

How the Guts Drive Structure: Clues from Chinese Medicine, Visceral Manipulation, and Structural Integration

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Abstract

Many structural integration practitioners including this author have turned to visceral manipulation to deepen our understanding of the body and gain tools to release restrictions that are not addressed by myofascial work in the context of structural integration. This article describes some of the limitations of combining visceral manipulation with structural integration. In Chinese medicine there is a long history of working with the organs via the fascia. The author proposes that by understanding how organs and fascia relate to each other within the system of Chinese medicine we can make the practice of structural integration more efficient. The author proposes several exercises to begin to understand how the meridians and the five element cycle in Chinese medicine can be applied to structural integration. Through a client example, application of this understanding is demonstrated in a clinical setting and treatment strategies are suggested.

I'll admit it; I'm easily distracted and tend towards laziness. My mother always told me, "You always look for the easiest way to do things so you don't have to work!" She was raised in a third-generation, German-immigrant household where not just work, but hard work was the ideal. I was not. I grew up in suburban Dallas during an oil boom. The easy way was to get in the car and drive there, on the highway. As I've grown older I've come to realize that this is actually not a bad thing, and my structural integration training echoed this philosophy. I learned that more at ease often equals better aligned.

Working the easy way in structural integration has involved a lot of work that mostly felt easy, but the questions that plagued me the most and felt the hardest have always been the questions about how the viscera drive structure. Sure, I can work on your viscera, but is that going to change your structure? Maybe. You've had those clients, the ones that you've covered everything with in the series, but something deeper seems to drive their misalignment. Those clients are the difficult ones, and if there's one thing I've learned from practicing, it's, "Don't work so hard!" If I have to do 30 minutes of visceral work, I want to make sure it's the right visceral work. I want to make sure it will alter my client's relationship with gravity in a positive way.

In this article, I'll talk about my explorations into the effects of viscera on skeletal fascia in the hope that you too will have your own insights and begin to develop some of these ideas further with me. I'd like to someday have a simple and efficient way to work with the organs where one organ system informs how to work with another organ system, and the postural implications of the visceral work we do are clearer.

Algorithms

My laziness, or whatever you want to call it, has served me well in my practice. It has kept me looking for systems of organization, or the algorithm, to do whatever I'm doing. If I understand the relationships between the parts, I am better able to target my treatment. For example, if I know that a certain shoulder position will likely create a complementary imbalance in the hips, I have a clue to understanding the whole pattern of my client's imbalance. You probably look for these clues in your practice too. If you do, you know that when you have several of these clues, you can be pretty sure of what work you'll have to do. You know what you're going to have to do with the hips to get that shoulder in balance, or to address the overall pattern of dysfunction. This is an algorithm, simply a list of

computations that give a certain output. They aren't sure things when we get them near human bodies, but they make our work a whole lot easier.

It wouldn't be a stretch to also say that the series is an algorithm. In developing algorithms, the question I'm always asking myself is, "How does the part of the body in front of me affect the overall pattern of function in the person's body?" The best workshops I've taken in structural integration offer the if/then statements that build algorithms: "If you see *A* in your client, then *B* is probably also true, and the best treatment is *C*."

Visceral Training

I assumed that visceral manipulation would offer the same algorithms. Over the years I've taken a variety of visceral manipulation classes from Rolfers™ and osteopathically-trained instructors and I learned a few tidbits on how the organs affect structure. But for the most part, there didn't seem to be a lot of understanding about how the function, position, motility, or mobility of the liver relates to other organs, and/or our musculoskeletal structure. In the context of SI, I wondered: How does the liver change the shape of the ribcage, the client's pattern of flexion or extension, how they move, or where their energy is flowing? I want the key to get my client better on a systemic level and with less input from me. I want to know where to go to address the imbalance that I've found in my client's liver and bring it into relationship with their whole being, rather than chasing progressively less secondary restrictions. In the last five or six years I've had a series of epiphanies that have led me to work with the viscera in an entirely different way that feels more in line with the goals of structural integration.

Some Discoveries

The story of how visceral manipulation relates to SI started 3,000 years ago in China when some hyper-intuitive Chinese bone setters were cracking peoples' spines and doing pretty much what we are doing today, pushing on ground substance or whatever it is we're moving around when we do *connective tissue work*. Somewhere along the line they started using needles. They got lazy too. Who wants to use your knuckles all day? While they were doing this pushing work (and poking work) they started noticing that when you push and poke certain spots to make the ribs move more freely or the legs to move in better alignment when bending

the knees, it also makes people breath better or digest their food better, or fill-in-the-blank better about their guts. Like any great practitioners worth their salt, they came up with a system, branded it, made lots of charts with numbered points and lines and developed systems for understanding the relationships between the organs of the body until eventually their system became refined and the guys using their elbows and knuckles went out of fashion. The problem with charts and numbers is that the system loses its three-dimensionality. If I know that I can work point number 42 on such and such a line and get the client out of pain, who cares about the architecture of the body? Three thousand years later, we have a system of Chinese medicine that has very little to say about alignment or our relationship to gravity. I made up that story, but I have a feeling there is some truth to it.

Over the past six or seven years, I've collaborated with Chinese medicine practitioners who know a lot about how the visceral systems relate to each other and to fascia. I was trying to answer my deeper questions about how the organs affect structure and these collaborations have been extremely helpful. The difficulty in making sense of how Chinese medicine looked at the body was that it wasn't articulated in the way that makes sense in terms of the body in relationship with gravity. After muddling along doing visceral work and looking for these connections, I had an epiphany when I was working on a client's foot and couldn't get her cuboid to release. In the moment, I remembered a holographic map from reflexology chart of the body superimposed on the feet (see Figure 1). My client's locked cuboid corresponded to a spot on the chart with a picture of the large intestine. I shifted gears and did a visceral release on her large intestine and, voila, her cuboid moved like butter. In that moment I knew that a very powerful way to work with the musculoskeletal system would be to work with the guts—and here right in front of me was a map. I couldn't help but think that the guts had some Rube Goldberg-like effect on the levers and pulleys of the body. From Ida Rolf: "I think that many if not all of the reflex points on the foot are simply points where gravitational strain inserts and comes together. They are the end of the line we call balance" (Feitis, 1985, p. 193).

Very clearly, there are already some maps of the body that relate to the organs, and the most detailed ones are in Chinese medicine. They are flat, two-dimensional maps that told me nothing about alignment or

tensegrity, but they are maps nonetheless. Of course, for me the pirate treasure at the end of the map would be something entirely different than what those Chinese meridian maps point to. For the practice of structural integration, the real boon would be to see my client standing and know that not only do I need to work on his psoas, but the key to releasing the psoas will be about relating the pericardium to the kidneys; more on that later.

Using a Reflexology Chart

Try this as an exercise: Look at Figure 1 and find a foot, preferably attached to a live body, with a stuck spot in it, someplace where a joint doesn't move very well. If you know anyone who wears shoes, they're generally good candidates. Find the corresponding point on the chart, and then evaluate the mobility and connective tissue qualities of that organ. Do your fancy visceral tricks with the organ and go back to the foot and see if the immobile joint is moving. You'll be painfully disappointed if you were expecting to use your elbow on that spot. It will most likely be moving like a well-oiled baby.

In reflexology charts, the head and thoracic organs are mapped onto the front of the foot and the pelvic organs are on the heel. The lateral organs are mapped on the outside of the foot and the medial organs are on the inside of the foot. What this suggested to me was that there are fairly direct lines of transmission from the torso and organs down through the feet. That made me think, well, what about all those other meridians in Chinese medicine that run up and down the body? How do they affect structure?

Visceral Manipulation in the Context of Structural Integration

In my practice, I began to treat visceral issues a lot more for structural imbalances. I was primarily doing my assessments using manual thermal diagnosis (a visceral technique where the practitioner feels for heat given off by organs in distress) and visceral listening (a technique where the practitioner follows the pull of tissue restrictions, either in gravity or on the table). While they are both useful diagnostic techniques, neither of them gave me a sense of the complex structural relationships in the client's body or how they were relating to gravity. My series clients

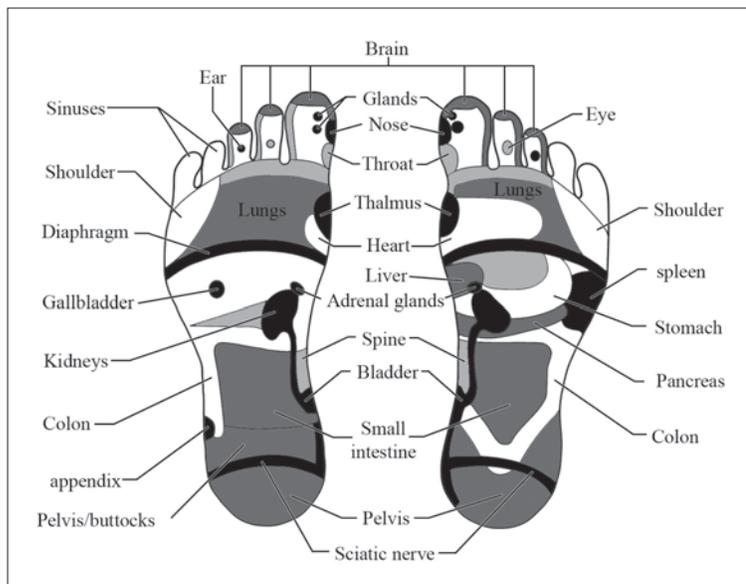


Figure 1. This reflexology map shows how meridians from the organs are reflected in the foot.

often had deep restrictions that seemed visceral in nature that wouldn't release from SI work alone, but my osteopathic-inspired tools didn't always give any clues as to what I should be working on to address those structural imbalances. It always felt a little too much like trial and error. Putting my hand on someone's head to do *visceral listening* can give a feel for how gravity affects the client's structure and seemed a little more relevant to SI work, but didn't give me a clear sense of the dynamic principles involved. In my experience, these techniques only point to the organ most in distress. While working with distressed organs in visceral work is often effective, I became frustrated knowing that this is only part of the picture. Another SI practitioner, whose name I can't remember, coined one of my favorite expressions that describes how we look at imbalance in the body: "The victims cry out, but the culprits lie low." We all know in SI that chasing the complaining tissue is often a poor place to work if you're looking for long-term changes.

A Convergence of Teachings

Something Liz Gaggini said during one of her visceral classes really stuck with me. I'm paraphrasing, but it was something to the effect that the organs don't care about what your alignment is, they care about continuing to function. In other words, if your heart has to fixate your ribcage to keep your blood pumping, it will do it at the expense of your ability to stay upright in gravity. When I

started looking at the acupuncture meridians, this really made sense. The organs don't care about our clients having their heads over their hips if doing so diminishes organ function. By taking up slack in the tissue here and letting out slack in tissue there, the body can increase blood flow to certain organs, restrict inhale or exhale, change the way food is digested, or prepare for fight or flight. Of course, these restrictions will inevitably have an effect on the ability to hold our title as a bipedal ape, but according to the body, being able to walk on two legs doesn't hold a candle to being able to breathe.

Working with meridians, I was beginning to discover that the meridians are external reflections of the body's attempt to balance visceral functioning. In truth, all of us are wearing our hearts on our sleeves, the inside of the sleeve to be exact. If you look at your client's alignment through the lens of the organs, you begin to see their imbalances, not as a thing to get rid of, but as adaptive functioning that is helping them with something more pressing than their relationship to gravity. Their imbalances are helping them to regulate their relationship with themselves.

In a Portals of Perception workshop, I remember hearing Hubert Godard talk about posture as being a balance of two things, our *coordination* (internal organization) and our *perception* (external organization). Our clients, through the lens of the meridians, are telling us a lot about what is going on inside, and it's inscribed in volumes in their connective tissue. From the outside, what we are able to see and palpate as practitioners are the ways that the organs borrow from our musculoskeletal systems to create a modified state of internal balance, irrespective of gravity. This, as far as I can tell, is what the meridians of Chinese medicine reflect. In other words, if we were to read the meridians as being about gravity we would be missing the point. The meridians are telling us about our client's internal functioning. Their relationship with gravity is a compromise between how they organize themselves internally and gravity's ever-present pull.

To understand how the organs affect structure, we have to take off our SI hats for a moment and become interested in the internal relationships between the parts in our clients, because while gravity is affecting them, their own internal organization is affecting their relationship with gravity.

I had been thinking I would have to go to acupuncture school to really make use of the meridians when I had a conversation with another one of my acupuncturist friends who was raving about a teacher she mentored with in China, Wang Ju-Yi. She told me that he emphasized palpation of the meridians above tongue or pulse diagnosis, "The most important thing to check is palpation." I instantly realized that the tissue would tell me what I needed to know about how the organs relate to structure. I could literally palpate the meridians and translate between what structural integration has to say about how tone changes the structure and the shape of the body and what Chinese Medicine has to say about the organs through the tone of the tissue along the meridians.

How to Relate Meridians and SI

I am not the first to note the relationship between acupuncture and structural integration. Stanley Rosenberg wrote a couple of articles that suggested easier ways to work fascia and release difficult restrictions by following acupuncture meridians and points (1995, 2003). Dick Larson, an SI practitioner and acupuncturist, in an article published in the *American Journal of Acupuncture* and reprinted in *Structural Integration* (1990), delves into how both acupuncture and Rolfing® are based in and use connective tissue to facilitate healing.

But if we are to find a way to integrate visceral and SI work, we will have to create our own system based on the relationship between internal and external experience. In the session room, I really wanted to be able to see organs in standing the same way that I see my clients' relationships to gravity. I wanted to be able to work the relationship between the fascia and the organ in a seamless way: more directly, with less work, and producing faster results both with the organs and with the musculoskeletal system at the same time.

I then did two things that I highly suggest for translating acupuncture meridians into SI work:

- I started trying on the meridians in my body. This helped me to see organs in my clients' posture.
- I started working on mapping the five element cycle in the body. This helped me to understand how the organs related to each other and how they drive structure.

Trying on the Fascial Pathway of Meridians

When I was in my Hellerwork training, we had to fill out posture observation forms. We were coached to go to the mall and stalk people, mimicking their limps, ticks, and weird gates. (Sorry, Donna, that's what I remember.) Instead of imitating a person, I toned or relaxed a meridian in my own body to get a sense of what someone would look like and what it would feel like if there was a restriction along that meridian. I then felt for how the organ or organ system along that meridian was affected by either high tone or low tone in that fascial pathway. (If you haven't done visceral work, you might balk at the possibility of feeling your organs, but it becomes a skill like any other that you develop as you work with the viscera.)

Paired Organs: Lung and Large Intestine

As an example, let's look at how we can learn from the Lung Meridian (Figure 2) by trying it on in our own bodies. This should make sense even without visceral training. To put tension along the lung meridian, I pull my shoulders forward and bend my elbows, pull my thumbs back and stick my elbows out to the side. If you try it, see what happens to your breathing. Which is easier: inhale or exhale?

Then flex the paired organ, in this case the large intestine meridian (Figure 3). The large intestine meridian follows the upper trapezius, down the back of the deltoids and the outside of the triceps, and along the lateral back of the forearm. To flex the meridian, shrug your shoulders and bring your arms up and back, widen your elbows out to the side and externally rotate the forearms pulling the thumbs out and back. Which is easier when contracting the large intestine meridian: inhale or exhale?

Breathing is enhanced or restricted as a result of contracting the arms and shoulders in a certain way. It follows that if the lungs are working in a certain way, I'd see the same tension in that meridian pathway. In other words, the fascia is telling us about the function of the organ.

Relating Organ Meridians to Structure

This led me to some insight into how the organs affect structure or vice versa, depending on whether you're thinking from the organ's perspective or from a musculoskeletal perspective. From doing

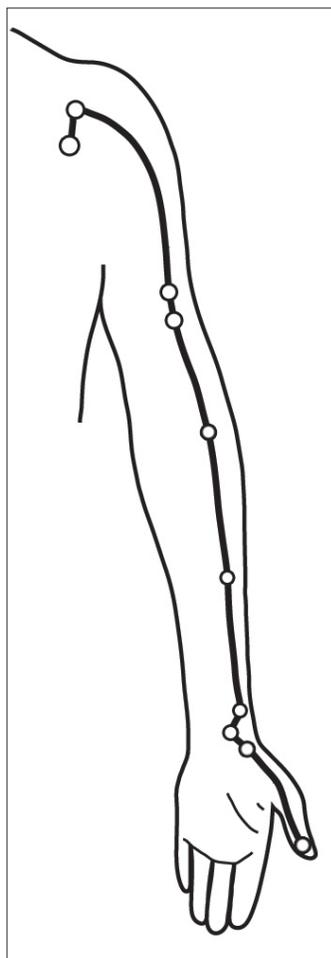


Figure 2. The lung meridian runs from the front of the shoulder to the thumb.

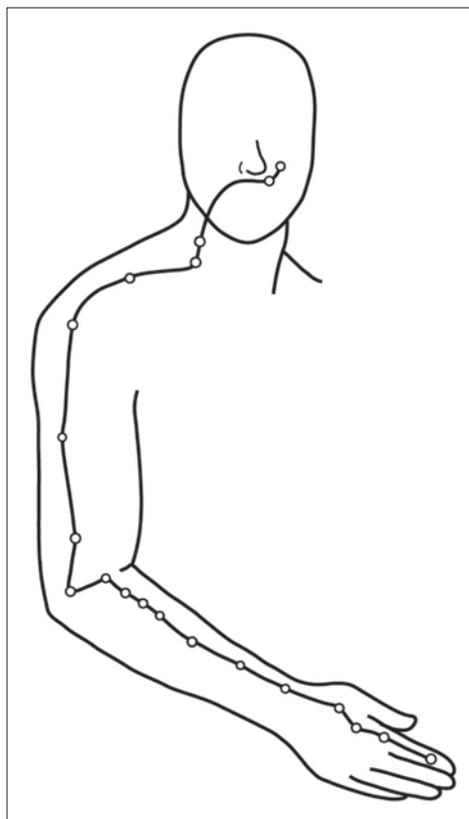


Figure 3. The large intestine meridian runs from the back of the shoulder to the first finger.

this, I was beginning to be able to read organs in standing a little better. I was also getting a lot more confirmations about the connection between the actual organ and the meridian. When I did a visceral technique with the organ related to the hypertonic myofascial structures in my client, not only did the motility of the organ improve, but the fascia along the related meridians released as well. In my SI practice I now regularly go back and forth between the affected organ and the related fascia along the meridian for that organ, working from the outside in and the inside out.

By trying on the meridians in your own body, you'll begin to get a sense of how the organ's function alters the shape of the container to support itself, and you'll start to see organ health in the shape and tone of the fascia.

The Five Element Cycle

The five element cycle is a whole algorithm in itself. It describes the web of relationships between the organs, as shown in Figure 4, and provides clues about where to look if you want to work with one organ system to affect another organ system. In my experience it also describes how the body is shaped by organ function.

In the five element cycle there are actually three cycles and five elements corresponding to organ pairs, where a *hollow* organ is paired to a *solid* organ in each element. In the generative cycle one organ system "feeds" the next organ pair in a circle or "overacts" if it is feeding too much. In the controlling cycle, organ systems control each other across the circle and in reverse they "insult" each other. It has helped me to memorize this chart when translating meridians into structural integration relationships. Whenever I'm working to relate the organs to gravitational balance, I'm thinking about this set of relationships.

When an organ is functioning optimally, it feeds the next organ in the cycle through the generative cycle, and keeps the organ related to it in the controlling cycle from overacting or becoming fixated. In my experience, fullness and strong mobility or motility are good signs but, in excess, run the risk of sending other organs out of balance. High tone or low tone and excess or diminished motility or mobility are signs of an organ out of relationship with the other organs in the cycle. When an organ is working too hard it will stimulate the organ clockwise in the circle and drain or draw

energy from the organ that feeds it. The overstimulated organ might diminish function of the organ(s) across the circle through the controlling or insult cycle. This is a simplistic example, but if the liver is overstimulated, it will draw energy from the kidneys/bladder pair in the generative cycle, which in my experience, will tend towards lower amplitude motility and mobility. The diminished organ will also take up less physical space in the body and will tend to feel contracted. The overactive liver might also make the next organ in the cycle, the heart, more active while diminishing lung and spleen function through the controlling and insulting cycles. The more controlled and insulted organs tend towards hypotonicity in my experience.

In the five element cycle, an organ system that is out of balance will affect the other organs through the cycles: *overacting*, *controlling*, and *insulting*. In other words, when I have a client whose liver motility keeps getting stuck despite several releases, understanding the cycle will help reveal the relationships between the liver and other supporting organ systems. If I know where to work, I'm less likely to keep having to go back to the liver or fishing around in the dark to find the tissue that will rebalance the liver. If I understand how fascial tone or organ motility will change because of what the liver is doing, I can also work with the client's relationship with gravity through the meridians related to that organ, or through the organ itself.

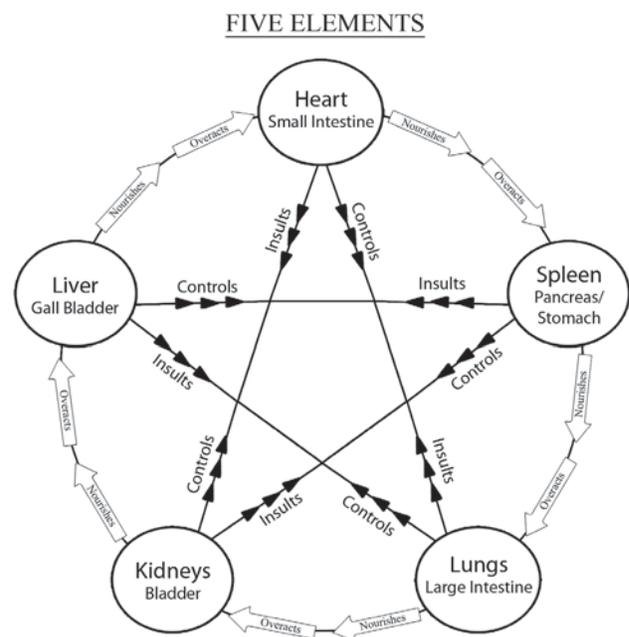


Figure 4. The five element cycle can be used to show the relationship between different organ pairs.

Liver—Spleen Control Cycle

Let's use the liver as an example. In the control cycle, the liver controls the spleen. I've noticed that a fixated liver with low mobility also fixates the diaphragm pulling it to the middle and/or right of the ribcage, away from the left where the stomach and spleen sit. In my experience, this tends to leave the supporting structure of the spleen and stomach hypotonic. Tone in the diaphragm generated by a fixated liver also seems to overstimulate the heart by pushing the mid thoracic ribs forward and up (overacting cycle), and forces the lungs into a chronic inhalation pattern (insult cycle). The ribs around the lower diaphragmatic organs will likely also be fixated. It is as if the client is trying to forcefully "open her heart," while maintaining a fixation around the liver or sub-diaphragmatic organs. Expect to see ribs 3-7 popping out of the chest around the sternum, a dowager's hump forming, a flat neck, possibly migraine complaints if her occiput is locked up, all as a result of attempting to stay upright while contracting around the diaphragm.

There will most likely be a line of tension along the gracilis on one side since that is where the liver meridian runs in the leg. Session Four is a great session for doing visceral assessment because you have the kidneys, liver, and spleen laid out on the pes anserinus for your direct palpation (Figure 5). What are the sub-diaphragmatic organs doing? Ask the goose. The liver meridian is the middle line in the pes anserinus. I would speculate that, in restriction, the spleen widens the ribcage increasing flexion or exhale, the liver narrows the diaphragm pulling the ribcage to the midline, and the kidney increases spinal extension. It's just a guess, but the axis of the spleen, tending towards vertical also seems to be higher tone when exhaling or in spinal flexion, while the liver with its transverse axis seems to have more tone with inhale. I suspect that these three sub-diaphragmatic organs tug on the inside of the leg when our organs move our ribcage off its balanced center over the pelvis, and the legs are asked to compensate to keep us upright like the foundation of a human leaning tower of Pisa.

Balancing the Liver

How would I work to bring this unruly liver into balance? The lungs control the liver in the controlling cycle, so I might work with my client to teach her

how to exhale and get her liver and diaphragm into balance. I would also work with her structurally to help her breathe more through the sides of her rib cage, so the diaphragm begins to release. If the diaphragm is released, the liver has to move!

I would also want to strengthen the organ system that's being insulted by the liver in the five element cycle, the spleen. The liver controls the spleen in the controlling cycle so if the spleen is weak I might work to stimulate and strengthen the spleen. A stimulated spleen would help to feed the lungs, the next element in the generative cycle. In my experience, when the diaphragm is tight from an overactive liver it borrows tissue from the left, and the spleen and stomach lose their suspensory support. I would give the client some exercises that focus on pulsation or get the lymph flowing, maybe suggest a trip to the sauna to get their lymph pumping after the session, and in the session, I might do some visceral work to help amplify the motility of the spleen or do lymph work on the liver.

Client Example

I did comparative assessments for several clients with an acupuncturist and colleague, Michelle LaDue. In all of our shared clients we did separate assessments and compared notes afterwards. In this example, the client's pattern is very similar to what I described above as an example of liver fixation. She gave permission for the use of her image and session notes for academic purposes.

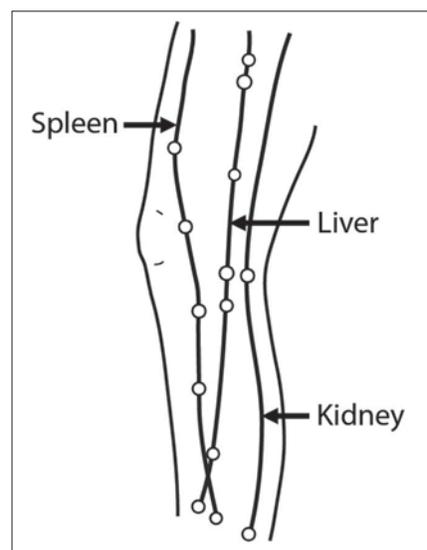


Figure 5. Three meridians, the kidney, liver, and spleen, all run along the pes anserinus.

Acupuncture Notes

Michelle noted the following:

- Tongue has red tip and sides (heart & liver/gall bladder areas) suggesting some heat accumulation probably from stagnation.
- Cracks in center (spleen/stomach vacuity).
- Pulse was wiry on the right, a type of liver blockage, quality the pulse gets also when in pain.
- Weak kidney positions.
- She has changes on her lung channel upon palpation a row of small nodules.
- The triple burner meridian has things in the fascia. [Author note: The triple warmer is part of the heart meridian and is related to the diaphragms and cavities of the body.]
- Spleen channel has a sensitive and hollow point on the inner chin, a point that often reflects an abundance of dampness in body.
- Liver channel has nodule on foot area suggesting stagnation.
- Gallbladder channel has the most changes and sensitivity all along it. Liver blockages often manifest in the gall bladder channel because of their pairing.
- On another note she's newly out of a relationship and was stressed from finding partner with another woman recently. I feel like she is hanging on to some emotional stuff in that hip.

Structural Integration Assessment

Here is my interpretation in standing:

- In the images (shown in Figure 6) you can see narrowing of her ribcage from high tone along the sides of her body, where the gall bladder meridian runs (part of the liver/gall bladder pair).
- Her right shoulder is also pulled down into her liver area, drawing my attention.
- The curve of her spine (spinal extension) and the folds in the skin around her lower ribs would make me think the kidneys and bladder are working extra hard with higher pelvic floor tone.
- There are also creases on the sides of her rectus abdominis, making me wonder if maybe the ureters are on high tone. This would also support



Figure 6. You can see meridian restrictions as well as structural imbalances in client alignment.

the idea that her kidneys and bladder are working extra hard.

The heart and small intestine are attached to the spine at the apex of the thoracic and lumbar curves. I've noticed that, when they are both strong, the heart moves forward and the small intestine moves back as is the case with this client. Because of the strong heart/small intestine pair and weak kidneys, I would wonder if the heart is "insulting" the kidneys through the insulting cycle. In some of my clients I've been able to get some dramatic releases in the psoas and ureters by working with the pericardium simultaneously with the psoas as noted below.

I've also noticed that the flattening of the middle of the thoracic curve seems to happen with a fixated liver and an overstimulated heart. This reflects a similar assessment to Michelle's more nuanced notes where she used palpation of the meridians as well as tongue and pulse diagnosis.

Translating into the Five Element Cycle

A translation of this set of relationships via the five element cycle: Through the generative cycle, the liver/gallbladder pair is overworking or fixated. The liver then stimulates the heart/small intestine pair to overwork while draining the kidneys. In the controlling cycle, the liver/gall bladder pair controls or restricts the spleen/stomach pair and is controlled

by the lung/large intestine pair, so I would expect to see the lung and spleen paired organs more hypotonic, with or without lower amplitude motility.

In the past, I might have gone straight to this client's liver to work, and more than likely, that is where visceral listening would lead me to work first. But with the algorithm of the five element cycle, I know that I will also need to help her to find a different relationship to her breathing to keep the overactive liver under control. To stimulate the spleen, I might also want to focus on motility in her liver, amplifying lymph related rhythms, rather than just doing a straight mobility release.

When I did a mobilization technique with the organ related to the hypertonic myofascial structures in my client, not only did the motility of the organ improve, but the fascia along the related meridians released as well.

Working with Structure

In the musculoskeletal system, my focus would be to reshape her ribcage to get her ribs moving out of their fixated pattern and help her to breathe more through her sides, emphasizing exhale. Emphasizing exhale would also help to get the liver moving by mobilizing the diaphragm. With more breath through her sides she would also have more space for her kidneys. It is no coincidence that I'd be spending a lot of time on the sides of the body (the gall bladder meridian) to make this happen.

To do a psoas release I would want to work in relationship to her pericardium. The pericardium is considered a part of the heart system that mediates the relationship between the heart and kidneys (Hammer, 2011). I usually start by bringing the pericardium into the direction of ease while working with the psoas. When working to release the liver I might also want to connect the septum between the lobes of the lungs and any restriction in the liver to enhance exhale, or bring the liver into the direction of ease while working the gracilis (the liver meridian), if my arms are long enough.

In my experience, this kind of pattern also takes some client education to help them find a new relationship with their heart and sub-diaphragmatic organs so they aren't forcing their hearts to open. As noted above I would most likely start by working with her to become more conscious about breathing through her sides to get her ribs hinging with her breath so her diaphragm begins to move more freely.

Further Exploration

SI practitioners are uniquely qualified to understand the architectural implications of how bodies are shaped and Chinese medicine has a rich understanding of how the fascia relates to the organs. With some translation, SI practitioners can use the maps of the acupuncture meridians to help integrate visceral work more symbiotically with structural integration. The five element cycle is just one of many tools in Chinese medicine that can give clues to the relationships between the different organ systems and between the organs and our structure. I believe they are tools that can give SI practitioners clues to help unwind more deeply held and chronic patterns. By working with visceral and structural patterns simultaneously, we can also achieve our structural goals more efficiently. By understanding how meridians relate to the viscera, we can also work from different perspectives: change the organ function through the fascia or change the fascia by working directly with the organs. We are already doing this in our work, but with a new understanding of some very old tools, we can work with more intention and efficacy.

I hope this exploration provides inspiration for your work and gives you something to try with your clients whose organs have brought their protest to the musculoskeletal system. Keep me posted if you learn anything new. I would like to see us build our understanding of how our deepest selves relate to what we experience outside of us. In the process, let's expand the scope of structural integration to include a more nuanced understanding of our inner worlds and develop some algorithms to help us make the process of improving our clients' health more effortless.

Resources

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Working with meridians, I was beginning to discover that the meridians are external reflections of the body's attempt to balance visceral functioning.
