the third paradigm of holism, distinguishing it from the first paradigm of feel-good bodywork and the second paradigm of fix-it modalities (Maitland 1992, 46-49). In this he crystallized Rolf's determined intention and establishes ours.

The subtitle of Dr. Rolf's book, *Rolfing: Reestablishing the Natural Alignment and Structural Integration of the Human Body for Vitality and Well-Being* bears notice. Few clients call requesting vitality and well-being. The great majority call because they are in pain. Our response to their inquiries sometimes contains a bit of verbal and conceptual *jiu jitsu* since we, according to our founder and Maitland's third paradigm, are not therapists, but educators. Almost fifty years later, the tension between pain and integration as dialectical viewpoints exists for us just as it did for her, unresolved, waiting for each graduate to find his own way as he navigates through his practice.

Language matters. How we speak and write about Rolfing SI, particularly to our clients, frames our work and its outcomes. Rolf's fascination with Korzybski, a twentieth-century philosopher of semantics, indicates her acute awareness for how symbolic systems have difficulty mirroring reality. Of course, language is such a symbolic system. When the client presents his plaint, when we introduce a potential client to the SI worldview, how do we address that opportunity? I do not mean with our work. I mean, literally – with our words.

In a recent article (Frank 2012, 6-10), in a section called "Who Answers the Phone?," Kevin Frank discusses this second paradigm versus third paradigm conflict that frequently manifests itself in that initial phone call when clients present their problem. Adding urgency to the discussion are recent discoveries concerning fascia, which throw doubt on the sol-gel model on which we have built our work conceptually. He continues with his doubts concerning the taxonomies, particularly structure and function. Though I understand the importance of his discussion, my concern is not with the dialogue amongst ourselves, the practitioners, but between ourselves and the client. Unless they are already familiar with SI, we are left to educate clients who do not have reference points from previous experiences to comprehend SI. "Not massage, not chiropractic . . . ok, well, what is it then?" Responses from the practitioner truly reflecting third-paradigm thinking – that Rolfers do not fix pain, we integrate bodies; that we are not particularly interested in cause and effect but rather relationships; that we are not really therapists but educators; and, finally, that gravity is going to repair their ills, not us – might seem humorous or even bewildering to a client used to an allopathic way of thought.

Clearly, we are a different sort of animal than what the public is used to or expects, and we must consider our exchanges with a client and what the client will deduce from them. SI is a simple yet complex idea, and it takes sustained effort on the part of the Rolfer and sustained concentration on the part of the client to "get it." We may use simplified, plain English versions of our fundamental concepts – such as integration and tensegrity – in explaining our work and how it will help, but to the neophyte without points of reference, it will all seem distant, very complicated, and a roundabout way of getting help.

It would seem logical then that the best way to introduce SI is not to ask clients to make the leap to use our concepts and language, but instead for us to make a leap to concepts and language familiar to them.

The point of this article is that that gap can be bridged, by the concept of *resiliency*: a word readily used and understood by the general population and which speaks directly about health – importantly, the reason for the client's phone call. In the larger frame of SI, the concept of resiliency not only reflects the vision of SI, but adds important new elements to it. The purpose here is to provide a fluent platform for both client and practitioner from the immediate point of contact.

Resiliency

The word "resiliency" traces back to the 1600s and comes from the Latin *resilire*, to rebound or to recoil. *Salire* is to jump or leap; the *re* adds "back," thus to jump back. (Online Etymology Dictionary: "resilience"). The dictionary meanings are both familiar and pertinent: "The physical property of a material that can return to its original shape or position after deformation that does not exceed its elastic limit"; "the tendency of a body to return to its original shape after it has been . . . compressed" (The Free Online Dictionary).

In the Rolfing lexicon, the closest word and concept is "plasticity." In fact, Rolf's definition of "plasticity" sounds like resiliency: "The definition of plastic is a substance which under stress of pressure can be deformed and on release of the stress can be restored to its original state" (Rolf 1979, 4). "Elasticity" is another word/concept that implies the potential of a material to change form (deform) and then go back to its original form (reform). Resiliency resides with plasticity and elasticity within the principle of adaptability and forms a close relation to balance, a mainstay of our conceptual framework. Both plasticity and elasticity, however, do not suggest health, which is key.

Though resiliency is frequently mentioned on many SI home pages and websites as a benefit of Rolfing SI, it usually takes on the role of being a byproduct rather than a goal or an important concept within our work. Resiliency has only had minor inclusion in the Rolfing conceptual universe. This author's survey of articles on The Ida P. Rolf Library of Structural Integration website shows meager usage. Out of the approximately 1,100 articles catalogued, only 32 mention the word in passing reference. Compare this with familiar SI keywords: balance, 547 articles; movement, 717; structure, 701; integration, 578. (The catalogue includes articles since 1969, and shows no article with resiliency in its title.)

Balance

When the potential client calls with his problem, the usual Rolfing reply is that an imbalance exists that needs to be corrected by SI. However, the balance he is visualizing and the one the Rolfer is talking about may be entirely different. In the popular mind, balance suggests equilibrium and stasis reached by equal forces opposing one another. The image of balance for the general public is a stack of stones sitting on top of one another. This image fits very well with a chiropractic one: the "stones" of the body – the bones, particularly of the spine – are sitting balanced on top of one another. When there is a dysfunction, a necessary adjustment to the bones will realign the structure and thus equilibrium and health will be restored. When the Rolfer talks about SI, the client will most certainly fall back on this "stone" model of alignment. For the uneducated client, what else could integration possibly mean? Unfortunately, the Little Boy Logo perceptually reinforces this misconception and the prospective client could easily mistake the balance achieved by "The Line" as an alignment of the anatomical blocks, not unlike that achieved by a chiropractor.

Korzybski's warning about confusing the map with the territory certainly applies here. Missing in the usage of the word "balance" is dynamism. To be more accurate, we should say "balancing" or "balancing/imbalancing" to more precisely describe this ongoing process in gravity. A structurally integrated body is thus not better because it stays the same in gravity no matter what the circumstance – the illusory hope of the client; it is better because it has a superior capacity to adapt and change in gravity no matter what the circumstance. This misunderstanding potentially sets up the tragicomic situation where both parties may nod in agreement, but are actually talking about two different things.

Balance and Resilience

I want to be clear here. I am not trying to eliminate the concept of balance or its importance; I am trying to offer an alternative that fits comfortably in our conceptual framework. The usage of "balance" is problematic on several counts. First, "balance" or "imbalance" does not engage the client immediately with his problem of pain. Secondly, "balance" is insufficient in describing the dynamism and challenge of the gravitational field, at least in common usage. Lastly, "balance" has become an overused word in the field of somatics, rendering it meaningless or inexact in describing specific considerations.

Spatial relations have always been the primary concern in the concepts involving SI. We begin with anatomy and then explore a scaffolding of relationships between parts, first statically and then dynamically in gravity, flexors/extensors, intrinsics/extrinsics, horizontals/verticals. Temporal considerations, which reflect the movement of time (duration), however, are given short shrift. In SI, the concept of balance is, of course, not a fixed point. Nor is it a fixed moment. All this balancing/imbalancing goes on in time, all the time. Unfortunately, the word "balance" implies neither duration nor dynamism.

Resiliency, however, is movement in time. The concept of resiliency is used in many fields to measure ongoing stress and potential breakdown of systems in time. The application of the concept is extremely wide encompassing hard science such as engineering and computer technology, social sciences such as ecology, and softer humanistic sciences such as psychology. Resilient time in ecology, for example, is the time it takes for a system to return to a stable state after a disturbance. It is also sometimes referred to as resilience return time (Carpenter and Cottingham 1997, 6).

Incomprehensibly, at present, resiliency has little role in the field of somatics as a conceptual model, Peter Levine's work with trauma being the exception. Yet, the concept of resilience captures the essence of struggle that all structures take on in the gravitational field: the struggle to remain neutral in gravity no matter what the conditions. If the definition of balance, as it is usually used, is the ability of a structure to maintain in gravity, the definition of resiliency is the ability to maintain a structure in gravity over time. Perhaps this could be expressed as $b/t=r$.

The relationship between balance and resiliency becomes parallel when viewed from the viewpoint of palintonicity. Derived from Heraclitus' "unity of opposition" or "oppositional balance" (Maitland 1995, 172), palintonicity denotes the impossibility of the still point, the frozen moment; all is movement and struggle. As I have stated previously there can be no balance without

imbalance. The concept of resiliency occupies the same territory. The capacity to recoil from resistance is the mechanism of balance. If we remember its Latin origin, to jump back, to recoil from, then resiliency describes this same balancing/imbalancing movement but from the point of resistance or potential breakdown. In a resilient body, the organism constantly adapts to the stresses in the gravitational field without going past its breaking point. Once there is a disturbance the question then becomes whether the system can return to normal function or stability. Therefore we can just as well say, when there is a dysfunction, that there has been a failure in the client's resilience as there has been a failure of balance.

Again, I am not saying the concept of balance should not be used. It is just that, in my view, the concept of resiliency more directly deals with the client's plaint of pain because it comes from the point of view of breakdown. This confluence allows practitioner and client to seamlessly discuss the problem of the client from a third-paradigm point of view, thus bridging what I described earlier as the divide between pain and integration. Additionally, if you believe that the dynamic between practitioner and client is key in the SI process, this confluence is vital. The practitioner can then present integration as a necessity in solving the client's problem on a long-term basis. To ward off present and future problems, the resilience of the client must be amplified, which can only be achieved as a result of a highly efficient, economically functioning system, the hallmark of an integrated body. Simply put, the less stress in a system, the greater its reserves; the greater the reserves, the greater the resilience.

Using the Concept of Resilience in Our Practices

Adding resilience into our conceptual model shifts our point of view, bringing background issues into relief and suggesting entirely new considerations. The implications are manifold and in many directions. First, the reminder that ongoing challenge (stresses) are the norm in the gravitational field. When we get the call from a client concerning a dysfunction, we should be as interested in the client's ability to rid himself of his problem as much as our ability to do the same. In the initial interview there is a need to evaluate the client's resources in terms of resiliency: what kind of gravitational stresses does he deal with daily, how well does he respond to them, and what are his resources in building resiliency? These questions are probably not new for practitioners, but may be seen from a slightly different perspective, particularly time. In my own practice, the essential question in this regard is: how does the client move and what kinds of movement does he do?

When a dysfunction does occur, particularly a reoccurring one – such as knee pain, or back problems – special emphasis must be given to the body's responses. Was it the same as previously? How long did the problem last, and – of special importance – did it get better by itself? In other words, *resilient time*: how quickly a system returns to stability after a disturbance.

Resilient time is a measure for the success of our own work as well. A client with an inherent problem such as a leg-length difference – a constant source of pelvic instability and back problems – often is a repeat client. Though Rolfing SI will probably not be able to "fix" the problem, it might be able to add sufficient resiliency to allow the body to withstand stresses and recover without intervention. Increased time between visits, less incidences of acute breakdown, attest to a higher level of integration and increased resilience. Management, after all, is often the case with clients who have a history of repeated physical trauma, deep structural patterns such as scoliosis, or simply an accrual of dysfunctional patterns (such as forward-head posture) as is often found in older clients. The promise of SI is amplification of adaptive response. In that sense, a resilient system not only moderates the intensity of stressors but also moderates their aftermath, pain (Friborg et al. 2006).

Lastly, perhaps the concept of resiliency, especially resilient time, gives us another way to measure our work empirically. I would conjecture that scientific studies involving SI and resiliency could be designed to test the potential for increase of benefit from our work in terms of adaptability to stress (performance) and recovery from dysfunction (pain).

Resilience and Sustainability

The concept of sustainability is the logical extension of resiliency. If resilience is balance over time, perhaps sustainability is resilience over time. Sustainability stems from the Latin *tenere*: to hold on to; thus the definition of sustainability as the use of a resource so that the resource is not depleted or permanently damaged (Wikipedia).

As educators working in the third paradigm, we have always been concerned with what the client can do outside our practice to support integration. The suggestions have always been informal, coming usually from the practitioners' own preferences, whether yoga, Continuum, Pilates, or CrossFit. With the publication of Müller and Schleip's (2011) article "Fascial Fitness" and the release of their accompanying DVD, that has all changed. It is now clear that when it comes to fascia, specific methods and movements are necessary. Especially interesting from the point of view of this article is the explanation of the "catapult action of the fascia," its elastic recoil action, which sounds identical to resiliency as I have discussed it. Fascia is thus not only the organ of support but also the organ of resiliency. The conclusion that static stretching and even certain forms of yoga have only a limited fascial benefit is startling (Müller and Schleip 2011, 3). With the DVD and the offering of facial fitness training, the SI practitioner, if both parties are willing, suddenly moves into the category of trainer, taking on a greater role in helping the client specifically address the resilience of his facial network and the long-term sustainability of his structure.

Most of the recommended movements in Fascial Fitness will probably seem a bit foreign to the gym workout set, who are a large part of my own practice. The exercises, however, can certainly be adapted and integrated into a regular workout program. The jumping/hopping movements can be, for example, transformed into jumping rope. Given the enormous number of people who are in gyms, trying to improve their level of health, there exists a huge opportunity for the SI practitioner to interface with the public and introduce our work.

One of Schleips's recommendations opens the door perfectly with this potential clientele: use of the foam roller. Teaching clients how to use a foam roller presents an opportunity to introduce them to their own fascial network, derive benefits, and expose them to some of the fundamentals of SI such as fascial chains and fascia's felt sense. With the ascension of the evidence that fascia is water-based, hydration becomes a critical issue for the health of the connective-tissue

system (Zorn 2004, 10). Hydration of tissue, in fact, is an essential ingredient when we contact the fascia with our hands during an SI session. Under the pressure of the foam roller, water is squeezed out of the fascia like a sponge, and then upon release, refills, which resuscitates the tissue (Müller and Schleip 2011, 9). I have been using the foam roller myself and in my practice for several years. I introduced it in my practice in a desperate attempt to get my clients to do something outside their visits that would hold on to the gains made during sessions. The results were better than expected. Used on a daily basis, clients reported less problems and needed to see me less. I call the foam roller the "first tool for fascial fitness."

Foam rollers are now in widespread use at gyms. Simple though it may seem to us, many clients do not know to use them or have no idea of the objective. They either quit quickly because of the pain or roll too quickly over the surface, rather than breaking up fascial adhesions. They are done with their whole bodies in five or ten minutes rather than spending a lengthy twenty to forty minutes getting a fascial squeeze in terms of hydration and exploring fascia at a motile level. Though it may seem absurdly simple, teaching clients how to use a foam roller is, in a sense, to teach self-myofascial release. As a coach or guide, an SI practitioner can take on his appropriate role as educator and empower a client to become more responsible for his process. Embodying our concepts even at the crude level of foam-rolling fascial tissue can have a powerful effect. Who needs words when they can feel process in the flesh? And thus their journey may begin.

Conclusion

As practitioners we span between two poles, our work and the client. We dwell in palintonus. The territory is marked by challenge, dynamism, and perhaps struggle. Our model is not the stasis of bone but the fluidity of water. It is dangerous to take refuge in the activity and concepts of one pole and lose engagement with the other. Without both poles working in oppositional balance, there is a danger of a reification of our concepts and a loss of resiliency in our work. Our clients are not just the end receivers of our work; they are needed as part of our own continued adaptation and response. They are as important a part of our creative challenge as our principles and taxonomies. The almost fifty years of development of SI is breathtaking, except in one regard: our clients. In our trainings and in our somatic explorations, though our work is "relational," there is very little conversation as to how to engage the client, beginning from where the client is situated rather than from where we sit.

Resiliency and sustainability are the vocabulary of potential crisis and breakdown. In this article I have tried to use these terms as a way of creating a different conceptualization other than balance / imbalance for client and practitioner to participate in, in the hopes of creating new meeting ground for both. My emphasis was on the client's point of view and not necessarily the rightness of my ideas. My emphasis was on creating more fluid, more adaptive responses to potential clients seeking out our work.

Resiliency as a concept belongs in the house of Rolf and in the SI pantheon. We can lay claim to it better than any other somatic modality because SI practitioners work with resilience on both on the local level of fascial tissue and on the global level of resilient integrated structure. And perhaps most importantly, resilience provides a coherent viewpoint situated firmly in the third paradigm of holism, whether we are dealing with performance or dysfunction.

Bibliography

Carpenter, S.R., and K. L. Cottingham 1997. "Resilience and Restoration of Lakes" *Conservation Ecology* [online]1(1):2. Available at www.ecologyandsociety.org/vol1/iss1/art2.

Friborg, O., O. Hjemdal, J. Rosenvinge, M. Martinussen, P. Aslaksen, and M. Flaten 2006. "Resilience as a moderator of pain and stress." *Journal of Psychosomatic Research* 61(2):213-9. Available at www.jpsychores.com/article/S0022-3999(06)00006-7/abstract.

Feitis, R., ed. 1978, 1990. *Rolfing and Physical Reality*. Rochester, VT: Healing Arts Press.

Frank, K. 2012 Jun. "Body as a Movement System Part 2." *Structural Integration: The Journal of the Rolf Institute®* 40(1):6-10.

Johnson, S. 2007 Jun. "The Two Paradigms." *Structural Integration: The Journal of the Rolf Institute®* 35(2):10-18.

Maitland, J. 1995. *Spacious Body*. Berkeley, CA: North Atlantic Press.

Maitland, J., 1992 Apr. "Rolfing: A Third Paradigm Approach to Body-Structure." *Rolf Lines* 20(2):46-49.

Müller, D. and Schleip, R. 2011 Mar. "Fascial Fitness." *Terra Rosa E-Magazine* (7). Also, "Fascial Fitness: Fascia-Oriented Training for Bodywork and Movement Therapies," *Structural Integration: The Journal of the Rolf Institute®* 39(2):7-13.

Online Etymology Dictionary, www.etymonline.com.

Rolf, I. 1979 Jan. "Structure . . . A New Factor in Understanding the Human Condition." *Bulletin of Structural Integration* 6(3):1-4.

The Free Online Dictionary: www.thefreedictionary.com/resilience.

The Ida P. Rolf Library of Structural Integration: www.iprlibrary.com.

Wikipedia: http://en.wikipedia.org/wiki/Resilience (ecology).

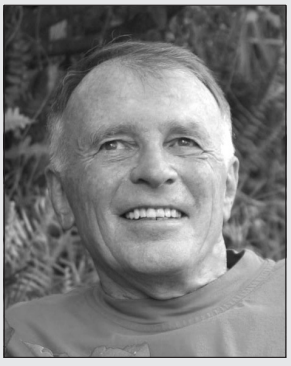
Wikipedia: http://en.wikipedia.org/wiki/Sustainability.

Zorn, A., R. Schleip, and W. Klinger 2004 Dec. "European Fascia Research Project Report." *Structural Integration: The Journal of the Rolf Institute®* 32(4): 4-10.

In Memoriam

Richard Stenstadvold 1935-2012

Former Managing Director of the Rolf Institute®, President of the Guild for Structural Integration



Requisecat in pace (rest in peace)