

# Inner Shape: Its manifestation within various kinds of connective tissue

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***The following text is a summary of Dr. Schwind's keynote speech at Symposium 2007.***

It has been stated many times that Structural Integration works for better alignment of the human body within the field of gravity. For a practitioner this means that forces already existing within the client's body are seen and evaluated in relation to a force that exists outside the human body. The treatment is actually aiming at a better interaction between the existing forces within the human body and the field of gravity.

A first attempt to understand this interaction and the underlying mechanisms was the scheme-like division of the body into segments. Ida Rolf had chosen only seven segments to take a stand on this: the foot and lower leg, the thigh, the pelvis, the abdomen, the lower part of the thorax, the upper part of the thorax, and the head and neck.

As simple as this division seems to be, it has two advantages: first of all it frees the perception of the practitioner from the many details of anatomy and enables him/her to look at the human body from the perspective of an artist who wants to shape the whole by changing the relationships of its parts. Second, it allows for the neutral perspective of physics by relating the seven segments of the body to a central vertical line within gravity. Both ways of looking at the body – the intuitive look of the artist and the strict analysis of the physicist – have given a fascinating ambiguity to our discipline: Structural Integration can – almost 30 years after its founder died – provide enough material for serious and inspiring controversy for all of us.

It has turned into a field with various, sometimes even contradictory, approaches, and we may see this as a positive development.

But let's look in greater detail at the segmentation mentioned above. People reported how happy Ida Rolf was about the possibility of taking Polaroid pictures before and after the sessions. She thought that finally one could see what actually happens with the organism when we work with the fascial system. The photographs show how contours change, how the seven segments of the body start shifting in space and in relationship to each other. While the practitioner's eye was certainly looking more deeply inside, the pictures documented at least the outside. The "before and after photos" made it easy for us to show what we are aiming at, and, of course, in those days, they supported marketing. But this is not the whole story. The pictures helped, or probably seduced us, into making what a body looks like from outside the main model for analysis of the human organism. Segmentation, maximum alignment along a vertical line, and even the simple logo with the little boy became the gospel for most of us for a fairly long period of time.

Of course, even in the early days some people had observed this with a critical eye. The British osteopath Proby, who had studied with Ida Rolf, pointed out in the 1970s – while Ida Rolf was still alive – that too much extension does not work well for some structures. And he also commented intelligently on our "standard pelvic lift" procedure. And even Peter Melchior, one of the first to be certified as a Rolfing teacher by Ida Rolf, did not refrain from commenting intelligently on what we were trying to do. I remember assisting Peter Melchior in 1983. Once, after class, he said to me that he had

removed all the mirrors at his office. He wanted to avoid having people look at their process from outside instead of sensing what happens with them. And he also stated, "You know, what makes it difficult for us is the little guy over there," pointing to the little boy's logo with the seven segments of the body. I am still not sure what Melchior actually meant, but it stimulated a new thought process for me, and fortunately I was not alone with this. Some of us got more and more the impression that the way in which we looked at the alignment of the segments can only be a starting point. I personally do not believe that our analysis and our practical work was "wrong," it was valid, but valid up to a certain degree only.

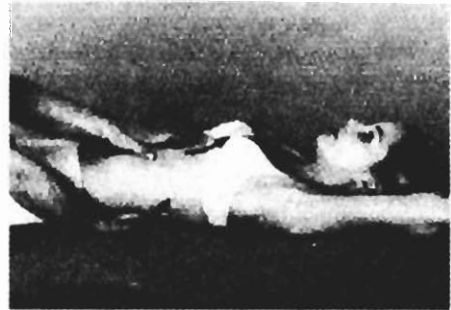
In a way, Ida Rolf had already shown the avenue we might be travelling on by emphasizing the interaction between core and sleeve, between extrinsic and intrinsic. However, this dualism gave us hardly anything to "grab" in practice, all we found was the PSOAS which became a keystone for our work in the pelvic area. As a student I heard the assistant teacher, Charles Siemers, say, "Ida did not mean the psoas [...], she meant the space the psoas runs through."

And the teacher of that basic class, John Lodge, quoted a statement made by Ida Rolf about this muscle, "The PSOAS is the cross linkage between the motor mechanics and the viscera." (Basic Roling® class at the Rolf Institute®, Boulder, 1980).

It is perhaps not even important whether John Lodge quoted Ida Rolf correctly or not, I believe he did, but that does not count really. What counts is that a statement like this emphasizes the fact that there is more than an alignment of segments. In this sentence we are confronted with the challenging question of how the different systems of the human organism interact with each other using the fascial system as a mediator. This question requires that we do away with the model of solid segments and open our eyes to a model of containers and contents. Such a model might stimulate our curiosity for a lot of practical investigation. We may explore how the "segments" are built by cavities and subcavities. We may find how pipes find their way curving through those subcavities and build inner bridges between them.

And finally we are able to appreciate the human back as a posterior dimension of a three-dimensional shape: we will recognize the so-called vertebral column in its permanent

dialogue with the "column of organs." In this way the vertebral column can be evaluated as it is floating within a channel of connecting tissues, and the column of organs can be looked upon in its dynamic relationship to longitudinal components such as oesophagus and trachea. And even the multi-directional nerves and vessels may be seen as part of the game (Jean-Pierre Barral and Alain Croibier have developed a new approach to treat nerves and vessels: Jean-Pierre Barral and Alain Croibier, *Manual Therapy for the*



Structural Integration has reached a high level in having an effect on the "container" of the body. However, as soon as we touch this container in a 3-dimensional way we are entering into the inner dimensions of the body's "contents." In working with the pelvis and the abdominal area it may help to remember that Ida Rolf called the psoas muscle the crosslinkage between the motormechanics and the viscera. [Illustration from Schwind, P., *Fascial and Membrane Technique: A manual for comprehensive treatment of the connective tissue system*, Churchill Livingstone/Elsevier 2006.]

*Peripheral Nerves*, Churchill Livingstone 2007).

Perhaps we should allow ourselves to listen to the different "voices" of the body which manifest themselves in various types of connective tissues. We may listen to these voices by using the tactile and thermal senses of our hands. In doing so, we will broaden the vision which we are using by just looking at the body in standing, sitting, and in movement.

Here is an example to elaborate on that. Let us look at that part of the body Ida Rolf called the "keystone," the pelvis. We all know how muscle activity within the legs tends to tilt the pelvis anteriorly or posteriorly, and we do know about the role of the psoas. Our picture will be more complete if we are willing to perceive that any muscle activity, any myofascial tension perpetuates itself by a permanent

dialogue with the different elements within the body's cavities. When a pelvis tends to fall back behind the hip axis, this may be rooted in pulling forces of the musculoskeletal system; it may, however, also be caused by pressure forces acting between the subdivisional parts within that cavity, originating from a disturbed alignment between the intraperitoneal, retroperitoneal and subperitoneal space.

Let us look at a second example, the thorax. The muscles and bones form only a minor percentage of the volume. Actually, without the contents, the thoracic walls would not be able to resist any force applied from outside. If we want to arrive at true structural integration of the thorax, we have to find our way into the "jungle" inside the cavity and explore its connectedness with the outside.

In doing so, we will be able to draw the three-dimensional picture of the INNER SHAPE of this part of the body and relate it to the whole structure. Of course, we will find very different constellations in different people: there are humans displaying an amazing level of freedom

inside the thorax while the outside is restricted and vice versa. However, most of us show a combination of motion restrictions inside, interrelated with restrictions outside. To make it clearer: certain visceral motion restrictions typically go together with restrictions of the musculoskeletal system. And even some restrictions of the craniosacral system are related to other restrictions somewhere else in the body.

We stated at the beginning that Structural Integration works for better alignment of the human body within the field of gravity. If we want to have more than "release", if we continue our search for integration, we have to make finer and finer "distinctions" (Peter Melchior). This requires our traditional visual analysis as well as new palpative skills. In trusting these skills we are able to find the significant units of a very individual puzzle.

The recognition of this puzzle leads to the recognition of the INNER SHAPE of the individual. Anatomy will tell us where we are with our hands, but only the tissues can tell us what to do.