What is Structural integration?

The websites <u>https://www.rolfguild.org</u> and <u>https://www.rolf.org</u> give a pretty good explanation of current practice in rolfing. Structural integration or Rolfing®, is an alternative medicine technique developed by Dr. Ida Rolf, Ph.D. who was a biochemist at Rockefeller University. She used concepts from osteopathic medicine and other manual therapies to develop an organized approach to analyzing and adjusting tension in the body's fascial layers. The intervention itself is directed at changing the structural alignment of the body to allow it to function better and adapt to outside forces, particularly the effects of gravity, environment, and psychological stresses.

The basic premise of structural integration as developed by Dr. Ida Rolf is that the body is organized in space and in the gravitational field, especially the upright position. The components of the body must be in proper distribution and balance for economical movement with minimal stress. As a result of physical trauma or emotional stress muscles and other tissues become displaced with compensatory adaptations of other muscles and fascial connections, often at distant points in the body. Through shortening and thickening of connective tissue and habitual patterns of movement, these muscular changes become chronic and involuntary.

The practitioner is trained to observe both gross and subtle changes in motion of the body both obvious movement of the skeleton and more subtle motion evidenced through slight muscle contraction visible through slight motion in the overlying skin. Basic practitioners are trained in a highly systematic approach to the whole body that consists of a protocol for 10 approximately one hour sessions

The advanced practitioner is trained to develop an intervention that does not follow a standard protocol. This originally was intended as a whole body approach to be used for clients who had already completed the initial ten intervention sessions. However, it was soon evident that the same approach could be used for limited treatment of focal problems. The advanced practitioner through observation of structure and movement is able to identify areas of restriction and formulate a treatment plan to address these areas. They are generally looking for structural imbalances and aberrant movement or gait patterns. The advanced practitioner also learns to be acutely aware of the underlying emotional state of the client as it affects their ability to move. Without specifically labeling an emotion or entering into a verbal dialogue with the client, the practitioner is able to detect emotional arousal when certain body parts are contacted which often is a result of past trauma - either single incidents or repetitive stress. The practitioner, through hands on contact and also modulation of their own internal emotional state, is able to guide the client through a desensitization of the affected body parts. One advantage of the visual analysis by the practitioner is that they are trained to look broadly through the body, to look for imbalances or impairments other than at the stated site of pain, which could be the sources of the problem. They learn to visualize reciprocating tensions and compensations in the soft tissue web, asking "If this is so, then what else? What is a possible contributor to this site of tension or pain?"

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