

Opening Up to Be Included

Structural Integration in Switzerland

By Lina Amy Hack, Certified Advanced Rolfer®, and Theres Maibach, Anatomy Trains Structural Integration Instructor



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ABSTRACT *The Swiss Regional Association of the European Rolwing® Association, called IDA, represents all structural integration (SI) professionals in Switzerland – Rolfers, Rolf Practitioners, and Anatomy Train Structural Integration (ATSI) practitioners, etc. In this interview, IDA president, Theres Maibach, describes the history of IDA, how the Swiss SI professionals came together to be recognized by the government as a profession within the complementary therapy category, and the vision of IDA for the future.*

Lina Amy Hack: Hello Theres, thank you for meeting with me, I'm looking forward to learning about IDA – the Swiss Association for Rolwing® and Structural Integration (SI). You are the president of IDA, which is also one of the regional associations of the European Rolwing Association e.V. (ERA). I like the name, IDA, all capitalized. Am I saying the right terms?

Theres Maibach: Yes, that's right, it's the association that represents all SI professionals in Switzerland: Rolfers, Rolf Practitioners who are graduates of the Guild for Structural Integration, and like me, graduates from Tom Meyer's training, we are called Anatomy Trains

Structural Integration (ATSI) practitioners. This inclusion of all SI practitioners was an evolution for our group, it took time.

LAH: This is really different. All the other regional associations of ERA are only graduates of the Dr. Ida Rolf Institute® (DIRI) Europe or the United States. I'm excited to learn more. So, IDA is the name of the Swiss SI association, which is one of the ten regional associations of ERA.

TM: Right. In Switzerland, in 2015, the government accepted a new profession, complementary therapists. Before that, in Swiss society, we had the conventional medical profession with physiotherapists and osteopaths included.

Theres Maibach: The [Swiss] government created the profession called *complementary therapy* and laid out standards for these practitioners and associations to follow . . . The Swiss Rolfing Association had to decide whether to be a part of this development or not . . . The opening of the Swiss Rolfing SI Association to represent all SI practitioners in Switzerland was a condition for being part of this development.

LAH: Gotcha, when people got hurt, felt pain, and needed medical care, the government provided access to this medical group. The government would pay for doctor visits, and also physiotherapists and osteopaths.

TM: Yes, this is the standard thing. Also, we had people practicing craniosacral work, shiatsu, structural integration (SI), and all these complementary practices. These were part of the services people could seek out, but that group was not an official profession. Yet there were associations that were controlling the quality of the education of these practitioners, but it was something apart from the medical practitioners. The representatives of these forms of therapy fought to be recognized by the state. This was to get coverage for these practices. The government created the profession called *complementary therapy* and laid out standards for these practitioners and associations to follow.

The Swiss Rolfing Association had to decide whether to be a part of this development or not. Practicing outside the conventional medical profession but within the lightly regulated alternative health system had worked well for many Rolfers up to that point. But with the new professional category of the complementary therapist, this would have become much more difficult.

LAH: Very interesting, let me see if I have this correct. There was a well-worn path with the Swiss government to be a

recognized, and covered, complementary profession – but only if the Swiss Rolfing SI association opened up and started representing all the SI professionals in Switzerland who are graduates from the established SI schools.

TM: Exactly. The opening of the Swiss Rolfing SI Association to represent all SI practitioners in Switzerland was a condition for being part of this development. Other types of complementary health practices were involved in this process earlier than the Rolfers and these other associations had developed a path with the government to be a new profession. So the comparatively small association of Swiss Rolfers had to decide if they wanted ‘structural integration’ to be a recognized profession, whether to join the complementary therapy professional category or not. This all happened before I was on the board of IDA.

LAH: Got it, and wow. Give me a sense of the time frame. When did the Rolfers in Switzerland first organize, and when did the group open to become IDA, a member organization for all the Swiss structural integrators?

TM: We celebrated our twenty-year anniversary in June this year, the regional association started in 2002. Becoming IDA for all SI professionals happened in 2018. This was a really big step for the Rolfing association. An association with other SI schools is unique. And it meant that SI became regulated but also officially accepted.

LAH: This is kind of mind-bending to me, and I like it.

TM: It was quite a moment, as the Rolfing association we had to decide if we are going to stay small and only be for Rolfers, the graduates of DIRI only, traditional ERA members only. And for Rolfers to only exist outside of the complementary health system established by the Swiss government, this was the alternative. The choice was made to be a profession altogether, and therefore represent the interests and require compliance to governmental standards, for all the SI professionals in Switzerland.

We had to open up. At that time, there were only graduates of the Guild for Structural Integration also in Switzerland. After the previous board members of IDA made the decision to open up, I think it took about three years to do it. It was a process, some Rolfers were against it, they wanted the association to be Rolfers and nothing else.

LAH: I imagine it was a wish for growth and survival that won out. Since the Swiss public is provided with a reliable range of complementary health professionals, and the insurance, therefore, pays part of the cost of their service, Rolfers would perhaps lose credibility for not being subjected to the same standards, do you think? And do you think clients may feel uncomfortable fully paying out of pocket?

TM: It was a process. If the Rolfers had decided to stay out, then the graduates

of the Guild or my Anatomy Trains group of practitioners could have done this instead. We could have formed the group representing the profession of SI with the government, and then the Rolfers would have been on the outside of that, by their own choice.

It of course didn't make sense that way. In Switzerland, we are talking about fifteen professionals from the Guild and there are five ATSI practitioners, so it doesn't make sense when compared to the hundred-and-twenty Rolfers, we needed this bigger group of practitioners to take the lead.

LAH: Thankfully, that is what happened. This is a remarkable evolution for Rolfers and a model for us all to watch and learn from. Sounds like it was a hard decision, and I respect that there was important nuance to the resistance. Now it seems to me that much has been gained by making the decision to be inclusive, for IDA to exist as it does, and to represent the whole group of SI professionals. How has this allowed your group to grow?

TM: Yes, it has been a really good thing. In Switzerland, whenever you have a profession officially recognized by the state, that's a big thing. It matters. One Rolfer in their office may be doing the best work in the world, but in Switzerland, it won't be the same in the eyes of the public if it is outside this system they trust. Here you need to have your certificates, you need to have met the government's standards for complementary health

practice, and then you are really recognized.

So yes, this was a really big step. And that was the evolution that our group, IDA, has taken. We couldn't not take part in the complementary health category, otherwise, it would have made our small profession die, slowly but surely.

LAH: Incredible. And since that consolidation, how has it gone? My understanding is that SI professionals are able to partner with doctors in the same office, and even work together in some ways to be in service to the public?

TM: Yes and no, in some ways it has become difficult now. There are different levels to medical insurance that pays for visits to the doctor. There is a basic level of coverage that everybody needs to have, this covers physicians and a primary care group. There, SI practitioners are not included and we don't have a choice about that.

There are a lot of people who have additional insurance coverage, and they can choose to have alternative medicine, complementary medicine, and with that coverage the insurance company will only cover part of the treatment and they decide how much they will pay for it. And they pay less and less all the time, we worry that they will keep that up and clients are having to pay more for our work all the time. Money is important, and this is one problem we are encountering.

LAH: So clients that book an appointment with a member of the IDA Swiss Association, if they have that extra level of insurance, they will have some portion of their session paid for. And this has been changing over time.

TM: Yes.

LAH: And it is the same for all SI professionals, regardless of the school they went to.

TM: Regardless of the school. To be recognized as a complementary therapist, even if a person had twenty years of experience, we all had to do some work to be accepted as complementary therapists. At first, they made it quite easy, but it will change at the end of this year, and the government is transitioning to more stringent requirements.

IDA is a member of the Swiss professional governing body of complementary therapy called Organisation der Arbeitswelt KomplementärTherapie (OdA KT), this is the name in German, the most common language in Switzerland. OdA KT defines the area of activity for the profession of complementary therapy, the foundations of the profession, the practices and performance, and the contribution to health care and society (see Figure 1) and they encourage practitioners to complete their 'Advanced Federal Diploma of Professional Education and Training'.

In 2022, their new standards will require people to do tests and prove they know medical aspects, not only the SI part.

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Organisation der Arbeitswelt KomplementärTherapie (OdA KT)

[Professional Organization of Complementary Therapy]

1. Areas of activity	<p>The Complementary Therapist is a health care professional.</p> <p>He/she holistically promotes the healing process of persons with health complaints, impairments of their general well-being, inability to perform, as well as persons in rehabilitation.</p> <p>He/she works self-dependently and mainly in his/her own practice, occasionally also as an employee in health care, educational and social institutions.</p>
2. Foundations of the profession	<p>Complementary Therapy is founded on the belief that the healing process depends on individual factors, encompassing the interactions of body, mind, and spirit. Complementary therapeutic work is carried out in a method-centered, body-centered, and process-centered way. It is interactive. It is aimed at strengthening self-regulation, promoting self-perception, and strengthening competencies for recovery.</p>
3. Practices and performance	<p>The Complementary Therapist:</p> <ul style="list-style-type: none"> - creates a relationship based on respect and trust; records, based on the specific method, the client's signs and symptoms, previous coping strategies, and related resources, - uses touch, movement, breath, and energy work in a method-specific, body-centered manner in order to stimulate the client's powers of self-regulation, - initiates processes in order to promote the client's self-perception and raise his/her awareness, - supports the client in a solution-oriented and motivation-based reorientation of his/her everyday life, - cooperates with caregivers and other professionals as part of the therapeutic process, - engages in continuous professional and personal development and cultivates his/her personal balance, - acts in a manner that benefits the profession and observes ethical principles, - establishes professional networks and promotes health competencies in society, - manages his/her practice and implements quality assurance as well as marketing strategies.
4. Contribution to health care and society	<p>Complementary Therapists promote a holistic understanding of health and provide sustainable therapeutic benefits.</p>

Figure 1: Summary of the 'Profile of the Profession: Complementary Therapist' by the Swiss governing body of complementary therapy.

Let me share with you the rubric that explains the steps each SI professional has to go through (see Figure 2). They have a clear process for practitioners first to have a Branchenzertifikat [industry certificate] and then people can work for the Advanced Federal Diploma for Complementary Therapists.

LAH: Before we get into those details, I'd love to learn a little bit about you. How long have you been the chair of IDA?

TM: A short time, just one and a half years now [former Chair of IDA was Karen A. Salwa]. It's very special to be ATSI practitioner and to be the Chair of IDA. In our group, there are only three members that are ATSI people and I'm the chair. So to me, this is very special. I was on the board for two years first, I did the finance stuff. We had a large turnover moment with our board of directors, many retired from the board and it was just me and one other person that stayed on. Once this transition happened, it felt like we had to restart as this new group. Between me and the other person, I guess it was clear I should be the chair, and the two of us are with a whole new group leading IDA together.

Now we have this new professional category that we belong to, we have this new association that is open to all SI practitioners, and we ask ourselves, what are we doing now? This is the moment we are in. We connect with ERA, we work on marketing with them, and we are thinking about producing some merchandise to promote ourselves.

LAH: What a legacy to inherit, and now to carry it forward.

TM: As SI practitioners are recognized as part of the complementary therapy category, we'd like to approach the doctors and say, "Hey, look, for the chronic pain things your patient experiences, you can also refer to SI people."

LAH: That is great, now you have firm ground to stand on to make that approach as well.

TM: That's the way I already work, I have one doctor who is sending me her patients who would benefit from SI work. And I think this is the way we should go as an association because we are different from physiotherapists. Doctors need to know the choice they have by referring to us.

LAH: In my community, my physician client asks me, "Why aren't there more professionals like you that we can all refer

to?" And I tell her, we are a small group nationally here in Canada.

TM: Yes, we have this great work we offer our clients, and we want more colleagues but they have to have high-quality training. We can't just produce hundreds of practitioners; we can't lose the quality we have now. It's a process to become a practitioner and not everybody is ready to do that. We can't just say, "Let's make more practitioners," it doesn't work that way.

LAH: Exactly, it's not that simple. Going back to the nature of IDA, every other regional association only represents Rolfers. It seems to me from what I'm learning from you, it is the government of Switzerland that was the catalyst for bringing all the SI practitioners together. Was it difficult to relate these changes to ERA? IDA needed the freedom to operate in this inclusive way in your country, yet it is completely unique for ERA who otherwise only represents Rolfing SI graduates.

TM: I can only tell you what I heard because I am new, as I mentioned, but at the beginning, it was very difficult. The first challenge was with regular operations, ERA gives money to their regional associations to support the administration of services to the members they represent. But when ERA was giving money to IDA, how do we administer these funds, are they only for Rolfers? How do we do that?

At first, ERA was most comfortable with Rolfers being on the board of directors of IDA, that made sense to everybody that a Rolfer be the contact point with ERA. When I came to the board, I was excluded from communicating with ERA at first. In part I understand this because ERA does do marketing for Rolfers specifically, they wanted to talk to IDA about marketing for Rolfers in Switzerland, as is their mandate.

LAH: Right, I see this friction point you are describing: ERA has its mandate to offer marketing services to all Rolfers in Europe, but IDA has a different mandate which is to represent all SI professionals in Switzerland.

TM: Yes, and there were different things that happened because of this tension. The best thing was when I became the chair, then ERA couldn't exclude interacting with me, they had to allow me to take part. So that was a good thing, that opened up the dialogue

a lot. So now I have regular contact with Sabine Kalmbach, the Executive Director of ERA, and we have a great communication channel.

LAH: Sounds like you see a path that may satisfy both sides and everyone is at least talking with each other to try to figure it out. This sounds like good news to me.

TM: You know the Swiss people are, all the time, good in negotiation.

LAH: Yes, this is a great skill to have. I read on your website that there may be SI training being offered in Switzerland?

TM: We have a new school, which is obviously not a Rolfing SI school, but it's a school with the Swiss complementary therapists' system. It's a three-year school. Right now, the school is in its second year of operation, and next year will see the first graduates of SI practitioners from this Swiss SI school.

LAH: So, this is leading to more SI practitioners for Swiss society in the future, more IDA members, and that is good.

TM: Rolfers, ATSI practitioners, and Rolf Practitioners from the Guild, they have to figure out how they can fit into this whole system because this is a new profession. I'm also a teacher for ATSI, so I think about these things a lot.

Looking at the training schema (Figure 2), this is the way the OdA KT has agreement with the government regulator and organized how people can enter this new profession. Looking at the far left of Figure 2 is the entry into becoming a complementary therapist specializing in SI. You have to have, not only the basic school diploma, but to have achieved the second level of upper secondary education [like a university undergraduate degree in North America]. Right at the top of the 'KT – training', there is the box for your specific method, for us we have our SI certification, be it ATSI, Rolfer, Guild graduate, etc.

Next below that, there is the *trunc commun* in German, which means 'core curriculum', this is the part that all practitioners have to do and is part of the foundation for all complementary therapists in Switzerland. This part is about anatomy, the basics of the practice, medical content, pathology, and all these things. This is the core curriculum requirement. Then everyone has to do practical work in their discipline. After these three achievements, the candidate

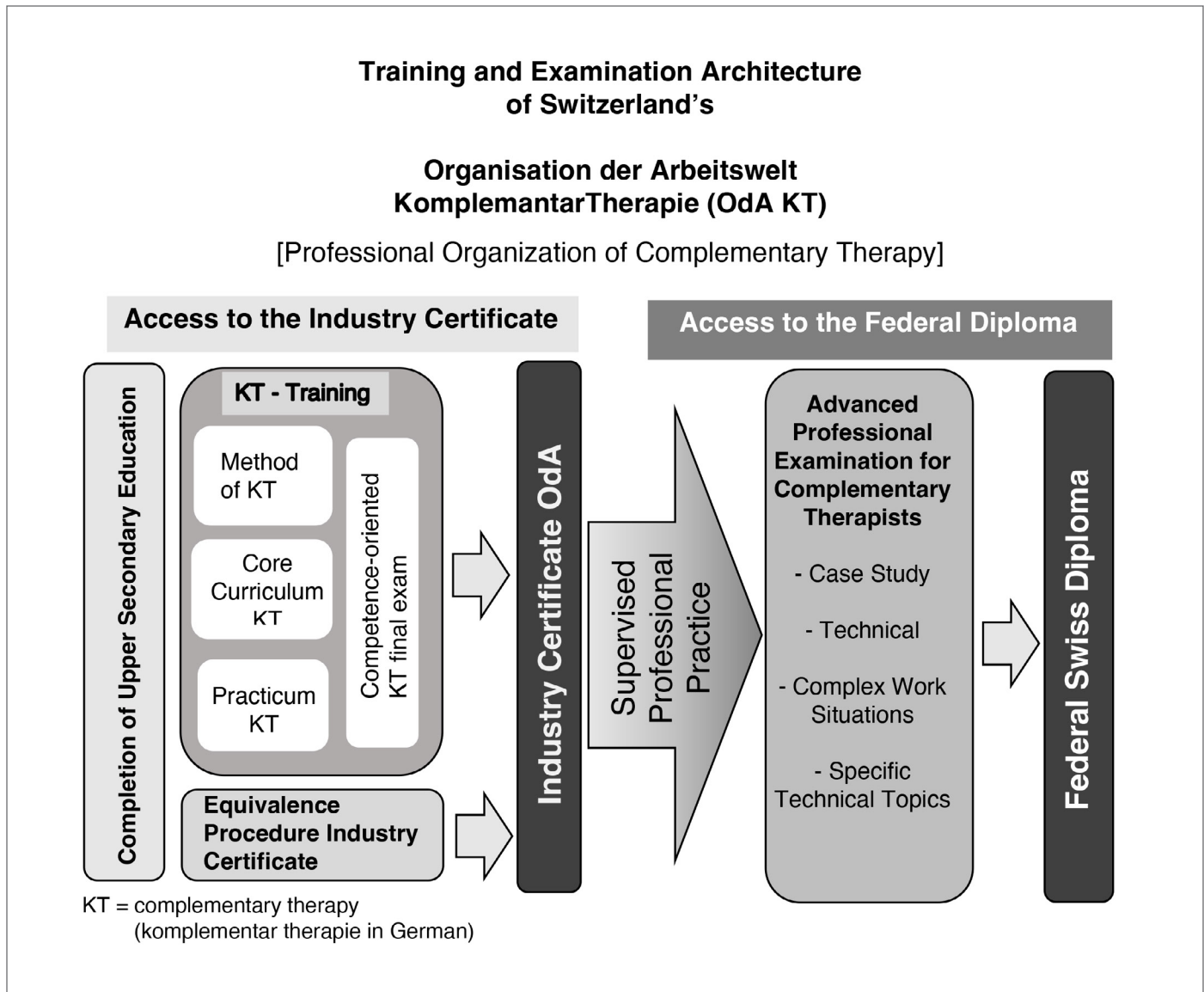


Figure 2: Pathway to first obtaining *Branchenzertifikat* [industry certificate] in complementary therapy, and second, practitioners can earn an advanced certification as a complementary therapy professional.

has to do a test. And then they will have the *Branchenzertifikat* [industry certificate] for being a professional complementary therapist.

Then you have to decide, a practitioner can go onto the advanced level. This is what I've done. I'm working on my 'Federal Swiss Diploma' and I must complete all these tasks: supervised professional practice, case study, essays about these topics, and eventually a different and more difficult test. And then I get an advanced diploma. So that's the thing we have here in Switzerland for SI practitioners, this is how it is organized.

LAH: Wow, progressive governance.

TM: So the new SI school that we have in Switzerland, they offer all this together. They do these methods of complementary

therapy, the core curriculum, and the practical, they have all of this for their students.

When I think about bringing ATSI trainings here, to seed a school here as an instructor, I can only provide the 'Method of KT' part. Also, a Rolfing SI instructor could do this. Yet we only provide the method, this top part of the training. Then there are other schools here in Switzerland where they do the core curriculum, that's the part that's the same for everybody. Craniosacral practitioners, for example, do this part as well. Instructors that only teach a method [without teaching the OdA KT's core curriculum KT and the practicum KT] has students that will later have to sign up for the larger OdA KT training. Those courses will be with a mixed group

of practitioners in training from different complementary health methods. They meet together, study this information, and do the final competence exam for the *Brachenzertifikat* [industry certificate].

LAH: It's very systematic and clear for students who want to do this work. So, all the Swiss complementary practitioners have this same foundational level of education, and the public can be assured that there is this standard across the complementary health industry. What is this second path to the industry certificate? What does it mean 'equivalence procedure'?

TM: The second way to obtain the *Brachenzertifikat* [industry certificate] is the equivalence procedure. This procedure is for therapists who are already certified SI practitioners. They have to prove the additional competencies for the complementary therapist regulators. This means they have to provide proof of corresponding learning hours and write an essay.

LAH: So interesting to see this standard written out so clearly and to imagine this functioning, it's opening my mind.

TM: Yes, this is a good system. Everyone has to have good knowledge and a basic understanding about medicine, social interactions with clients, and all these foundational skills to work with the public in this way. That is why the government made this new profession – they had to find common ground between all these different practitioners.

LAH: A common center.

TM: The government is looking for quality for this new profession, then there is a built-in acceptance from the doctors. This is a really important involvement in health care.

LAH: I noticed on your website that since IDA made this decision to represent the SI profession, the number of members you represent has been increasing. So it's bearing fruit with growth.

TM: Even during the pandemic we were increasing our numbers a little bit, yes, that's a good thing. In Switzerland, we were only restricted from working for six weeks.

LAH: Thank you for explaining all this, I can really feel the moment that your association is in. There is a lot of potential at this time for IDA. And as the chair, you are a manifestation of this change as well. First, your role is to meet the standards

expected from ERA, to work with them, and provide Rolfing SI services. Additionally, you are negotiating footing for Swiss SI practitioners because of your regional needs. On top of that, you must also meet the needs of the state with the Swiss professional organization of complementary therapy. And taking this all together, SI is growing in Switzerland and becoming more embedded with medical services. This is incredible to me.

TM: I haven't done all this on my own, I have help for sure, and with IDA, we are a group that works together. And I think for this year we really want to go forward and to see new things for ourselves, and to do new things as colleagues, regardless of what school we've got on our certificate.

LAH: I am so grateful to be sharing this shared vision of SI in Switzerland with our readers, it is a complex transition that has been negotiated and in many ways is still being negotiated. In my community, I need my other SI practitioners to be my colleagues. And thank you again for sharing your story, this is new and a lot of us can learn from this.

TM: Well, you're welcome and I think we have to talk about these things, we can't avoid that. We need each other a lot.

Theres Maibach is an Anatomy Trains Structural Integration (ATSI) certified teacher as well as the president of the Switzerland regional association of the European Rolfing Association. As well, Maibach holds a bachelor's degree in physical therapy and computer engineering. Becoming an ATSI practitioner was a merging together of her two professions and her passion for humans.

Lina Amy Hack, BS, BA, SEP, became a Rolfer® in 2004 and is now a Certified Advanced Rolfer (2016) practicing in Canada. She has an honors biochemistry degree from Simon Fraser University (2000) and a high-honors psychology degree from the University of Saskatchewan (2013), as well as a Somatic Experiencing® Practitioner (2015) certification. Hack is the Editor-in-Chief of Structure, Function, Integration.

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IDA; Swiss Association for Rolfing and Structural Integration; European Rolfing Association e.V.; complementary therapy; complementary therapist; Europe; government regulation. ■