

Structural Integration  
for the Cranium

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## Introduction

The information in this workshop is a combination of ideas and techniques from Dr. Rolf with my own additions and inventions.

Dr. Rolf stated that the 7th session on the head and neck was the center piece of the ten session Rolfing series. She said that we do the first six sessions so we can get to the seventh and then we do the last three to settle out what comes out of session seven.

If they have not worked with me before I ask them to tell me when I am working if what I am doing is hurting, and that they are to use "stop" as the word to get me to stop instantly.

Finding out traumatic history for the head and neck is a good place to start an inquiry. Understanding the history of what has happened helps me figure out the problem, and the story will probably generate some inquiry into related structures. Getting them to talk about the history can help facilitate the release of the trauma.

I ask if they have ever lost consciousness in an accident or fainted. Locate any scars or piercings and make sure you locate any hardware like plates and screws, wires, or pins.

Most surgeries include the procedure of placing a tube down the patient's throat - which may have leave some damage. In this case I look for a displacement of the spine to the back from the inside. I usually release the spine forward. I also ask about major dental work and any eye or ear problems.

I usually ask them to tell me if they feel faint or nauseous while I am working. I ask them to tell me if they feel anything nerve related or strange.

Most Rolfing change is the accumulation of many small changes. The same troubled area is often visited several times as the structure resolves.

Dr. Rolf would visit an area many times in a session.

Work should be easy. If it becomes difficult you are probably in the wrong place. "If at first you don't succeed, get the hell out " IPR. . Working straight into the most resistance, following the direction of the tissue. Follow the speed of the tissue.

I use vision and touch to identify areas of particular interest, and work the better side first, then the other side, then balance both sides.

Much of the shifting and transformation of the bone generated from the vague directive to "make it the same" as the other side... or "make the two sides even". The change

reaches maximum speed when the work is between the hands.

"Calling for the pattern" in the bone seems to be an idea- if not a technique. It feels as though I am establishing a particular kind of general all over field for the tissues to line up within. The line is inherent in the tissues.

The reach of the concept of tissue includes everything from the bones to the brain. The bone may be changing in the fascial medium of "bone goo".

✿ Where to Start ✿

This session usually starts with the recipient face up.

The usual pattern of work for the interior of the skull is better side, worse side, & balance.... work bottom to top.

General loosening work is usually done on the neck and base of the skull, the front and back of the neck muscles down to mid-back. Tissue work is done along the clavicle and any damage to the front of the neck is addressed. After a thorough look at the tissue distribution, bone rolling may be done for any of the involved structures.

I do some preliminary loosening up work around the face and neck.

✿ the air and food tubes

✿ the hyoid in the front of the neck

✿ the exterior of the jaw - including the stylo-hyoid ligament

✿ the zygomatic arch

✿ the exterior of the nose

✿ around the eye sockets

This also serves as a first check for major damage. Later, when the change has emerged from the interior mouth and nose work I go back over the facial features for a final check and balance.

✿ Two Handed Torque for the Cranium

I like to think of it as making room for interior change to emerge. And it smoothes out lumps, bumps and ridges, drawing out dents and impressions in the bone. You are looking for reasonable symmetry, fullness and give in the cranium.

Peter Melchoir said to make it like a big water balloon.

Turning recipient on their side, usually the better side up first.

Use the flat backs of your fingers from the knuckles to the first finger joint. Lift your finger out with expanding pressure...like you are opening your hand. The two hands are placed over loose hair. Push into the tissues and into the bone with a blunt pressure and spin or twist - torquing to take up slack, then I spin my hands. I usually spin my hands in mirror opposite directions. I start with the backs of my hands facing each other... both hands are turning so the thumbs go up and out to the sides. The two hands work together directing two spinning vortexes to meet. Remember the analogy of the two intersecting lasers etching an image of a ballerina or motorcycle into the center of a cube of glass. Sideways sliding shear is also used. The hair makes a distinctive ticking sound when the speed is just right.

Bone Change occurs where the play of pressure from both hands intersects. My hands feel like they are connected working on pulling a sheet of tissue between them - through the skull. Once the pressure and spinning of the torque have started, you can keep the momentum going with continued pressure and spin with one hand staying on while the second one shifts to a different place on the cranium and so on. This produces a long period of bone change. I work on both sides and check for balance. There is no reliance on sutures or fluid hydraulics. This technique feels quiet wonderful and is very relaxing for the recipient. It seems to be instrumental in relieving most migraines and helping with brain damage.

✿ lower jaw outside the teeth - working from the teeth with several flat fingered passes down towards the edge of the jaw.

✿ upper jaw outside the teeth - working from the teeth up in several flat fingered passes.

✿ Zygomatic Arch Double Pry Bar.

Place the tips of both index fingers under the zygomatic arch. Your thumbs can grip the arch from the outside and top of the arch to aid in lifting it up. Sometimes I lift the arch by many short lifting and pulling the zygoma up with the side of my first finger.

✿ lower jaw inside the teeth - working from the teeth down to the floor of the mouth several flat fingered passes with particular attention paid to the chin. Care should be taken with the tongue ligaments. Some work on torus is good to consider.

✿ Double Pry Bar for the back of the jaw

Sit centered above the recipient's head

If the jaw is too narrow in the back - or one side is in too close to the midline — place

two index fingers in the mouth with the tips pointing back towards yourself. Your knuckles on the backs of both hands are almost touching. With the intent of making the two sides even, pry outward with the flat of both index fingers. Use pressure especially at the tips of the fingers and hold, waiting for the release into bone change.

✿ Double Pry Bar for the lower jaw front point of the chin.

Sit centered above the head.

The little finger side of your hands is ceiling ward, and both index fingers are back to back in the lower jaw with the tips of the index fingers pointing towards the point of the chin. You can also lay your index fingers along the cheek pocket on the lower jaw with the index fingers towards the skull.

✿ upper jaw roof of the mouth - working from the front to the soft palate with several passes. Check balance of sphenoid hamulus. Sometimes there will be tonsil scar tissue and sometimes the eustacian tube opening can be reached for folks with hearing issues.

✿ nose work - sitting on the side of the nose to be worked on .. right side for right nostril, using your right little finger. The fingernail faces towards the center of the nose. You go up the nose towards the eye corner - slowly and gently with no pain. Slow down if there is pain and wait for the structures to ease. I relax my finger and hand and forearm when I want to move up. I wiggle the end of my little finger to help it move up the nose sufficiently. If it feels tight, I slow down and wait for the tissues to organize. I use KY jelly as a lubricant because it is sterile, water soluble, and made for mucus membranes. Dr. Rolf used oil with eucalyptus oil mixed in it.

✿ ears - I use Scarwork techniques for cartilage to smooth the whole cartilage of the ear if there is any trouble and I use "Rolling" for the knots of tissue from ear piercings.

I usually run a final overall kinesthetic check and balance of facial features in two handed grips called drawing in wet sand. The closest sensation to the bone reforming is the feel of wet sand giving as you draw in it.

✿ the exterior of the jaw

✿ the zygomatic arch

✿ the exterior of the nose

✿ around the eye sockets

✿ followed by general check on the neck and atlas axis.

✿ Back work may be first done with the recipient sitting on the table with knees up and

hands laced around the knees. This allows deeper work in the upper back to integrate the changes made and to ease the change through the spine. I usually do regular, full back work after this, I start near the spine and work my way out to the edge of the latissimus and back into the midline. If I find any short areas or large ropes, I cross fiber them either with fingers or elbow and end by smoothing over the area

After they lay down again I check for balance at the neck one last time.

✿ Bottle Opener - for the first two or three ribs - both sides at once

The recipient is lying on their back

Sit centered above the recipient

Set or wedge thumb web next to the neck surrounding the first rib near the spine... The fingers are pointing down the back palm up and the thumb reaches over the top of the first rib and nestles down along the front of the back of the 1st, 2nd and sometimes I can reach down to the 3rd rib. Flat pinch between the fingers and the thumb and push into them. To roll the ribs, drop the wrist while the thumbs crank down and back, kind of like the motion of the wrist when using a bottle opener. You need some padding on the table to be able to work underneath a body... some kind of foam or rubber topper a few inches thick on a massage table helps - it gives your hands the room they need to work without injury.

✿ Atlas/Axis/Occiput Surround

The recipient is lying on their back

For both sides of the neck at once

Sit centered above the body

The thumb edge is along the top and sides of the cervical transverse processes with thumbs angling down the spine. The first finger points down the spine with the palm up. The rest of the curled fingers line up reasonably symmetrically with the ring and little fingers at the occiput and atlas. Pressure is applied between the hands together like clapping - as well as each hand creating a flat pinch between the thumb and all the rest of the fingers together. I work the vertebrae with fingers from underneath, boosting up into back of neck a little like Zero Balance, but with more enthusiasm and greater expectations. The thumb edge on the top prevents pushing the vertebra too far forward. The odontoid process may be re-seated from any direction with this grip.

✿ Two Handed Pelvic Lift

Stand with one foot either side of the recipient's body. Have them just turn their tail up and lift enough for me to get my hands under them. the grip puts the first finger up and

the little finger down the sacrum towards the tail. The thumbs control the pelvic wings and palm pressure helps shift the pieces. You can use your knees to shift their legs if you need to. You can narrow the wings at the top or bottom. You may gimbal or tip the sacrum to any angle. You can also pull the spine down in the traditional manner. Shifting your grip along the sacrum can help the tail normalize. Dr Rolf approved of this way of doing a pelvic left, but she said it was not lady like.

#### ✿ Dr. Rolf's Favorite Trick

If at the end of the session they sit up feeling a little disoriented, fuzzy or a little woozy — check on the junction between the pupils on the iris- if it is fuzzy that is the time to use Dr. Rolf's Favorite Trick.

Have them sitting. With both hands placed gently on the front of the neck lightly lift up the air and food tubes with a scooping motion to make the front as long as the new neck you have just managed to give them. When the soft tissues loosen and rise up to the new length — Their pupil and iris junction is sharp and clean line. The person feels steady and sharp and alert for driving.

#### ~ Disclaimer ~

The purpose of this manual is to provide information for hands-on therapists on the subject of Structural Integration for the Cranium. This manual does not offer medical advice to the reader and is not intended as a replacement for appropriate healthcare and treatment. For such advice, readers should consult a licensed physician.

This manual is intended for use with a hands-on training workshop.