

Paul Gordon, M.A. | *Advanced Rolfer*®

875 Massachusetts Avenue, Cambridge, Massachusetts 02139 617.628.6661

43 Mast Cove Road, Eliot, Maine 03903 207.439.8522

www.PaulGordonRolfer.com

From: The Physical Therapy Forum, Feb. 29, 1988

The First Component: Commitment to the Process

By Paul Gordon, M.A., Certified Advanced Rolfer (Special to the Forum)

Most people with a chronic neck or back pain will either work through the problem and heal it or they will remain vulnerable—with occasional, disabling attacks—until finally, like a knight encased in rusting armor, they succumb to a pattern of compensatory rigidification. Head straight in front, spine and pelvis girded with greater or lesser degrees of muscular restriction, they assume the body's ultimate protection against further injury: they stop moving. This doesn't always happen; it doesn't have to be.

In the February 22, 1988 issue of the *Forum*, I wrote that the process of healing a long term musculoskeletal dysfunction such as neck and back pain can be broken down into six components: commitment to the process of healing, appropriate evaluation of the issues, correction of the structural problems, lengthening what has shortened and strengthening what has weakened, learning balanced movement, and avoiding re-injury. This, the second article in a projected series, concerns the initial component: commitment.

In the first article, I discussed my client Rosalie, a middle-aged executive secretary who is in the midst of repairing the damage done to her upper back and neck from an automobile accident. Rosalie had been having a particularly distressful week and she asked if she was ever going to get better. I encouraged her (for what are we, if not knowledgeable cheerleaders?) and then she asked a question which, spoken or not spoken, is likely to be on the minds of all sufferers: "is there any chance of a miracle cure?" It was touching and sad, but I had to tell her that I suspected not. I suspect that most such cures are like the theatre's "overnight sensation," the actor who has been working and waiting patiently for years and when the magic moment finally appears, he leaps full blown into the spotlight. Miracles, I had to tell her, are almost always the result of hard work and preparation.

Healing a chronic back or neck pain requires that a person is willing to change, that the change takes place, and that, once affected, the change is maintained. The willingness to change is an act of faith and courage. It is often an act of desperation. It is an act of desperation which is undertaken because all other alternatives have not worked. (If they had worked, the problem would not be chronic.)

Seeking a cure is the logical first response to any pain. A person will normally commit themselves to healing only when they are “at the end of their rope.” Then, after a series of failures at finding a cure, they realize they must take a different track. They must—albeit with compassionate, professional help—do it themselves; they must personally take on the responsibility of getting better. For many, this is not a pleasant choice and culturally it is not well supported. We have created an environment of experts to whom we turn to get us out of trouble. But Rosalie, like so many others, found no expert to relieve her suffering, no magic wand to make everything good again, no miracle cures. Only *she* could do it. And she had no choice: pain and vulnerability had created an enormous impact on the quality of her life.

The willingness to change is an act of faith because that willingness is not mechanical, it is something one simply decides to do one day. Willingness means an emotional commitment to explore, to *whatever degree is necessary*, the causes of one’s pain. Nothing can be hidden; nothing is off limits. This includes diet, attitudes, exercise, physical structure, emotional history, work habits, drug usage—everything and anything which may be contributing to the chronicity. As long as a person hurts, the willingness to explore must continue. That the exploration will lead to understanding—and relief—requires faith. Fortunately, faith is supported by common sense and the experience of many others.

The willingness to change is an act of courage because healing is not always easy. Swimming in cold, chlorinated pools, trekking across town to talk to a psychologist about the fear and anger in ones’ body, getting up to do exercises when it is much warmer in bed, requires courage and discipline.

There are, thankfully, rewards for such discipline. For one, there is the incomparable pleasure of experiencing the process of one’s body slowly repairing. To feel, month by month, the pain steadily fading, to do something that had once been unthinkable, to have the deep, sure knowledge that this new found capability has been earned, is a real satisfaction and joy. After years of discomfort and vulnerability, to experience a sensation of strength, support and dependability is truly remarkable. To know that one’s back can be counted upon, to be free at last from fear and doubt, is worth all the effort.

Secondly, the right kind of exercise simply *feels good*. Pain is emotional as well as physical; the discomfort that sometimes accompanies lengthening and strengthening

feels “right”. The uneasiness which can come with facing long held emotional attitudes has this same quality. Instead of taking one deeper into a problem, there is the sensation this pain is part of the way out.

“Pain” is such a confusing word. By definition it is a phenomenon which is characterized by avoidance behavior. Of course we want to get away from it. Our problem exists when we are confronted with a choice between a rock and a hard place. I had a client, a successful businessman, who had years of steady, at times excruciating, low back problems. He came to me early in practice when I still had questions about whether Rolfing itself created pain. I was forever asking him if this or that manipulation hurt. Finally, exasperated with my tentativeness (although, I think, appreciating my concern), he said to me, “Paul, this thing has debilitated me for years. I mean *real pain*. What we’re doing is starting to help. Sure it’s uncomfortable, but compared to what I’ve been through, it’s a piece of cake.”

Getting better almost always requires changing something and change almost always requires consciousness and energy. And, it is true, such change may hurt, but for a person whose choices are becoming more and more limited as time goes on, the discomfort of rehabilitation is, as my client put it, “a piece of cake.”

Healing is the opposite of damaging. It is making something good again. There is, in the very nature of the process, something noble and positive: it is life affirming. Healing strikes a philosophical as well as physiological chord.

Healing is not the same as curing. One goes outside for a cure—to a doctor, a medicine cabinet a religious ceremony. A cure is synonymous with a remedy; it is something which is given. The remedy—in the form of surgery, medication, psychotherapy or any other corrective and/or supportive intervention—is a critical part of the healing process. It is, however, only a part.

Healing must be accomplished from the inside. It is a process of repair, of steady restoration. Healing requires concentration and commitment: it requires the person in pain to look clearly at and, ultimately, to trust himself. Healing, in the final analysis, is the responsibility of the hurt. Commitment to the process is the critical first step on the road back.