

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

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SOME THINGS ABOUT ME AND THE WORK I DO

I am often asked about my background and the work I do. People hear about Rolfering or read articles I wrote years ago, then see me and say, “This isn’t what I expected. You don’t push hard, sometimes I wonder if anything is happening – and then I stand up. What did you do?” The purpose of these few pages is to begin to answer those questions.

“As an orthopedic surgeon, I naturally consulted my medical colleagues when I was injured six years ago. I was also evaluated and treated by physical therapists, athletic trainers, and, eventually, a chiropractor. Each diagnosed me differently; no one succeeded in relieving my pain. Finally, at the suggestion of my father and two brothers, who all swore to Paul Gordon’s skills, I made an appointment. After fifteen minutes, with careful observation and gentle touch, Paul was able to clearly explain his understanding of my problem; in three sessions my pain was gone and has remained dormant for over a year despite an active lifestyle. Paul bridges the gap between ‘western medicine’ and ‘alternative therapies’ by keeping a foot solidly planted in both worlds. I highly recommend him to anyone with musculoskeletal problems.”

Christina L Cervieri, MD Orthopedic Surgery

Over the last ten or fifteen years a new kind of health practitioner has begun to emerge in the United States, Europe and other parts of the western world. These new somatic therapists go under many names; almost all of them have trained as Rolfers, Feldenkrais practitioners, acupuncturists, Alexander Method teachers, Trager practitioners, craniosacral therapists – or any combination of these and other disciplines. Many have taken post-graduate degrees and years of additional continuing education in soft tissue, spinal, visceral and cranial manipulation, as well as training in psychodynamics, diet, movement and exercise modalities. Now, twenty, twenty-five, thirty years in practice, they often, as Dr. Cervieri says, have “a foot in both worlds” and are able to bring together an understanding from traditional medicine and alternative treatments. They have knowledge, skills and experience hard to find elsewhere. I consider myself one of these new somatic practitioners.

I became a Rolfer in 1977 because I needed there to be a relationship between the way I made my living and the way I wanted to live. I wanted something that would be helpful and respectful; that would be continually challenging and deepening. I was *fundamentally interested in understanding pain, suffering and the nature of healing*. Finally, at the risk of sounding pretentious, I was looking for a form that was both eminently practical and had the potential to be art.

“Paul Gordon is the person I go to when my body needs work. His vision, touch, understanding of somatic structure, and his ability to communicate with the soul by means of the body are a credit to the entire profession. He is a clear and dear man and I recommend him without qualification to both my clients and students.”

*Tom Myers, Educator Author of **Anatomy Trains***

Many of my teachers have been physicians trained in osteopathic manipulative medicine. Soon after completing my training as a Basic Rolfer twenty-five years ago, I began taking courses in cranial technique, working with the membranes and fluids that surround the brain, spinal cord and nervous system. I was taken under the wing of three doctor friends who taught me spinal manipulation and mobilization. I studied psychodynamic theory and movement analysis, became an Advanced Rolfer, had the real pleasure of spending a year as a special student at Harvard Medical School, earned a master’s degree in clinical anatomy from Lesley College in Cambridge and worked in a first rate orthopedic and sports medicine group. Over a six year period (the last three as classroom coordinator and teaching assistant), I studied with a French physician, learning about the visceral system and how restrictions in the kidneys, small intestine, uterus, and other internal organs can effect the body’s structure and functioning.

I started The Gordon Group in 1984, and with nine associates taught manual therapy and soft tissue techniques in hospitals and clinics throughout the U.S. In 1988 I became a Fellow of the American Back Society and subsequently presented aspects of my work at a number of major conferences. As a member of the training staff of the 1992 America’s Cup, I worked with a team of nationally known chiropractors, athletic trainers, therapists, exercise physiologists, physicians, and psychologists. At the Rolf Institute, I taught (and still teach) internationally and was the Chairman of our Life Science Department for a number of years.

I have become skilled working with pre and post-operative conditions, whether they are in the knee, shoulder, wrist, or elsewhere. I have years of experience with painful backs and necks and have taught a class for physicians in spinal diagnosis. I understand jaw pain and headaches; work with people who have chronic conditions of the viscera such as bladder infections, reflux, difficulty in swallowing, chest or pelvic pain. I am familiar with – and sympathetic to - the affect tension and emotional issues have upon our bodies.

“Paul Gordon has the rare ability to synthesize the emotional and physical cause and effect of an injury and then communicate that knowledge to his patients and students so that they may begin to further their healing process. His insight into structure and function is well grounded in human anatomy and physiology. Not only do I refer my patients to Paul, he’s the person I trust when my back hurts.”

Dayton Haigney, MD Rehabilitative Medicine

There are three main categories of treatment technique. In the first, called direct technique, the practitioner locates a restriction and works *counter* to the problem. Dysfunction is treated by adding a force into the body the practitioner thinks will best overcome the limitation. This is the familiar method utilized in most of western medicine, whether we are looking at surgery to pull something out, or medicines to control a condition. It is the approach we use when we stretch shortened structures or strengthen weakened ones. Traditional Rolfing, for the most part, is a direct technique.

In the second approach, called indirect technique, the practitioner locates the restriction, feels the patterns of compensation and then allows the person’s body to freely move *into* the compensatory pattern. Waiting for what are called “tidal movements”, he or she encourages the body to “unwind” and self-correct. I learned indirect approach early in my practice and it is a mainstay in what I do.

Instead of trying to take the body in a particular direction, either directly or indirectly, the third approach, called biodynamic technique, tries to gently support what the body is *already* doing. Compensations are our best attempt to deal with a bad situation. By accurately sensing the body’s restrictions and then precisely following the compensatory pattern into a place much deeper than is encountered in indirect technique, *a place of dynamic balance, a place of complete stillness where all movement ceases*, a remarkable relaxation of both the part held and the body as a whole occurs. Immediately following this deep relaxation, a new, freer, less painful pattern of movement can begin.

About four years ago my work began to change significantly. Even though I employ all three technique approaches, my emphasis is steadily becoming more biodynamic. My touch has become very light; I may hold one position for twenty minutes; clients regularly fall asleep during the treatment. I try never to go faster (or more slowly) than the body and person is able to integrate. What I do can seem unfamiliar to those who have had traditional Rolfing sessions. For years I would find restrictions and push, sometimes quite hard, until they released. These days I am more precise than I once was, and rarely, as my client said, need to “push hard.” I am usually able to contact people more deeply and be equally - if not much more - effective than I have ever been.

“Paul Gordon gives his clients a remarkable sense of safety, comfort and holding. His presence and way of being have allowed me - with surprising

quickness - to consistently reach emotional places and understanding which had otherwise been inaccessible.”

Robin Maisel, Psy. D. Psychoanalysis and Clinical Psychology

I've looked at lots of books, gone to lots of classes and conferences, watched lots of surgeries. In addition, I have maintained a practice of daily meditation for nearly thirty years. It is only because of those years of study and practice that I feel able to work this way. Underneath the compensation lies that which the compensation is protecting: the uninjured part of ourselves. *It is possible to assess and treat not just disease and dysfunction but the part of us that is able to correct that exact disease and dysfunction.* It is possible for the skilled practitioner to reach and effect, with clinical discernment, the part of us that heals our wounds; to work, in fact, with health itself.

Our bodies are usually capable of healing if we can remove any barriers to the process. If we work very carefully and consciously, if we contact the restriction precisely, it will begin to release. Why does it release? It is in the nature of things; that's just what happens. I can say this: the process is a privilege to observe.

The principles taught by Dr. Rolf and the Rolf Institute continues to inform my work, even though I follow the ten-session model with only about 20% of my clients. What continues to make what I do “Rolfing” and not something else is that no matter which technique I employ, I see nothing as isolated. The neck or hip pain that brings a person to me exists as part of a whole. The release that occurs is always in relationship to the whole. Within the Rolfing framework of overall structural balance, support and adaptability, it is integration of the whole that I look for. As the whole becomes more integrated, the individual release travels through the system and can hold.

Whether the issue is a gimpy knee, a bad back or a broken heart, *the goal of treatment remains the same: helping a person to move more easily and with less pain; helping them stand up right, in every sense of the word. Ultimately, what I am trying to do is help someone gain increased freedom and, as much as we are both able, more grace.*

“Paul Gordon’s integrity and depth, his understanding of human spirit and its relationship to biomechanics, are matched by his gifts as a teacher. I highly recommend him.”

Leon Hecht, ND Naturopathic Medicine

I wrote earlier about a new kind of practitioner. Some of my colleagues began their careers and still maintain licenses as physicians, physical therapists, psychologists or other credentialed professionals. In the event they have a license, they may freely diagnose and treat for medical conditions. I am not licensed medically and this makes for a different relationship between my clients

and me. I can and will explain what I think has occurred but this should never be taken as, or in lieu of, medical opinion.

The way I work makes a mutually responsible relationship imperative. My client and I try to understand the problem together; we try to heal it together. The effect of treatment is always greater when he or she is fully involved. Based upon what we discover, we develop a specific and individualized strategy. We may decide to work only with current symptoms and concentrate in a particular area such as the neck or hip; we may take a non-symptom oriented, more holistic, Rolfing approach, and do a series of sessions over a few months with the intention of integrating the entire structure.

“My experience with Paul Gordon has been both as a client and colleague. I have gained insight and understanding and benefited personally and professionally. As much as anyone I have ever had contact with, Paul is able to put all the pieces together in a complete synthesis, offering his clients and students a unique opportunity for learning, growth and healing.”

Steven Comeau, DC Chiropractor

If you think I may be helpful, I would be very pleased to speak with you.