Structure, Function, Integration.

Journal of the
Dr. Ida Rolf Institute®

July 2022

Spotlight on the First Full-Body Fascia-Oriented Plastination Exhibit

Body Worlds curator, Dr. Angelina Whalley, describes the science and the art involved in the creation of *FR:EIA*.

A Study in the Appendicular

Leaning into our limbs, Rolfers® pay attention to the appendages.

Adapting to COVID-19 two years into the pandemic

FR:EIA
Fascia Revealed: Educating Interconnected Anatomy

Also in this issue

Structural Integration poetry, a podcast, and a host of reasons to stop mouth breathing.

©BODYWORLDS.com/FR:EIA

Working Online After COVID-19

Integrative Practices Emerging in Response to the Needs of a Digital Era

By Kevin McCarthy, Certified Advanced Rolfer®, Rolf Movement® Practitioner

Kevin McCarthy

ABSTRACT *The COVID-19 epidemic of the past two years challenged manual therapists and movement educators around the world in ways that few could have previously imagined. While COVID-19 severely limited the conventional practice of structural integration (SI), it provided a unique opportunity for innovation in the online space. Applying a biopsychosocial model of engagement and integrating Rolf Movement®, Rolfing® SI philosophy, and Somatic Experiencing®, the author Kevin McCarthy illustrates the possibilities of working outside the limitations of a touch-based model. Discussing the legal, ethical, and practical approaches involved in making a transition to an online medium, McCarthy uses a case study to illustrate methods and approaches that translate effectively to both online and in-person offerings. Drawing heavily on his expertise in trauma work, pain science, and client education, McCarthy demonstrates how manual therapists may adapt to the limitations of a pandemic-challenged practice, and offers options for bringing manual therapy into the digital era.*

Author's note: I use they/them in the case study presented in this article to promote an inclusive point of view with regard to gender. The use of 'they' as the default pronoun in this article instead of 'he' or 'she' is intentional.

I have a personal theory, blossomed now after COVID-19, into full-blown superstition. It's this: when I swear I'll never do something career-wise – swear on my honor, right hand raised, cross my heart and hope to die – I end up doing exactly that thing I'd sworn not to do, likely in short order. I have a long track record here, starting in the first grade. Back then it was handwriting. Horrid stuff. Decided then that I'd never be a writer. This is a core memory. I can still play it start to finish, thirty odd years later. And now you're reading my article. Case in point.

I should know better by now. But as late as February 2020, while working as a Rolfer focusing on trauma via Somatic

Experiencing® (SE), I vowed the one thing I'd never do was work online. "The human experience is too central to this work!" I swore. So when lockdown came along, Friday the 13th of March, 2020 for us in Minnesota, superstition once again became reality. I spent the weekend retooling just about every aspect of my practice and started work on Monday by sitting down and logging on, rather than driving in and rolling up my sleeves.

And now, I'm a bodyworker who no longer works *on* bodies.

I'd been working for years primarily as an SE practitioner who moonlighted as a Rolfer. I've been a Rolfer since 2007 and plied the trade for ten years before catching on that I was interacting with more than just fascia. This led to a study of Rolf Movement Integration with the dearly missed Dr. Ida Rolf Institute® (DIRI) faculty member Monica Caspari (1953-2019). Then my inquiries led me to study the nervous system/pain science via physiotherapist Diane Jacob's book *Dermo Neuro Modulating: Manual Treatment for Peripheral Nerves and Especially Cutaneous Nerves* (2016) and G. Lorimer Moseley, PhD and physiotherapist David S. Butler's book *Explain Pain* (2003). Eventually, I completed the full trauma certification Somatic Experiencing, the work of Peter Levine, PhD.

The throughline in my transforming practice has been the recognition that posture is performative to the extent to which it relates to behavior and perception – most often unconsciously and (my bias) most often adaptively to trauma. Hence the manipulation of behavior and perception, much like that offered through physical manipulation, can bring about lasting change in posture and healthier adaptation.

To this end then, it became clear in March of 2020 that I was going to put this hypothesis to a true test: could my SE/Rolfing® SI practice go digital? Could I do what I'd sworn not to do and create a truly successful online practice?

. . . it became clear in March of 2020 that I was going to put this hypothesis to a true test: could my SE/Rolfing® SI practice go digital? Could I do what I'd sworn not to do and create a truly successful online practice?

As it turned out, yes and no.

First, some background: I work in a trauma-focused practice called Mend Therapy that I co-founded with my wife Carrie Miller, a licensed marriage and family therapist. With COVID-19 restrictions, our practices contracted. We were forced to let go of our employees, close our workshops, and cancel our various groups and offerings. We worked nights and weekends, adapting our website and online presence, and researching and implementing various telehealth tools and programs. At last count, we've used six different video conferencing platforms: Zoom; Skype; Google Suites; Doxy.me; Jane.app; Facetime; even Facebook Messenger – pretty much everything except tin cans and string!

Add to this the struggle to understand and manage the complexity of laws and regulations that apply to our blended practices. State and federal laws governing telehealth were far behind the capabilities of the technology before the pandemic. When COVID-19 hit, large exceptions were made nationwide, allowing more platforms to be used, relaxing the abilities of providers to practice between states, and shifting privacy statutes to allow for more flexibility and innovation. While bodyworkers are not subject to the legal burdens of mental health professionals, I work in the borderlands of psychotherapy, offering trauma work as a bodyworker via telehealth. As such, I've always erred on the side of caution and have maintained strict adherence to the applicable professional laws and ethics of the psychotherapy industry.

The most difficult and exciting aspect was grappling with the limitations of the medium. How can I translate a SE session, or even a movement session, to telehealth? How can I ground a client, who is spiraling into traumatic activation, when I'm no longer in the room with them? These were crucial and urgent questions in the beginning of the pandemic as our practice shifted online and the answers demanded creativity and improvisation. The learning curve was steep, at times brutal, but also exhilarating.

At first, I was leery. While I'd been practicing for years with sessions that did not involve touch (touch is often difficult and at times contraindicated for people working with trauma), physical presence, I felt, was essential. Indeed, most of my interventions in SE stem from Rolf Movement Integration with the understanding from SE that we're trying to affect the balance of perceived safety versus threat in the nervous system and body. Pushing, pulling, standing, walking, and sensing out into space and back into the body, tracking intention and premovement – all of these were essential elements of my practice and could not be mimicked in an online session. Or so I (and unfortunately, some of my clients) thought!

Early on, people who'd been seeing me for SE quit as often as those who'd been coming in for Rolfing SI. For some, the lack of touch was perceived as too great a loss to overcome. For those who stayed, many couldn't afford our previous rates. Out of compassion, but also desperation and the need to stay busy, we made a sliding fee scale available to anyone who asked to continue working with us. Between March 2020 and March 2021, we offered $20,000 worth of free and discounted sessions.

But, surprisingly, telehealth was a great teacher. The first lesson? Humility. It turns out my clients don't need me as much as I thought (or wanted to think) they did.

Touch, when well tolerated, especially in an SE mindset, typically has a regulating effect on the body and nervous system. Without it, clients are forced to use their own resources in order to regulate. Telehealth forces this self-sufficiency and, as a consequence, allows clients to take ownership of their process and regulation from the outset of treatment.

I began to realize that my physical interventions with clients had fostered a dependence on external regulation. Typically, this meant leaving them to work out, often problematically, post-session internal regulation and support. But via telehealth, they started understanding and practicing better self-regulation faster and with more agency. I also realized, more fully, that I cannot 'do' anything. As much as we, as bodyworkers, try to release this desire (I'm thinking of biodynamic craniosacral and visceral work, where I worked so long and hard on this), it's difficult so long as we are physically present. We see ourselves as part of the process; telehealth challenged me to even more fully surrender the sense of 'doing'.

I had been trying to move from an *operator model* to an *interactor model* for years. Introduced by Diane Jacobs and Jason Silvernail (2011) and stemming from the larger framework of the biopsychosocial model introduced by George Engel (1977), this conceptual approach essentially teaches that we can't fix people, but we can help them heal themselves. Ironically, it was the disembodied medium of telehealth that finally showed me both the extent of my difficulties with this paradigm shift and a way to more honestly embrace its basic premise.

Emerging Methods of Working Online

When I am working with a person online, my primary tool honed over many years of SI, is body reading. I consider everything that a person says and does to be an element or indicator of their mode of organization in their body. And as an SE practitioner, I'm acutely aware that significant trauma, complex or acute, is often one of the defining elements around which that person is organizing consciously or, more often, unconsciously.

As I listen to a client, whether in an intake or at the beginning of a session, I'm looking for tension, imbalance, habituated posture or movement, and signs of emotional intensity or autonomic nervous system activation. Any hint of something off or missing, active or overly engaged is a clue that may provide insight. Most often the real work of a session begins when I ask a client to notice something I've seen. Whether I'm right or wrong, once their internal awareness is piqued, change tends to follow.

Case Study

I began seeing the client (we'll call them Jessie to preserve their anonymity) in the fall of 2020. They presented with post-surgical jaw pain and headaches after having been through multiple jaw surgeries and related traumatic experiences. Their goal was a reduction of their physical symptoms. Some specific aspects of Jessie's situation indicated to me that online work would be not only beneficial but preferable to in-person work:

1. Jessie's situation was primarily acute. Compared to complex trauma, whose presentation often involves chronic, more ingrained symptoms (slower to respond to SE or Rolf Movement Integration), acute cases lend themselves to working primarily with a specific concern, a focused event or set of events, and thus a more tractable pain pattern.
2. Jessie's symptoms were related more to an appendicular pattern than an axial one. Appendicular patterns, especially in clients with relevant trauma histories, often arise out of adaptive compensation to threat responses. Think about fight, flight, or freeze – our body's primary means of managing threatening or traumatic situations. We manage these situations through the facial muscles and the appendicular aspects of the body by engaging first through social means (facial muscles), then fight/flight (jaw, arms, and legs), and finally freeze/collapse (appendicular and axial in combination).
3. Jessie already had received support via multiple avenues. They had physically healed, to the extent possible, after surgery and had found a physical therapist whom they trusted and could work with safely. They also had a history of previous psychotherapy. My intervention was as an adjunct to a system that already had support and some elements of basic safety in place.

Our work progressed through a typical SE pattern: identifying resources and establishing a felt-sense connection to a healthy baseline of autonomic nervous system regulation; constructing a timeline of the traumatic events and identifying key elements where heightened nervous system activation was present; and allowing emergent sensations from their varied trauma responses, whether emotional or physiological, to surface. Ultimately, my work was an effort to support their ability to feel an emergent sense of agency in response to previous experiences of overwhelm.

While this process typically brings some element of physical change and symptom relief, what was remarkable in Jessie's case was the benefit they received from verbally guided embodiment. With my Rolf Movement Integration guidance, their sessions became an opportunity for them to connect safely to points in their body where previously they'd felt only pain and fear. With emotional support and verbal guidance, they were able to feel instead a sense of self-regulation and comfort. When people feel agency where previously they've felt only traumatic activation (e.g. triggers), they experience a felt sense of being able to live without fear of future challenges or past traumatic events. They are able to experience deeper embodiment and can allow change in their emotional and physical structure without resistance as they are no longer bracing against traumatic activation. This is resilience in action and, I would argue, an experience of integration that is the hallmark of healing, both in Somatic Experiencing and in Rolfing SI.

At various times different Rolf Movement elements were called for, including:

1. Pushing and pulling. This intervention has the client use what is available in their immediate surroundings – pushing or pulling on a desk or standing up to push and pull against a door frame or wall. This intervention activates and allows for awareness of fight-or-flight response. Most clients have a preference for either pushing or pulling, and typically there is an inhibition in one of the movements. Exploring these movements allows for multiple insights into the trauma pattern. Frequently, these movements have a therapeutic effect and clients can use them to manage symptoms outside of the session.

We are not limited by our physical presence in accessing these realities, as they do not belong only to the physical encounter, they are inherent in the person themself. Our job has always been to bring this conscious awareness to light. Online or in-person is immaterial. There are fewer limits to our practice when we understand our work for what it is – a partnership of experience and facilitation of the unknown to the known. How we do that is up to us.

Kevin McCarthy

I began to realize that my physical interventions with clients had fostered a dependence on external regulation. Typically, this meant leaving them to work out, often problematically, post-session internal regulation and support. But via telehealth, they started understanding and practicing better self-regulation faster and with more agency.

2. 'Melting' facial muscles. Jessie's jaw had been wired shut on two occasions, and they displayed extensive *inhibition* and *freezing* of many muscles related to emotional expression. Guided self-touch offered a way for Jessie to become familiar with the many holding patterns and became a consistently beneficial tool for self-care. 'Following' the releases as they moved through the face and body with both touch and internal awareness gave Jessie increasing insight and symptom relief.
3. Self-guided mouth work. This proved to be the icing on the cake. Once Jessie was settled enough to feel the nuanced change in their body and head, they were able to engage in mouth work that involved clenching (working through the previously unconscious fight response) and support (releasing unconsciously held tension that was being used to brace against both the ongoing pain and the traumatic memories).

Through the above-mentioned series of work, Jessie experienced a ninety percent reduction in pain and other related symptoms, and acquired an extensive toolset to manage their remaining issues. Jessie's emotional state became significantly more regulated and positive. They felt a sense of agency and control that provided comfort and hope around their condition and, indeed, any future concerns relating to this problem.

While I would caution anyone not trained in trauma work to engage with clients in the way described above, it is important to stay within the training and credentials we hold. For this article, I'm showing one way of making this transition to telehealth, the potential and relevance of an online application of Rolfing SI and Rolf Movement Integration philosophy and practice. Rolfers are used to looking for what's missing. We are used to looking for health in the body and recognizing both its absence and its potential. Think of the goal of a tenth session – *uniform brilliance* – as I was taught by Ray McCall (DIRI faculty member).

We're all confused when taught this manual therapy work initially, but we all come to know it through the beautiful vehicle of our practice. We learn how to lead people to a novel experience of their body, how to feel connection, joy, and increased awareness of their surroundings and themselves. These skills defy the limits of their applications! We are not limited by our physical presence in accessing these realities, as they do not belong only to the physical encounter, they are inherent in the person themself. Our job has always been to bring this conscious awareness to light. Online or in-person is immaterial. There are fewer limits to our practice when we understand our work for what it is – a partnership of experience and facilitation of the unknown to the known. How we do that is up to us.

Conclusions

The happy conclusion to this process is that our practice is now busier than before. Our services are streamlined and we can adapt, as needed, to either hybrid (in-person or online) sessions or return, as we did in December of 2021 during the Omicron variant, to 100% online work. We can now work from anywhere, we have shifted to a single physical office space, decreasing overhead and increasing our ability to see clients when and where convenient. Our practice is entirely electronic – all forms, notes, billing, and scheduling is done online. Working under Minnesota's laws around licensure and practice, I am able to see clients around the world. This flexibility allows us more access to clients, new and established.

While not necessarily drawbacks, there are several considerations for this type of online offering. I've worked diligently with our practice's lawyer and my professional supervisors to define and adhere to a strict scope of practice. Our informed consent process is extensive and legally reviewed to remain in compliance with state and local requirements. We work within an integrated system of adjunctive therapies to ensure our clients are adequately resourced for the kind of work we do. And, as a clinic that integrates mental health practitioners, my bodywork practice adheres to ethical standards beyond those generally required of bodyworkers, as well as complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other relevant and applicable laws.

There are novel opportunities for bodyworkers interested in expanding their practices to include offerings previously unimaginable to most of us. And if you find yourself swearing you'll never work online while reading this article, beware of the consequences. You've been warned!

Kevin McCarthy is a Somatic Experiencing® Practitioner, Certified Advanced Rolfer®, and Rolf Movement® Practitioner specializing in the effects of trauma and chronic pain on the body. Becoming fascinated with the interplay of emotional patterns that shaped and restricted his client's posture and perception, McCarthy was led to explore trauma work after years spent exploring some of the many aspects of manual therapy, including osteopathic manipulation, craniosacral therapy, visceral manipulation, energy work, and myofascial release. His training in Rolf Movement with Monica Caspari [DIRI faculty] in São Paulo, Brazil became a bridge that tied together McCarthy's deep appreciation of Rolfing® SI and Rolf Movement theory and practice with the foundations of trauma work he learned through his three-year training with Somatic Experiencing International. His work online and offline is a process of education, insight, and support that aims to free people of the physical and emotional burdens of trauma.

In 2017 McCarthy co-founded Mend Therapy, a thriving private practice in Minneapolis, Minnesota with his wife Carrie Miller, a licensed marriage and family therapist. Mend Therapy centers on the collaboration between psychological and somatic practice necessary to integrate and heal the body/minds of individuals, couples, and families that have been affected by trauma. He regularly consults with and educates health providers, manual therapists, and psychotherapists on the importance and role of somatic intervention in the effective management of trauma.

References

Butler, David and Lorimer Moseley. 2003. *Explain pain.* New York, NY:Noigroup Publications.

Engel G. L. 1977. The need for a new medical model: A challenge for biomedicine. *Science* Apr 8;196(4286):129-36.

Jacobs Diane F. and Jason L. Silvernail. 2011. Therapist as operator or interactor? Moving beyond the technique. *Journal of Manual and Manipulative Therapy* 19(2):120-121.

Jacobs, Diane. 2016. *Dermo neuro modulating: Manual treatment for peripheral nerves and especially cutaneous nerves*. Self-published: Tellwell Talent. ■