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THE BIODYNAMIC PERSPECTIVE

Movement and self-correction are fundamental capabilities of living organisms. The biodynamic perspective encourages appropriate, healthy movement by facilitating the body's inherent ability to self-correct.

Two kinds of movement the biodynamic practitioner evaluates are mobility (e.g., lifting the arm, turning the head, bending over) and motility. Motility refers to the body's internal movements and it includes such single directional motion as motion of the cells, passage through the gut, and pumping of the heart.

Other kinds of intrinsic motile motion are not single directional like those, but are bi-directional (or tidal.) These movements occur in one direction and then are followed by movements in the opposite direction. Bidirectional, tidal motions include the movement of the brain and spinal cord, which slightly lengthens and shortens every six to eight seconds. Another is that of the internal organs, which rotate around their axis of embryological development every seven to nine seconds. Approximately every twelve seconds, the entire body widens and then narrows. At around fifty seconds, a skilled practitioner can feel his or her client's body begin to expand, almost like a ball getting bigger. Fifty seconds later, it starts getting smaller again.

When we are injured – or expect to be injured – we give up mobility for stability. We limp, we pull our heads into our shoulders; we engage in evasive, protective behavior. Protective changes occur in both mobility and motility. Motility may become limited in either or both of the tidal directions.

The ability to self-correct is apparent every time we cough to remove dust from our throats, when we sweat after becoming hot, when calcium moves out of the bones as it is depleted in the blood stream. These last two forms of self-correction are known as homeostatic mechanisms, mechanism that brings us back from the edge, that allow us to maintain a healthy balance.

Self-correction is usually noticed as it happens: we see the sweat, hear the cough. But the *potential* for correction can also be felt; it can be sensed. The biodynamic practitioner senses not simply the action that has occurred, but the *phenomenon of self-correction itself*. A skilled practitioner can sense the quality of a person's mechanism of health: its ability for resetting a dysfunction, whether that dysfunction is a vertebral subluxation, an emotional holding pattern, an inability to move something through the colon, or the weakening of the drive for self-preservation.

The potential that is felt is as real and substantial as movement of a limb or the stiffness of a muscle. This potential is something we are familiar with when we say someone has a lot of vitality. We feel it ourselves when after a period of being ill, we can sense that something is about to change in our body; even though we may still be sick, we can tell that our health is shifting. The skilled practitioner can take that potential and quantify it with remarkable accuracy. To the practitioner, the phenomenon of self-correction, the capability to heal, is alive and very real. The mechanism of health has shape, fluidity, density and force.

To some, the ability to sense such subtle phenomena is hard to fathom. But the ability isn't really that rare. The experienced sailor can tell when a storm is coming; the hunter "knows" his prey is near. I recently watched a television show about a "dog whisperer." I noticed how remarkably similar his terms for describing what he did were to the words I use when describing my work. Practitioners speak of "sensing" rather than a particular sense such as touch, hearing, vision or smell. Certainly we employ all our senses when working – as well as intuition and years of experience.

The biodynamic approach is one where the practitioner precisely senses a client's dysfunction and then, by contacting and interacting with both the person's dysfunction and his/her ability for self-correction, encourages the body to change from the inside out. Rather than putting force into the person in order to create change from the outside in, it is the body itself that heals.

To this date no books have been written for the general public about the biodynamic perspective. (There are many books, mostly written by osteopathic physicians, but they are for practitioners. This website links to an article by Drs. John McFarland and Evelyn Skinner, *The Biodynamic Model in Cranial Osteopathy*, which has a long bibliography.) Even those books and articles, however, eventually come to a point where the actual mechanism by which change occurs becomes very difficult to define.

Over the centuries, scientists have used the technology of their time to define physiological and anatomical processes. The Romans spoke about canals and pumps; today we often use terms from computer science. The biodynamic perspective was originally described by Dr. William Garner Sutherland in the 1940's and 50's. He used analogies to automotive technologies in discussing the mechanisms but eventually, Dr. Sutherland's scientific definitions were no longer adequate to explain his clinical observations. He felt, and many others have felt likewise, a great temptation to move into metaphysics because what takes place seemed so magical. Sutherland wrote about "the breath of life" and the "Master Mechanic."

So how do I think change happens? It is absolutely certain that something has occurred. From years of testing motion within a joint or in the body as a whole, it is clear to me (and to the client) that the movement before and after a session is more appropriate: freer and less painful. While I cannot positively define the mechanism, I can describe what it feels like and from that, make suggestions for what may have happened.

When I sit quietly with a person on the table, almost immediately I will notice generalities about the health or lack of health within my client's body. Something, for instance, is constricted around a particular vertebra; there is a limitation in expiration; this person's health is strong – or weak. After a short while (about five to ten minutes), I begin to detect subtle movements within the structure. These are the tidal motions. Soon afterwards, I am able to feel which movements are free and which are not. A motion will be restricted in one or more directions. This is protection against injury: we contract, we pull away, we stop moving and we rotate. The response happens at a global, body level and at a local, tissue (and even cellular) level. As I said earlier, this response is in reaction to injury or the expectation of further injury. The practitioner can sense the body as a whole and the individual part giving up movement. With sufficient understanding of anatomy, it is possible to locate the restricted area down to a few millimeters. Often, a good practitioner can tell, for instance, whether the limitation is in a vertebral disk or whether it is in the facet right next to it.

Sitting there, just gently tracking what is moving and what is not, not trying to change anything, I become aware of another sensation: an even more subtle potential, the capability for self-correction, the mechanism of health.

I said that the therapist interacts with the client's mechanism of self-correction. The practitioner also has a mechanism of self-correction. An essential quality of the skilled practitioner is the ability for self-contact, to sense his/her own self-correcting mechanism. (In my case, thirty-five years of meditation have helped enormously.) Once I have sensed the dysfunctional part of the client – I don't need to touch it; it is enough that I sense it precisely – I then allow the self-correcting part of me to sense first the dysfunctional and then the self-correcting part of my client.

Finally, I make one more interaction. Our universe, certainly the earth and everything upon it, can be thought of as a living organism. (No matter what we humans do, the earth itself will survive and reset itself. It probably won't be the way it was before we damaged it, but the earth is also capable of self-correction.) There is a greater organism – if we want to use that term – that can be contacted by the practitioner. This vastness has been spoken about in every culture, in every time; it is alive and can be sensed. I don't make more of it than that; I just feel it.

If the contact between the self-correcting mechanism of the therapist, the client, and the greater "organism" is deep enough, the practitioner will, in time, sense the client's body preparing to change. The area of restriction may intensify. (Some clients sense the intensification; others don't.) The internal, dysfunctional movements become smaller and quicker until finally, they stop entirely. This quiet moment, this still point, may last for seconds or longer.

Because we are alive, movement must of course begin again. After those moments of stillness, one can feel the organism, like a computer readying to re-boot, starting to reset itself. It is in the "re-booting" that the corrective change takes place. The part of the body that has been dysfunctioning (the muscular contracture, the emotional holding

pattern, the joint restriction) changes in tone and position, correcting itself to a more appropriate pattern. At the same time the structure alters, the client's neurology shifts, moving from the sympathetic, "fight or flight" reaction to a more quiet, digestive, parasympathetic response.

Why does it shift in the direction of freedom rather than into more dysfunction? We know that all systems move naturally toward using less energy. One reason correction may occur is because it takes less energy for the system if the individual (and collective) parts are in an appropriate position than it does for them to be in a protected pattern. Another possibility for increased freedom may relate to the idea of "vastness." For thousands of years, teachers have said that an "optimizing, healing force" is an aspect of the vastness. My clients and I have certainly experienced this during our sessions.

Whatever the reason for the change, my guess that what is necessary for the actual *mechanism* of the interaction to occur is related to what is known as entrainment. The best known example of entrainment is what occurs when a number of women stay together in a cabin for a prolonged period. It has been observed that when women share a space for an extended time, their menstrual periods begin to occur simultaneously. I suspect that when I become very quiet, my system entrains with the person on the table and I am able to facilitate change that wouldn't otherwise occur.

When injured, we said, the organism goes into a protective response. If the pain persists, the body will stay in an adaptive pattern. (This relates, of course, to emotional as well as physical pain.) As far as the organism is concerned, it has found the best possible reaction to a difficult situation. The self-correcting mechanism has worked but with limited results. As the biodynamic practitioner entrains with the organism, the self-correcting mechanism "re-boots" us to a higher level of functioning. The practitioner doesn't add anything. He/she doesn't heal the injury; the organism does as the mechanism for correction is optimized.

The job of the practitioner is one of precise interaction. Often clients will ask me if I am working with "energy" and have sometimes described me as an "energy healer." I am reluctant to use those terms because they feel unclear to me. Acupuncturists, Reiki practitioners, esoteric therapists, all use the word energy and it doesn't always mean the same thing. Also, there is something about the word that seems mysterious and I am not certain that mystery is necessary. I believe what I sense is a natural process and even though the process has not been clarified, it is not occult.

I am aware that when I speak of "self-correcting mechanisms, the drive for self-preservation, re-booting, entrainment", and, not least, "an optimizing, healing force" within "a vastness," I am using metaphors and not touching the thing itself. Inevitably, practitioners say that the biodynamic perspective is experiential. It is something the practitioner and patient/client experience in their bodies. In time, it is certain we will know much more. But whatever the mechanism, the results for the client are extraordinary. For the practitioner, it is a privilege and a joy.