

The background of Rosenberg Technique

by Stanley Rosenberg

My first meeting with connective tissue was back in 1981. I had applied to take part in an education to become a Rolfer®. Rolfing® is hard to describe in one sentence, but I will do my best. Rolfing® is a form of connective tissue massage which has the goal of integrating the structure of the client which will give better alignment of the body, greater range of movement and a more gracious pattern of movement.

What is meant by integrating the client's structure? Again, it is hard to define in a few words. By structure, we mean the relationship between the parts of the body. The body parts can be the individual muscles and bones. It can be segments such as the arms, legs, or chest. It can be a grouping such as the shoulder girdle, upper arm, forearm and hand. By integration, we look at how the body parts should work together.

We look at the client in a standing position. Does the head sit on top of the neck – or is the head forward, displaced towards one side, tipped with the chin and face up, etc.

In building the wall of a house, a bricklayer is careful to put one brick on top of the one below. He does not allow one brick to move too far out of line with the other bricks. The reason is obvious.

But when we see someone standing and look from the side, we often see that one "brick" (by brick I mean "segment": head, neck, shoulder, chest, lumbar region of the back, hips, thigh, lower leg, foot) is forward in relationship to another, or one segment is rotated in one direction in relationship to another which is rotated in the opposite direction, or one segment is tipped forward while another is tipped back.

We can also look at the individual segments and see that there is an imbalance in the segment itself. Someone might have a deep sway in their back. This often goes together with a stomach that sticks out in front. It looks as if their torso has bent out of shape by laying them on their back, draping them over a barrel. We can say that their front line (stomach and abdomen) looks longer than their back line (lumbar spine).

The opposite might also be true. A person with a flat back is hunched over in front with their head forward – a line on the front of the body will be shorter than the line on the back of their body.

The goal of Rolfing® is to balance the body standing in the field of gravity so that there is balance right side/left side and front side/back side. The bricks of the house, the segments of the body should sit in relationship to each other in the best alignment. Then there is a minimum of work in the muscles, ligaments, skeleton and nervous system when the person stands, sits or moves. They have room for breathing. As they breath deeply, their diaphragm goes up and down like a piston in the motor of a car. This movement from deep breathing massages the viscera of the chest and of the abdomen. This in turn improves

digestion and the circulation of the lymph back to the heart. A slight improvement in structure can have a major positive influence on health and well being.

We also look at the client in movement, for example walking. We notice where there is flow, i.e. freedom of movement. By integrating the structure, we give the best relationship of the body parts so that everything functions as well as it can as a moving unit in any kind of physical activity. Any break in the flow of movement means that we lose momentum, we lose power. As we have to go around a tense area rather than to flow through it, we use less an efficient pattern of muscles to approximate the desirable movement. But because we are compensating for what we should be using, we have a less than optimal level of physical performance.

In Rolfing®, we move the client from where they started to a major improvement in 10 sessions lasting about an hour each. Each session focuses on a different area of the body and has its own objective. For example, the first session focuses in part on the chest and has as its goal to improve the breathing capacity. The second session focuses on the feet and the lower leg (from the front with the client is lying on his/her back). The goal of the second session is to give the client a leg to stand on, to help them with their grounding. The client comes to stand more on the entire foot. Each of the other sessions has its own goal. When we add them all up, we have a “Rolfed body”. The client has a greatly improved structure and enjoys an improvement in many of the vital functions of the body.

Connective tissue.

Before I became interested in the Rolfing® education, I never heard of the existence of connective tissue. I certainly worked with my body. I had won a Canadian National championship in the sport of rowing, I worked with extreme expression of my body in experimental theatre, I trained in tai chi and karate, and I had learned to give a full body massage. My understanding was based on the muscles, bones and nerves. My understanding got me far, but as I was to discover, this was only part of the picture.

As part of my application for the Rolfing® education, I had to study connective tissue and write a paper. I had to demonstrate that I knew about connective tissue and how the hands-on work with connective tissue could help integrate the bodily structure. Looking back from where I stand today, my attempt to express myself about connective tissue was at best primitive – but it was a start.

When I started Rolfing class, we not only learned the strategy of using our hands to accomplish our goals in the ten sessions, but concurrently we also had a course of study in anatomy. We studied the body not only in terms of muscles, but also in terms of the connective tissue in which the muscles was embedded. We studied the ligaments and tendons, part of the connective tissue system. The ligaments hold the bones together and the tendons tie the belly of the muscle to the attachment on the bones. We also paid homage to the layer of connective tissue which is the deep layer of the skin. We saw how one part of this connective tissue system flowed into another part. This was different than the muscles which I had understood to be separate elements without a direct relationship to each other.

All of this meant that I had a much bigger playing ground from my massage work. I could have an effect on a muscle as I did before, but now I could also work on the ligaments, the connective tissue wrapping of the muscles (epimysium), the tendons, the periosteum (connective tissue covering of the bones), the ligaments, and the deep layer of the skin.

My teacher in anatomy was Louis Schultz, PhD, Rolfer© and professor of anatomy at an American University. He recently published an insightful book on connective tissue called "The Endless Web." The assistant Rolfer teacher on the course was Tom Myers, the author of the book "Anatomy Trains". Here he shows how muscles, ligaments, and bones hang together in long lines that can run from the toes to the top of the head. For example, one chain is called the front line, another is called the deep front line, and a third is called the back line. One muscle connects into a bone and blends with the connective tissue of the bone. From the same area of the bone, another muscle or a tendon of a muscle or a ligament continues to run in the same direction to the next bony place of attachment. Structures relate to each other. If one structure is tight, there is a chance that the entire line will be short. Working one place to get length will generally improve the other structures on the line.

Ida used the idea of a "core" and a "sleeve". The deep structures (which Tom Myers refers to as the deep front line) can work together in a well functioning "core". The idea is that is best to use our core structure (the deep front line) rather than our sleeve (outer muscles – either front line or back line). This gives us the most efficient use of ourselves standing and moving. High performers, championship athletes and well functioning people in every walk of life usually have a better organization, i.e. better use of their core. People who do not have the grace and optimal function of their body move more from their sleeve. The revolutionary idea of Rolfer© is that you can take an average person and give them the same exceptional use of their body that had been reserved for people who had been born lucky with "natural talent".

The core is well-suited to bearing the body's weight in a balanced way requiring the least physical energy to sit, to stand and to walk. This frees up the maximum resources to do what we choose in terms of relaxed efficient movement. When we use our core, our nervous system uses a minimum of energy leaving its resources for other functions such as thinking clearly, communicating, planning, remembering, concentrating, etc. A well integrated structure gives us a well functioning nervous system.

Movements coming from the core are powerful and integrated – if the movement of an arm or leg starts at the deep front line in the front of the spine, we have our maximum power. By contrast, a movement starting in the sleeve, i.e. in the superficial front line or from the superficial back line is less efficient, less powerful.

In my first classes in full body massage long before I came to Rolfer© class, I learned that there was a value in finding a painful part of the body or a tense muscle. Releasing the tension helped. But in the moment I started to understand the body from the point of view of connective tissues, I started to see how things worked together. When I found a tension in one muscle on the front line, I could usually find tensions and shortness in all of the other muscles of the front line.

By releasing enough tension in the superficial front line or the superficial back line, suddenly, people were better able to use their core for support and for movement. Understanding the “meridians” of Tom Myers anatomy trains, the body therapist can work on the other muscles, ligaments and joints in the chain. The results are dramatically better than working one spot or one muscle here, and another spot or another muscle there.

I worked primarily as a Rolfer© for over twenty years. After a few years, I started to teach other people my interpretation of the ten sessions of Structural Integration. I called this work “Ida P. Rolf Method” to honor Ida Rolf as the source of the tradition.

(The words “Rolfing©” and “Rolfer©” are copyrighted and are reserved for therapists who have been trained by the Rolf Institute.) Although I am sure that I lost some of the elements that were in my education, I added some other elements that I thought I missed in my Rolfing © training. In the anatomy, I put more focus on the specific structures (naming the muscles, bones and ligaments in the area that we worked on in an individual session). A few people have enough background to know this when they come to class. Most people do not.

I believe that this additional anatomy for each of the ten sessions helps most students who do not have this knowledge at their finger tips. Making this available to them, they have a better idea of what they are feeling under their finger tips when they work. They can better visualize what they are doing.

I also added some of the elements of the connective tissue release which I learned and developed after taking my Rolfing© classes. This part of the work of connective tissue release is much of what we teach in Rosenberg Technique.

I had great teachers in my Rolfing© education: Michael Salvesson and Peter Melchior. They taught us a lot about the ten sessions, how to read the body and how to see the changes brought about in the session. They did great sessions.

But they never told us how to work the connective tissue to get the changes. They encouraged us in our work, showed us some places to work but they never corrected us to improve our technique. Whether this was the way my two teachers worked, or whether it was the way the other Rolfing© teachers generally taught, I have no way of knowing.

I would say that my connective tissue release got very specific and very soft, compared to where I was when I finished my Rolfing© training.

About 10 years after I had finished my training, I read that there was a discussion of working “more softly” and I read that some teachers were incorporating teaching softer techniques into their classes.

This way of working softly, specifically and effectively, I had studied, explored, learned on my own. This has come to be the center of the approach to connective tissue release that I taught in my classes in Rosenberg Technique and Ida P. Rolf Method.

The anatomy of connective tissue

I started with an understanding of the individual parts of connective tissue: the cells, the fibers made by the cells (fibroblasts), and the ground substance (plasma) produced by the cells (fibroblasts and plasma cells).

The connective tissue system of the body includes the tough, though elastic coverings around the muscle, around the parts of a muscle, indeed around each individual muscle fiber. The connective tissue is all of the white circles that we see when we slice a piece of meat across the grain. The connective tissue includes the tendons that attach the muscles to the bones and the ligaments that attach one bone to another. Connective tissue also includes the blood (which has cells and fibers, but does not contain fibers). Connective tissue is also the cells of the immune defense system which move through the blood and the lymph vessels to where they are needed to capture, surround and digest unwanted viruses and harmful bacteria. The connective tissue includes the bones and the cartilage. Connective tissue also makes up the deep layer of the skin.

Connective tissue connects. Connective tissue changes over time. Connective tissue ages. Connective tissue can stretch and it can contract. Connective tissue is affected by the hormones of stress and dries out and hardens. Connective tissue has a very different quality in people who are depressed. It gets puffed up with extra liquid and becomes soft and flabby.

Connective tissue has not only biochemical qualities, but also biophysical qualities. The soft tissue part of connective tissue can change from soft to hard or from hard to soft. (By soft tissue, I do not mean the bones, blood or the immune defense system – but rather the covering of the individual muscle cells, the covering of the groups of muscle cells, coverings of the muscles, the ligaments and the tendons.)

The ground substance in the soft tissue is where the cells live. The soft tissue includes the network of protein fibers which is also embedded in the ground substance. The ground substance can change state from more solid consistency (called **gel**) to more fluid consistency (called **sol**). It can change back from sol to gel.

This change of states from more fluid to more solid and back again is called the thixotropic effect. Thixotropic is a greek word. It means to make something more hard into a liquid by stirring. In other words, the movement creates a change of physical state. Gelatin (sky, which we put on liverpostej, in Denmark), or Jello (dessert in the USA) change their states from solid to liquid when we heat them in a pan on the stove. They change from liquid to solid when we cool them down by putting them into a refrigerator.

The baby explores all movement possibilities constantly. It spends hours and hours exploring its movements. In the connective tissue of a baby, the changes from gel to sol to get again are going on all the time over the whole body. As part of the body stops moving, and becomes slightly more stationary, the tissue becomes more solid.

It is like the body of an octopus which moves across the floor of the ocean. It needs to grab on with part of at least one of its arms if the rest of the body is going to be able to

move forward across the rocks or sand. If the entire body of the octopus was soft or if it was all hard and fixed to the floor of the ocean, there would be no motion. Without any bones in its body, with just the soft tissue of muscle and connective tissue, the octopus is the strongest animal in the oceans. Much of this comes from being able to change one part from soft to hard at the same time that another part changes from hard to soft.

A second later, as that part of the body of the baby that had been immobilized starts to move, the ground substance of the connective tissue in that part of the body becomes more fluid and all resistance to the movement melts away.

If we are in one position for a while, then the connective tissue can harden like putting liquid gelatin in the refrigerator. This helps us hold our position. When we move, the hardness melts and facilitates movement. I believe that this hardening starts to happen in a short period of time, perhaps a matter of seconds in a baby or in an athlete performing optimally.

Changing the ground substance from fluid to solid comes when there is not movement. In a baby, the lack of movement lasts a few seconds or a few minutes. Then there is movement. The area of gel returns to sol.

But as people get older, some parts of their body do not move much. Over years and decades, stiffness sets in in the soft tissue. What we feel with our finger tips when we do connective tissue massage and what we work to free up can be the result of lack of movement for years, even decades.

As we grow up, as we mature and develop, our movements get more purposely directed. We lose the exploratory quality of babies. We get more efficient and our movements become more repetitious. We gain stability at the expense of flexibility.

Civilization gives us many gifts, but we also pay a heavy price.

Walking on the beach or in the forest, every foot fall lands on a surface that slightly differently than the last foot fall. Perhaps we land on a stone a branch or a clump of grass. Perhaps we land in a hole. Perhaps the surface under our foot is slightly tilted to the right on one step and to the left on another step.

In contrast to walking in nature, walking on the cement pavement and flat floors, one step is like the last. When we walk barefoot in nature, we shift the weight onto different parts of the foot – sometimes pushing two bones together, sometimes stretching them apart from each other. We use different combinations of the small muscles between the many bones of the feet. Walking in shoes, every step is the same. Sitting on chairs, we use the same muscles. Sitting on a log, on a stone, on the ground, on a river bank – we use different combinations of muscles all the time. Working out on machines in fitness centers to strengthen muscles or walking on treadmills, we make the same movements over and over again. We use the same limited pattern of muscles contractions over and over again. This is a sharp departure from the “old days”. Being a hunter, farmer fisherman or homemaker, the different jobs over the course of a day worked different muscles in different combinations all the time.

The more we move our body in ever changing patterns, like the baby exploring the infinity of possibilities, the more our tissues retain their ability to change from gel to sol. The less we move parts of our body, the more parts of our body will change from sol to gel, the more that we will get stiff.

Raindrops fall on the surface of the ground. As the rain runs off, the water starts to cut a path in the mud. After a while, the paths deepen. At a point the water collects and flows like a river running between its banks. The older we get, the more our movement has been repetitious, the less that we have moved, the stiffer we become in some areas of the body. The free movement we had as a baby changes over the years into the bent over, half-lame walk of an old man or woman filled with tension or pain.

Connective tissue massage gives us a chance to change gel to sol, to move the body back in time, to increase the variety of movements possible, to improve the breathing, to improve the posture, to improve the flexibility of the movement. A good connective tissue therapist can locate the areas of gel and change them to sol. In our connective tissue, we have all aged faster than is biologically necessary. If we could only get back to our biological age, we would have a vitality, quality of life and energy to get us through the day with an ease, joy and efficiency that most of us are unable to imagine.

Connective tissue is the target of all of our many therapy forms at the Stanley Rosenberg Institut:

Rosenberg Technique – releasing connective tissue generally

Ida P. Rolf Method – balancing the muscular-skeletal system

A. L. T. Facial Massage – rejuvenating our face

Kranio-sakral therapy- releasing the sutures between the bones and releasing the connective tissue membranes

Neurodynamics – releasing the connective tissue surrounding the nerve cells so they glide in relationship to the muscles, bones and skin

Organ Massage – releasing the connective tissue around the viscera so that they get the blood they need and get rid of their waste

Tensegrity – with our hands at two places, finding and releasing tension at yet another place – great for working with patterns of physical trauma

The story behind why and how I developed Rosenberg Technique

Looking back at when I was in Rolfing class, I remember the ease of my teachers in applying the pressure into their clients' bodies. They were firm with their contact. They seemed to use a minimum of effort, a minimum of physical exertion and yet they brought about the changes. When I remember myself and the other students in my class, we were all working as hard as we could to push as deeply as we could into the bodies of our models. It did not matter if it was painful for the client, the deeper we went and the more force we could put in, the better we thought the quality of our work.

After I finished my Rolfing® training, I kept trying to work as hard and as deep as I could. I had a well-trained, athletic, muscular body. I worked hard to give my clients the best possible results. After about a year and a half, I started to have pain in my right shoulder.

One day, I went swimming and I noticed that the pain disappeared. If I swam once a week, I could keep my body free of pain. No problems. But as the months of working as a Rolfer® went by, I had to swim two days a week. After a while, I had to swim 4 days a week, not because I enjoyed swimming, but just to keep the pain out of my right shoulder.

I thought about what I was doing looking for a clue as to what I was doing wrong. I realized that when I pushed hard into a body, that body was pushing back into my body just as hard. There is a law in physics – that every action causes an equal reaction in the opposite direction.

I was standing bent over a client who was lying on a massage table. I was in a strained posture applying as much force as I could into their body. The force went through my shoulder, and into their body. Their body was only able to absorb part of this force, to give way to some of the pressure. Their body hardened and the extra force that I was putting in bounced back into my body. It hit me in my own shoulder. Because I could not align myself properly in the awkward position of giving the massage, some force remained in my shoulder on the way in. All of the extra force that bounced back was also landing in my shoulder. The harder I worked over a period of time, the more the damage was collecting in my own shoulder.

If I had so much pain after less than two years of Rolfing®, where would I be after twenty or thirty years?

I asked myself the crucial question: How could I get just enough force into the tissue to bring about the desired changes? How could I avoid working harder than that. How could I avoid putting extra force into the client's body and rebounding into my own vulnerable shoulder?

At that time, I had been studying tai chi for over twenty years. One of the ideals of tai chi was to be able to use 100 grams of force to control an opponent using 1000 pounds of force. A tai chi master or an Aikido master can stand calmly while someone rushes at them, kicks at them or throws a punch at them. Seemingly without effort, making small and often slow moves, suddenly, their opponent falls or is thrown. It is as if they have turned the force of their attacker 180° redirecting it back into the attacker. The faster and harder the attack, the more that seems to come back to the attacker. The tai chi or aikido master is like a mirror –every thing that comes in goes back out.

Although I had not reached that level of mastery in my own tai chi training, I realized that their mastery had something to do with using the right level of force at the right instant in the right direction. The level of force could be minimal, as long as the effect was there.

So, I started to work softly. I knew enough of the change I wanted. I could see that I was able to get the improvements in the client's structure with much less effort.

But part of me was insecure. So for forty five minutes of the hour session, I worked softly likening my approach to a tai chi master. Then, in the last fifteen minutes, I worked as hard as I used to – just in case the soft approach wasn't really enough.

As I started to teach, I saw that my students who listened to me worked only with soft techniques using the minimum of force necessary to achieve the desired results. They did not come in with the last frantic spasm of hard work in the last 15 minutes. I realized that they did not need it. So I gave up my old approach completely.

Jim Oschman and the piezoelectric effect

After being a Rolfer© for a few years, I traveled to the USA to attend an annual meeting. One of the speakers at the meeting was biophysicist, Jim Oschman. He had given a lecture about connective tissue in Ida's last Advanced Class. He had been married to a Rolfer© and was part of the Rolfing© community. He made his understanding of the biophysical qualities of connective tissue available to the Rolfing© community as well as to other schools of body work.

Hearing Jim's talk created a revolution in my understanding of connective tissue and how to work with it.

In my study and training as a Rolfer©, I had put together the idea that the way to change gel to sol was to put energy into the tissue – thermodynamic (heat) energy from creating friction in the tissue. The greater the amount of friction for my working hard, the greater the amount of heat, the greater the desirable change in the connective tissue.

Jim told us that the connective tissue had certain biophysical qualities. In fact, the connective tissue was like a crystal, capable of conducting various kinds of energy such as electricity, light, electromagnetism, magnetism, to name a few. It was a living, flexible tissue with the qualities of a crystal that could transmit information from one part of the body to another part of the body. He painted an incredible picture of how this flow of information explained some of the mundane physiological changes, but also explained some of the interesting, mysterious capabilities of the body. For example, how a trained tai chi master can wait until the other person starts their attack before making their move.

At a test for a driver's license in Denmark, they flash a red light. When you see the red light, you should push a button. Normally, using the nervous system as we normally do, we push the button 9/10 of a second after the light goes on. But in 9/10 of a second, a sprinter doing a hundred meter dash can run 9 meters. A person can throw several punches. If the tai chi master goes through the normal channels of the nervous system, he cannot start his counter attack after his opponent and push his opponent before his opponent lands his punches.

Jim says that these kinds of phenomena are possible because there is a faster, instinctive flow of information in the connective tissue that is faster than the nerves and brain. He has many examples, some of them from the scientific literature to back up his theory.

He said that one quality of some crystals was to be able to take energy from pressure and turn it into electricity. This is the piezoelectric effect.

I remember when I was growing up in the 1950's, we had a phonograph. This was the same kind of turntable set up that DJ's use today. At the end of the arm, there is a crystal. The music is laid into the groove of the record. As the record turns around, the crystal of the needle is squeezed more or less firmly by the changing width of the groove. As the groove of the record widens and narrows, there is a change of pressure on the crystal needle. This change of pressure on the crystal creates electricity – the piezoelectric effect. The electricity travel up a wire into an amplifier, through a speaker and we hear the music.

A good DJ will carefully balance the amount of weight crystal needle to get the optimal quality of sound out of the turntable. The weight should not be too much or too little.

When I am pushing into the connective tissue of a client, how much energy is needed to get the electrical energy to flow in the connective tissue? Too little pressure – no music. Too much pressure – too much noise. The right amount of pressure is where I get the changes, but with a minimum of effort.

Jim also said that connective tissue was like a semi-conductor. A semi-conductor is different than a conductor.

A copper wire is a conductor. It conducts electricity. For example, you put a plug into an electrical socket on the wall. Electricity will flow up the wire and into a lamp. Given the same amount of energy flowing into the wire, the copper wire will always deliver the same amount of electricity to the lamp.

But a semi-conductor is different. Given the same amount of energy coming in, a semi-conductor can carry more or less energy. A semi-conductor changes the amount of energy that flows through it depending on different conditions. For example, a semi-conductor might change the amount of energy passing through it as its temperature changes.

Without semi-conductors, computers and all of the other digital technology depending on chips would not be possible.

What happens to this electrical energy produced by the piezoelectric electricity massage therapist's pressure on the living, liquid crystal quality in the client's connective tissue?

My picture is that the electrical signal flows through the semi-conductor depending on the water content of the tissue. The more the tissue is sol, the greater the flow of electricity. The more the tissue is gel, the less the energy flows.

Where does the energy go? I believe that it travels through the sol until it meets ground substance which is primarily gel. The energy delivered to the gel is enough to transform it into sol. In this transformation from gel to sol, there is an increase in the water level in the connective tissue ground substance.

A light touch in the connective tissue semi-conducting living crystal will send an electrical energy to another part of the connective tissue system at distance where there is need for change to rejuvenate the tissue by transforming it from gel to sol.

If the touch is too hard or too fast, the connective tissue will have a defense reaction. It will defend the body locally – it will change the local area into a higher concentration of gel. Therefore, enough is good too much is counter-productive.

This is a theory. I have no way of proving it scientifically. However, working from this model of connective tissue and the piezoelectric effect, we have developed the light touch of Rosenberg Technique. Rosenberg Technique works. If you can think in the same way and apply force in the same way, you can produce the same wonderful changes not only locally in the body, but generally throughout the entire structure.

5 grams of pressure: The magic and the mistake

John Upledger is an osteopathic physician who became interested in cranio-sacral therapy. He joined the Cranial Academy, the association osteopathic physicians who have followed in the tradition of William Garner Sutherland.

Sutherland laid the cornerstone of the tradition of cranio-sacral therapy back in 1900. The cranial academy is still active today. The Cranial Academy has a tradition of restricting membership as well as access to courses to medical doctors.

To complete a research project, Upledger needed more people who could do cranio-sacral techniques. There were too many patients and too few medical doctors who knew the cranial work. So, he broke with tradition and started himself to teach non-medical doctors. He chose a few techniques from the many techniques taught to doctors working in the Sutherland tradition.

He was satisfied by the results of the non-osteopathic physicians. He realized that non-medical doctors could also do cranio-sacral therapy. He decided to open the teaching of cranio-sacral therapy to anyone who was interested in learning it.

In the course of his teaching, people asked him again and again, how much pressure he applied with his hands. He used a *brev vægt*, a scale that is normally used to measure the weight of letters to determine how much postage should be placed on an envelope. He found that the average of his techniques used about 5 grams of pressure.

This light touch had magical results in many cases. So people got the impression that 5 grams was the right amount of pressure for cranial techniques. But this generalization, while appropriate for the few techniques that Upledger chose to teach, is not appropriate for all cranial work or all deep tissue work.

However, most of the techniques that Upledger was teaching people were applied with finger tips on the surface of the cranium with the goal of promoting an unwinding (sometimes called a “therapeutic pulse”). Generally he worked indirectly.

In osteopathic techniques, there are several accepted approaches to facilitate a release. When you find a tension, you can go in two directions. The one is in the direction of the least resistance. This is called “indirect”. When you use an indirect technique, often it feels as if the body starts unwinding, i.e moving as if it had a mind of its own and as if it knew where it wanted to go. The therapist follows the movement of the client’s body, just as a female tango dancer follows the lead of the male dancer. These unwindings can last for several minutes and in some cases an hour or more. This is much of the approach in the Upledger interpretation of cranio-sacral therapy.

Another approach is to go into the resistance increasing the level of resistance. This is called “direct”. Here the therapist mirrors the tension back to the client. The therapist focuses his energy directly towards the fulcrum, the center of the resistance of the client. This is the approach that we use in almost all of our techniques at SRI. Usually, when we find the exact location of the fulcrum, the release follows almost immediately.

We also work deeper into the body. Sometimes, you have to push through layers of skin, fat, and muscle to get to the exact structure that needs to be released. Here, it takes considerably more than 5 grams to get to where you want to be. But when you get to the surface of the structure that you want to release, you can use 5 additional grams of pressure. If you are trapped by the ideas of only using 5 grams of force, you will never get down to where you should go.

This is in sharp contrast to the way I worked in my early days of connective tissue massage. There I just pushed hard into the body as far as I could. The work was called “deep tissue” and I tried to get as deep into the tissue as I could.

When you put increasing pressure on tense connective tissue, at a certain point, the connective tissue tightens as a defense to protect the integrity of the structure from the incoming force. If we slowly increase our pressure, we can find the exact instant when the connective tissue reacts defensively. This is what we want. This is our signal to stop, to keep the pressure exactly as it is and to wait for the tissue to relax under our fingers.

Our work derives from Alain Gehin. His focus is to open the sutures of the cranium and face. Therefore, we work in the phase of cranial movement called flexion, where all of the bones of the cranium are open as much as possible. We want to open them a bit more.

We follow the movement as far as it goes in the direction of flexion. Then we move the client just a little bit beyond that “false” border. We wait. It feels as if the clients move themselves away from us, out into an essential freedom.

Our role as therapists is not to push the client as far as we can make them go. Our job is to find the exact place where their defensive response comes into play. Then we do nothing. It is as if we have given their connective tissue system information that it is defending itself when there is no threat of danger from the force coming in. After a few seconds, the defensive resistance melts, their body again softens under our fingers, and then comes a deep sigh indicating that the release is not only local under our fingers, but has also reached the level of the nervous system response.

In terms of the autonomic nervous system, we invoked a sympathetic response when their tissue tightens. After a few seconds, the body has a parasympathetic response realizing that the suspected threat was not really a threat after all. The nervous system is like a watchdog – it hears a strange sound, it lifts its ears, looks around. After a while, there are no additional sounds, and the watch dog lies down and closes its eyes.

With this kind of a release, the connective tissue goes from gel to sol. The tissue fills with water and is renewed. The patterning in the nervous system is reprogrammed. The effects of this kind of release are long lasting, especially compared to the effects of kneading, pushing hard, making long strokes, and the other techniques taught by most schools of body massage.

The precise answer to the question of how hard we push is “come in slowly, increase the pressure gradually, ***press hard enough to get the defensive response plus 5 grams*** and then be patient”.