

THE CULTURE OF THE VISCERA

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Working with the viscera requires that we develop our kinesthetic abilities to sense a more complex arrangement of textures, densities and movements. Understanding the tissue qualities of visceral anatomy can help us. The fundamental materials and organizing principles of these tissues are the same as those we know of the myofascial tissues. Yet the tissues of the myofascial system are exponentially more homogenous than the tissues of the visceral system

Let's look at what we have come to understand and be able to sense about tissue quality from working with the myofascial system.

- The many layers of connective tissue wrapping and compartmentalization from superficial fascia, septum barriers between muscle groups and the connective tissue bags that wrap individual muscles.
- Kinesthetically we have become completely familiar with the gradual changes in density and elasticity as we feel from the insertion to the body of a muscle. Our touch can discriminate between bone, ligament, tendon, spindle and sheath.
- We can kinesthetically sense adaptability between muscle compartments, and see adaptability in muscle lengths and the range of motion in joints.
- We can trace hands and with our eyes long lines of connective tissues that connect and define the shape and alignment of the major sections of the extrinsic structure..
- And we can feel with our hands and see with our eyes areas of ease and tension. Over time we come to know, or at least suspect, what of these places of ease and tension are beneficial and what are not..

There is a kinesthetic challenge when approaching the viscera.:

- There are many abrupt changes in the textures, densities and adaptabilities of the tissues. So we cannot be looking for homogeneity.
- For the most part we get little assistance from our sense of sight.
- In many cases there are boney or muscular structures extrinsic to the viscera that we need to feel through or around.

Scope of Practice

When working with the viscera it is important that we keep our goals and techniques within the Structural Integration scope of practice. In SI we use fascial manipulation, movement education and awareness to achieve improvements in somatic alignment, function and presence. These improvements can lend to, but not guarantee, a better quality of life.

Our work is with those elements that give shape and function to the architecture of the body, the connective tissue matrix and the nervous system. Visceral work, though it often utilizes indirect assessments and treatment techniques, remains a work with, to and for the connective tissue matrix and autonomic nervous system

People often ask if work with the viscera can help with physiological illnesses. If the physiological problem is caused, in whole or in part, by fascial restrictions, then visceral work might help. Any promise beyond that is beyond our scope of practice. As most standard and complimentary medicine is biochemical and/or energetic, structural improvement can be a vital contribution.

- The viscera are also layered and intertwined so that we often need to feel through one organ to sense another.
- As the organ tissues are far more fragile than myofascial tissues. To find and assess them we are have to change the pressure and pointedness of our touch.
- The visceral system is more autonomically innervated than the myofascial system. This requires us to be selective, as well, with the speed and amount of our probing.

There are some qualities in visceral tissue that make it a little simpler to identify and assess:

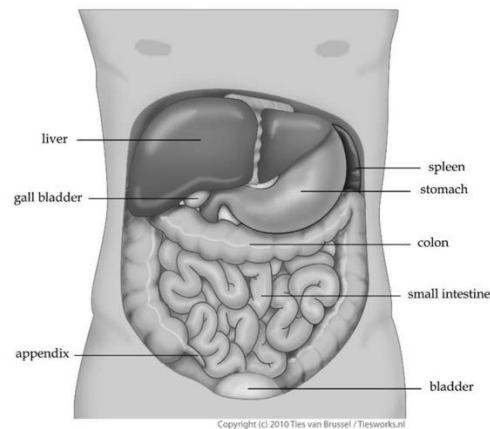
- Much of the visceral tissue, both of the organs and their attachments to the structure, is highly elastic allowing for more adaptability and movement. However, with the visceral cor, more so than with the extrinsic body, all the organs will still themselves to match another organ, particularly if it is in the same vicinity or in the same system with the primarily restricted organ. Some bodies we are trying to assess have multiple visceral dysfunctions. In these bodies the expression of visceral adaptability can be seriously diminished.
- Many organs feel distinctly different from one another. For instance, it is much easier to tell the liver from the stomach, even where the cross one another, than it is to tell one adductor from another.
- Any part of the extrinsic structure that is near to an organ or its primary or secondary attachment sights will become firm and protective if that organ has lost its normal adaptability. This can help us know where to expect a loss of adaptability in the viscera. ¹

The qualities of the visceral tissue

Let's look at how the viscera is composed and arranged. There are many organs with many different shapes, densities and functions all packed together inside compartments that are all different as well. Some of the compartments are hard, some soft, some are adaptable and some hardly adaptable at all. Inside of the compartments, the organs are rubbing against one another, folding over and around one another, and accepting and adapting to the passage of various materials and fluids necessary for life's process. The compartments are held close to one another and close to the boney and muscular surfaces of the structural body. Some organs can be found tightly attached to compartmental walls and some are floating free of such attachments.

There are tubular passageways, functioning as both conduits and support structures which interconnect all of the organs and compartments. Sometimes these tubes are firmer than the organs they connect and sometime softer. Some organs join together in together into systems and sub-systems to handle various physiological functions. The compartments separate these functions from one another and the tubular conduits connect them in precise and purposeful ways.

¹ For a more thorough discussion of the interaction of the extrinsic structure and viscera, see the following articles by Liz Gaggini, "Including the Viscera in the Work of Rolfing," [Rolf Lines](#), 1997, "Visceral Manipulation in Structural Work," [2005 Yearbook of Structural Integration](#), published by the International Association of Structural Integrators and "Visceral Patterns in Scoliosis," [Structural Integration](#), 2008.



Visceral Body: Anterior View

Visceral culture

We can understand much about the organic qualities of the viscera by studying structure and function in words and pictures. However, working with the viscera can teach us about the deeper culture organizing these tissues and systems. Overtime the viscera can show the receptive and polite tourist how to interact with its culture if that tourist wants to become a welcome agent of change. In the manner in which the organs are arranged and in the composition of the various tissues throughout the visceral region we can begin to know the primary tenants of this culture. This culture has come about by the process of evolution selecting out the most sustaining designs and arrangements and occasionally making a fortuitous mistake. Two qualities seem to be fundamental to this culture: A precise and unrelenting discrimination has to be primary and sacrosanct for the organs of the viscera to contain their different tissues and perform their different functions while residing so close to one another. Then, in order for all the different components and processes to occur in these compact spaces and still sustain life, an ongoing harmony of the whole must rise above the needs or capacities of any one part.

Discrimination

The organs discriminate themselves from one another by distinct differences in their tissues. To maintain these distinctions in close quarters the fascia that externally wraps each organ prevents adhesion to other structures. The boundary of each organ is saying to the other, "don't become me". The stomach can lie next to the spleen for a lifetime and never become adhered. The tubes of the small intestine entwine with one another and within and around the tubes of the colon and remain free. The flexures of the colon come up behind the liver on the right and stomach on the left and never adhere.

These boundaries can be violated with injury and illness. The organs can become adhered to one another by the introduction of a binding connective tissue, i.e. blood from internal bleeding or from spills during surgery. Prolonged inflammation can also cause a proliferation of binding connective tissue to grow between organs. If an organ is inflamed for some time, gossamer fibers of connective tissue can attach between it and the other organs in constant contact with it. Blood adhesions are like thick scars or wads that lie between the organs they are adhering. The inflammatorily produced adhesions are not as profound as these but still serve to create immobility between two organs that once were freely slide by one another.

Harmony

There are many different functions striving to happen within the visceral cavities. There are bags that can fill and empty by respiration, peristalsis, blood circulation and consumption. All of the organs are in continual production of vital substances that need to be transported and arrive on time. At the same time, these organs need to allow the movements of the extrinsic structure to shift them around

Many organs are involved in tightly orchestrated physiological processes that need to have the steps occur in the appropriate sequence to adequately handle the body's nourishment and cleansing. If any one organ would perform inappropriately for the situation, illness and even death can occur. This cohabitation and sequencing requires a guiding harmony be maintained throughout the visceral core.

The harmony of the visceral core is regulated by a vast number of neurological and biochemical factors. A primary mechanism by which the status of any part of the viscera is communicated to the whole is mobility. When an organ is not able to function well whatever the causal agent, there will be a change in that organ's capacity for motion. Peristalsis can slow with constipation or speed up with poisoning. The liver can become sluggish with cirrhosis and toxicity. The kidneys can become sluggish with injury or over activated by imbalances in the blood. No matter the cause, when an organ becomes more or less mobile that has an effect on the organs (and the extrinsic structure) near to it and within the same system as it. Those neighbors and family members will respond and their capacity for motion will change as well. These changes in the capacity for motion will be a change for the overall health of the body. Because the body honors the needs of the viscera as primary, the extrinsic body will not place demands for motion on distressed organs.

Integration

Integration is the harmonious working together of distinct parts. Integration is an ongoing give and take between discrimination and harmony. With structural integration we are used to balancing the capacities and needs of one part of the body with the capacities and needs of another part. This is what needs to happen if we are going to attempt to transform the visceral tissues. We have to take into consideration the needs and capacities of all of the parts in transforming any one of them. Without that type of care we may get a random freedom but we will not assist with integration.

Working with discrimination and harmony

The challenge in working with the viscera is to honor the fundamental capacity and need of each organ for discrimination and harmony. One reason this is so important is that, if we do not work within these limitations, we are more likely to create distress and disease. Another reason is that, we can accomplish more transformation and integration for the organ, the viscera and the entire body if we work these primary tenants.

Basic guidelines:

- Get to know each organ. Learn where it begins and where it ends, where it is attached and how it moves.

- Don't mistake one organ for another. This may sound obvious but when it comes to hand placement, etc., it can take some care to not mistake a rectum for a uterus or a transverse colon from a stomach and so on.
- Don't just assess one part of a system or one organ in a neighborhood. Before you create change understand the needs for change in the entire system and neighboring organs.
- Work with, contain and stay in touch with as much of the entire organ as possible. Don't break the organ apart with your touch or with your intention. You don't have to be physically in contact with an organ to be in touch with its entirety. With referential touch, (sometimes called "end feel") we can create a kinesthetic field that has great acuity in sensing what is beyond our physical touch.
- Use the long tide motion of an organ to assess and to treat whenever possible. Long tide assessments give information about the whole organ while keeping it discriminated from its neighboring organs. Long tide inductions have more integrative potency and potential than do mid tide inductions.²
- The Rule of Percentages: when we get a certain percentage of change for one part of a system we should try to get the same amount of change for the rest of the parts of that system within the same session. The time available for work will determine how much transformation we attempt in any one part. It will be more harmonic for the body if we get 30% improvement throughout a system or neighborhood than if we get 100% improvement in just one organ.
- The Rule of Feathering: If you do get a good deal of change in a part of a system or neighborhood, you can make it more acceptable to the body if you get diminishing amounts of change out from that one part. That is, don't open up one spot and leave it sitting next to totally untreated tissue.
- When releasing parts of a system, work with the expelling end first. If you are not going to be able to modulate your percentages of change, try to make the greatest percentage of change at the expelling end.
- Always work with both organs of a bilateral pair or bilaterally balancing pair. For example, if you work with one kidney, work with the other, if you work with the stomach, work with the liver.
- Begin with, end with and utilize whenever appropriate whole body assessments. Whole body assessments range from holding on to the feet and sensing through the body, diaphragm holds, walking assessments, fold tests, etc.
- If you have used a technique to assess a dysfunction, after you take steps to address that dysfunction, always do the same assessment again. This is truly the only way you will ever learn how to work with any part of the body .

² For further information on long tide techniques see Liz Gaggini's article, "Advanced Indirect Techniques" available on the Articles page at ConnectiveTissue.com

Liz Gaggini is an Advanced Rolfer and member of the International Association of Structural Integrators. She teaches a series of Basic and Advanced classes on her own approach to visceral work. She also teaches a series of basic and advanced classes in biomechanics. Information on her classes can be found at her web site, ConnectiveTissue.com. Her previous articles on visceral work and other subjects can be found at the Ida P Rolf Library at pedroprado.com.br. and at the Library page on her web site ConnectiveTissue.com.