Structure, Function, Integration.

The early history of Ida Rolf’s famous ‘Recipe’ and its subsequent development. The inherent order encoded within it. What we learn from teaching and practicing the Series.

Also in this issue

Rolfing® Origins
Understanding the roots of Rolfing SI.

Ninja Movement
Inspiration from an ancient movement art.

Working with Athletes
The ins and outs of working with elite athletes.

Fascia Research
Summary of key research compiled by Dr. Eric Jacobson.
March Cover Art

Grounded in history – influences of the 1960s and 1970s

You can’t judge a book by its cover, but inevitably it becomes part of the story.

As part of our continued vision to curate a Journal that educates, inspires, and more deeply connects us to our audience, this issue’s cover inspiration is grounded in the 1960s and 1970s. This was a pivotal time in Dr. Rolf’s teachings and included the 1971 creation of the Rolf Institute® of Structural Integration (now the Dr. Ida Rolf Institute®) in Boulder, Colorado.

Dr. Rolf was an artist of the body, of structure and form – and passionately committed to innovation and designing systems to help the body align, integrate, and come into balance. Our March cover explores the visual balance between color, typography, and shape. The hands represent the tool we work with as Rolfers™ while the colors, and use of strong patterns, draw inspiration from the art and fashion of the 1960s and 1970s. Our mix of color and shape also embodies the diversity of skills, experience, and energies that are unique to each individual practitioner.
## Contents

**Letter to the Editor**  
4

**Columns**

*Ask the Faculty: Working with and Teaching the Ten Series*  
8

*Rolfing® SI and Sports: A Conversation About Working with Athletes*  
12

**Fascia Insights: Brief Research Summary: Anti-inflammatory, Anti-fibrotic, and Pain-reducing Effects of Stretching Fascia**  
16

**The Rolfing ‘Ten Series’ – Part 1**  

### History and Evolution

*Byron Gentry and the Early Recipe*

- *The Gentry Notes on ‘Postural Integrity’: An Early Version of the Ten Series* with an introduction by Anne Hoff and Szaja Gottlieb  
  18

- *The Gentry Notes as Critical Rolfing History: An Interview with Rolf Scholar Jeff Linn*  
  by Szaja Gottlieb and Jeff Linn  
  26

- *A Memoir of Byron Gentry and His Notes* by Linda Grace  
  31

*A Question for Jan Sultan: The Ten Series as a Living Tradition*  
by Jan Sultan and Ellen Freed  
33

### Underpinnings

*Alchemical Order: The Inherent Logic of the Ten Series – An Interview with Ray McCall* by Anne Hoff and Ray McCall  
40

*The Bigger Context for the Ten Series* by Robert Toporek  
45

### Teaching and Practicing

*Instructor Dialogue: Thoughts About the Ten Series* by Bethany Ward and Larry Koliha  
51

*Thoughts on Practicing and Teaching the Ten Series and the Seventh Hour: An Interview with Sally Klemm*  
by Sterling Cassel and Sally Klemm  
55

*Tales from the Closet: Interacting with the Ten Series in My First Year as a Rolfertm* by Melissa Dailey  
59

*Deviating from the ‘Recipe’* by Deborah Weidhaas  
61

### Perspectives

*On the Origin and Spiritual Dimension of Rolfing SI* by Michael J. Salveson  
64

*Ninja Movement Exercises and Vertical Bone Alignment* by Tsuguo Hirata  
67

*A Tribute to Rosemary Feitis* by Pedro Prado  
72

*Memories of Vivian Jaye*  
by Jane Harrington with Libby Eason and Pedro Prado  
74

**Institute News**  
78

**Global Contacts**  
79
From the Editor

Anne Hoff

The meat of this issue is our theme on the Rolfing® ‘Ten Series’ (aka the ‘Recipe’) – the ten-session series of SI that Ida Rolf designed to create a new baseline of alignment in gravity.
Rolf created such a beautiful progression that there is still much to be extracted, contemplated, and utilized.

At the front of this issue, we continue to flesh out our roster of columns. In the last issue we inaugurated the “Rolfing® SI and Sports” column to feature stories on diverse topics related to the practice and application of Rolfing Structural Integration (SI) in the world of sports performance, training, and rehabilitation. In this issue, Russell Stolzoff and Brad Jones discuss working with athletes, including elite professionals, as well as the rewards and challenges of engaging in research. Then we inaugurate the “Fascia Insights” column, which will look to contributions to our understanding of fascia, particularly understanding that comes from research and what the implications are for our practice. In this issue, Eric Jacobson looks to the research done by Helene Langevin and her colleagues on the effects of stretching fascia.

The meat of this issue is our theme on the Rolfing ‘Ten Series’ (aka the ‘Recipe’) – the ten-session series of SI that Ida Rolf designed to create a new baseline of alignment in gravity. This topic has been discussed many times over the years (one benchmark article that comes to mind is Monica Caspari’s “The Functional Rationale of the Recipe,” Structural Integration: The Journal of the Rolf Institute®, March 2005; available here: https://bit.ly/2SH6naY), yet Rolf created such a beautiful progression that there is still much to be extracted, contemplated, and utilized. So much that in this issue we present Part 1, to be followed up with further articles in the June issue.

In our training we learn a modern version of the Recipe, yet there are antecedents to this if we look into its history and evolution. Szaja Gottlieb, Jeff Linn, Linda Grace, and I all discuss aspects of the early ten-session series as it was presented in a 1955 class and documented in notes attributed to Byron Gentry. Although copies of these notes have made their way around our community, our wish is for them to be available to all Rolfers™. In the ‘Gentry Notes’ we see that Rolf already had the idea of ten sessions, but had yet to finalize their content and progression. We follow the presentation and discussion of the Gentry Notes with Jan Sultan’s exegesis of the Recipe as he learned it from Rolf, shared with his colleague Ellen Freed along with his own contributions and matured understanding from decades of practice and teaching.

We then consider some of the ‘underpinnings’ of the Ten Series. Ray McCall discusses the ‘triplets’ that interweave and overlap and give the Series an inherent order and logic while also giving greater depth and nuance to how to practice the work. This is followed by Robert Toporek sharing a ‘bigger context’ for the Series based on both the evolutionary perspective Rolf was dedicated to, as well as how Rolf’s commitment to Rolfing SI for babies and children led to his own life focus of multigenerational work.

Last, we look at both teaching and practicing the Ten Series, and hear from Rolfing faculty, a newer Roler, and seasoned practitioners.

In the Perspectives section, we have three threads. First, on the topic of origins, we hear from Michael Salveson, who clearly outlines what we do know about the origin of Rolfing SI, grounded in the physical, as well as what we know about Rolf’s interest in the ‘spiritual’ or ‘energetic’ which contributes a dimension to our work. (This material is also the topic of Runa Gustaffson’s Letter to the Editor, which is really a letter to our community, and a call for us to document and archive more of our early knowledge while we still have key lineage holders active in our work.) Both Salveson in his article and Gustaffson in her letter point to what we do and do not know about the origins of Rolfing SI, what we do and do not know about Rolf’s other interests, and the importance of documenting our history.

We next enter the ninja world with Tsuguo Hirata, who shares how studying with a ninja master has influenced his thinking about body alignment and his experience of fluidity in his own body. He shares with us three exercises to put the material into exploration and practice.

We close with tributes to Rosemary Feitis and Vivian Jaye, who both passed in 2018. You may have heard the name Rosemary Feitis, or seen it on a book cover, but that does little to indicate the vast service she did for our community and the work of Rolfing SI. Feitis started out as Rolf’s secretary but became – in a sense – her impresario. She ran the early trainings and a ‘proto-institute’ out of her station wagon; took dictation of the material that would become Rolf’s first book, Rolfing: The Integration of Human Structures; culled a second book, Ida Rolf Talks About Rolfing and Physical Reality, out of transcripts of a training; and capped her Rolf documentation with Remembering Ida Rolf, a third book, edited with Louis Schultz, that collected stories of Rolf from the various first-generation students of Rolfing SI. This is just her direct service to our work. She also wrote The Endless Web with Schultz, practiced Rolfing SI, and became an osteopath and homeopath. I wonder how the work and teaching of Rolfing SI would have developed without these keystone contributions?

Vivian Jaye was a luminary for her crucial role in the evolution of the Rolf Movement® work. She trained with some of the early movement teachers in 1979, and then became a teacher in her own right, active until the early 2000s. Together with her co-originator and co-teacher Jane Harrington, Vivian developed and shaped the movement work into a body of knowledge that formed the curriculum of the first Rolf Movement certification trainings. With this development, movement was no longer a sideline for one segment of the community but was brought to coequal status, and brought into all of the structural trainings. Because of this, an increasing number of practitioners co-train in both disciplines, most notably the Brazilian training model that fully interweaves structure and function, manipulation and movement. Vivian famously said, “The way you walk across a room is the way you walk through life.” Vivian’s walk through life changed our work and the Rolfing world, and those of us who met her personally were gifted by the impact of her presence on our lives.
Letter to the Editor

Truth and Not Truth about the Origin of Rolfing® SI

In the article “The Energetic Foundations of SI: An Origin Story” (Schrei 2017), the author Bob Schrei claims that he heard from senior Rolfers™ that Dr. Ida Rolf channeled the ‘Recipe’ of Rolfing® Structural Integration (SI) from an ancient source in Egypt.

Reading Schrei’s article, I was surprised by what the author is proposing and by the lack of clear references to support his claims. I was also surprised that the editorial group of the Journal had published the article with no clear references to substantiate Schrei’s claims. The editorial group should have asked for verifiable references. This should have been done prior to publication. Any professional journal should keep a minimum standard for accuracy when publishing articles.

After reading the article, I wondered what is clear and not clear, truth, and not truth?

Soon after, I met Michael Salveson, and asked him whether Rolf talked about the origin of the work coming from ancient Egypt and through channeling. He answered: “Absolutely not!”

What Schrei claims here about the origin of the Rolfing work and its evolution is a serious issue. The article can be potentially harmful for the Rolfing community and for future scientific research on Rolfing SI. Schrei’s assertion that the origins of Rolfing SI were channeled to Rolf needs to be questioned in open discussion.

In the article the author refers to Rolfing students and faculty members without naming them. Schrei uses six references for this origin story version and they are all anonymous. Thus he is using six anonymous references to verify his claim.

Schrei begins with a description of a conversation with a new client who had received Rolfing sessions from Rolf. This woman remembered that “Dr. Rolf talked at great length about how the work she was doing was channeled information from ancient Egypt – that it did not come from her as a scientist.”

According to this woman, Rolf had told the same story to her mother and her mother's friends.

Some months after this meeting with the client, an Advanced Rolfing Instructor was the keynote speaker at the IASI conference in 2010 and Schrei told him one night about this story to see what he would say. Schrei describes how the Rolfing instructor laughed and said: “She told all of us that story! She would tell that to everyone who would listen! . . . We all just laughed at her!” Schrei does not mention who this Rolfing instructor was. Why not?

Schrei also refers to three other faculty members who told him they had been in classes with Rolf where she told this origin story. There is a reference to one of Rolf’s original students sharing a quote in which Rolf says that Rolfing SI “falls under shamanism.” It is unclear to me why the author uses this quote and how shamanism is related to ancient Egypt. It is unclear whom Rolf was communicating with, and also what she meant by shamanic work. What was shamanic work for her? It would have been meaningful and useful to deepen and clarify what she meant.

Schrei describes how in his auditing phase of training Jan Sultan compared the Ten Series to “ritual.” It is unclear to me how the author correlates this description of the Series as a ritual to ancient Egypt and energetic work. Schrei also mentions that one of the original Rolfing teachers said to him that Rolf had told the teacher that “not only was the work ‘channeled’ information, but also that the Ten Series had been “an initiation process in an Egyptian mystery school.” This teacher mentioned is anonymous.

There is one clear reference in the article related to this origin version when Schrei refers to a document from Peter Melchior, where he had written a note that Ida Rolf said that Rolfing work is at least 3,000 years old. If there is such a document, why is it not official and officially published for the Rolfing community? Could it be studied for validation and verification?

Schrei asserts that Rolf’s students have created an alternative story of structural integration, and that we deceive ourselves. Schrei concludes “there is more than adequate evidence that this story has at least some truth to it, as much as the more public narratives that have also become the context that many practitioners work within.” He suggests there is an energetic perspective that is the foundation of this work, and that the answer to this lies clearly in this “origin story.”

Schrei seems to bridge between the story of Rolfing work coming from ancient Egypt through channeling and energetic work, and he thinks there would be a “potent mix” for Rolfers to offer if we opened
ourselves to energetic and spiritual work. He is clearly critical of the status quo in our community. The language Schrei uses around “energy” in the article I interpret as a reflection of his personal and spiritual views, and preferences. I myself only know that there are a number of traditions and theories on energy from various parts of the world. Rolf’s talks on energy patterns I appreciate, and find essential. However, her words on energy patterns do not naturally affirm that they come solely from ancient Egypt.

It is essential that we look closely at the statements, concepts, testimonies, and study how we interpret various assertions. We need to look at the reliability of the messenger, and be able to validate the content of the message/statement. What does the messenger mean? How did the person come to a certain conclusion and understanding? What is the background of the messenger, and are there interests and biases involved? This both open-minded and critical approach applies to all statements and testimonies, including the client Schrei met.

An inherently open-minded and critical approach is a foundation for the process of studying and learning. An example of that related to ancient Egypt is in *Ida Rolf Talks about Rolfing and Physical Reality* (Rolf 1978, 56), when Rolf expressed: “There are several ideas of balance in the world. We are defining one that has not been brought forth over several centuries. I think it may have been known in the days of the Egyptians. I think it is what their papyri say.” Reading these words, I perceive an open attitude and inquiry and fascination for various theories and traditions in our founder.

In the article “Integrated Body Structure and the Conception of Human Beings in the Art of Ancient Egypt,” written by Hans Georg Brecklinghaus (1998, 39), the author discloses “There were sages and physicians that had a lot of knowledge and skills in massage, treating subluxations, restoring the tonus of the pelvic diaphragm after delivery and so on. But nevertheless, those medical papyri which are preserved cannot prove the assumption of an existing theoretical knowledge about the eminent role of fascia as an organ of structure.” Andreas Dorn, a professor at the Department of Archaeology and Ancient History, Egyptology at the Uppsala University, confirms that there is no evidence of connective tissue manipulation in the ancient Egyptian medical texts. However, Dorn explains how the word *haw* is “attested as a general designation for tissue of skin and muscles. A certain knowledge about connective tissue should existed based on the mummification processes which gave them the chance to see all the elements of a body” (Dorn 2018).

There is no doubt the Egyptians were highly skilled in medicine. For instance, they were knowledgeable in herbal medicine and they did surgeries. The medical journal *The Lancet* published an interesting article on medicine in ancient Egypt (David 2008). Michael Salveson, who disclaims that Rolf said that the origin of the Rolfing work was channeled from ancient Egypt, shared with me that Rolf could talk about Egyptian art and sculpture, inquiring and describing the way they were portrayed, balanced postures and movements. Brecklinghaus (2002, 123-126) points out that artists in ancient Egypt observed body shape and characteristic movement patterns very precisely and “it has been proven that the people of Egypt used economical movement patterns.”

In an interview with Jan Sultan entitled “Journeyman” (Jiménez and Sultan 2016, 12), Sultan mentions how Rolf often alluded to ancient Egypt and that “she had some sort of leap of inspiration or insight that this work might have been used as part of the initiation of temple acolytes in ancient Egypt.” He also describes that she did not want her interest in the metaphysical to be in the way of her Rolfing work and its evolution. Thus, she did not want her personal spiritual interest to be in the foreground of her Rolfing integration work process. Her spiritual beliefs were to be private.

In our investigation we also need to bear in mind the historical context Rolf lived in. A century ago there was the emergence of popular vitalistic theories, the evolution of Theosophy, interests in other spiritual theories and traditions, and various ideas about the evolution of consciousness, as well as attraction to or fascination with spiritualism. There was the arising of the suffragettes in the political field. Albert Einstein’s discovery of general relativity and thoughts on gravitation generated a reputation equivalent to stardom. I wonder how the discovery in 1922 of the pharaoh Tutankhamun’s tomb, which sparkled a renewed worldwide public interest in ancient Egypt, affected and influenced Rolf in her interest in and curiosity about ancient Egypt? Thus, how did the general historical context she grew up with and lived in influence her in her life and in her work?

The Wikipedia entry on Ida Rolf is short and weak; the more positive aspects are about her early academic work at Columbia University and the Rockefeller Institute. Her studies in yoga are mentioned, and the section on her invention and development of Rolfing SI is brief.

It is unfortunate that the preciousness of Rolf’s work and of the power of her being the founder of Rolfing SI is so little known. There is a need for a broader and deeper knowledge of the work and its history. Imagine that someone in 100 years wants to do research studies on the evolution of the Rolfing work and finds this article by Bob Schrei in an archive? How does s/he understand this article? What is truth and what not truth?
Ida Rolf and An Origin Story Project

In 2019 it is forty years since Ida Rolf died. I believe it is essential, necessary, and deeply valuable that the global Rolfing community now create a project for collecting facts about Rolf. It should be an in-depth investigation on her life and work.

There are people still alive who were around her when she was alive. Our original and senior teachers, students, family, relatives, clients, others who attended her trainings and went on in other directions. Such an enterprise should deepen our understanding into various important concepts and ideas within the Rolfing SI work. How did they arise and develop? What influenced Rolf and how did she think about the topics she studied? What were the perceptions of her personality and of her as a teacher? How did Rolfing work begin and evolve? What were her techniques, teaching modalities, etc.? (Included within this her interests in ancient Egypt would be explored and described.)

I thoroughly appreciate the various interviews with teachers and faculty members that have been published in this Journal, and they will be important to include in this collection of data as will our body of research knowledge on Rolfing work. Those who today individually write and do research about Rolfing SI and various Rolfing-related themes are deeply appreciated and would be essential complements to this project. The project on the Origin Story of Rolfing SI that I am suggesting would go deep and the materials collected would be classified, categorized and analysed to create a useful (digital?) archive.

Let our senior members who met Rolf and were around her freely share their experiences, impressions, understandings, and perspectives and let these be documented as a body of raw data collection to be kept in safe archives. They should be filmed and recorded and these transcribed. These documents would be for us to study and understand our history but also for future research. Hopefully a writer – maybe a historian? – will wish to write a biography of Ida Rolf, and the history of Rolfing SI.

These in-depth interviews focusing on definitions and clarifications would also get information about the interviewees themselves and their own paths, their evolutions and thoughts about how Rolfing SI developed after Rolf's death. Thus, the project would collect data on the evolution of Rolfing SI and about the first generation of teachers, practitioners, and students.

Such a project needs to start now or in the very near future – before it is too late.

May this happen. May we professional Rolfers contribute to this by each one donating to this enterprise. It is a tribute to Ida Rolf, a contribution to her and ourselves and for future generations.

-Runa Gustafsson
Certified Advanced Rolfer™

References


Dorn, A. 2018. Private communications with this professor at the Department of Archaeology and Ancient History, Egyptology, Uppsala University, Sweden. By phone and mail, September and November 2018.


We are not doing massage, we are going to learn to pull a body apart and then we are going to learn to rebuild it.

Dr. Ida Rolf, Founder
Ask the Faculty

Working with and Teaching the Ten Series

ABSTRACT  Ida Rolf transmitted her work of Rolfing® Structural Integration (SI) largely through a ten-session series known both as the Ten Series and the ‘Recipe’. It is the core of the Basic Training at the Dr Ida Rolf Institute® (DIRI), as well as a primary vehicle used by most Rolfers™ through years of private practice. In this column, DIRI faculty discuss both practicing and teaching the Ten Series.

Q: In the Ten Series (the ten-session series or ‘Recipe’), Ida Rolf created both a pedagogy for Rolfing SI and a template for taking SI into clinical practice. Please share your thoughts on the Ten Series as both a practitioner and an instructor. Do you use the Series strictly? Do you adapt it? Are you a heretic? What do you see as its beauties and its limitations? How do you guide students in decoding all the Series has to offer?

Salveson and Jeff Maitland, we were exposed to the nonformalistic approach: recipes disappeared and the Principles of Intervention emerged. That was a very challenging and instructive time where I was experimenting with how to strategize sessions based on body reading and speculative images. Where do I start? What do I do next? When am I finished? On good days, cortical thinking and intuition were working together; other times they were fighting each other . . .

Then Hubert Godard brought in a very convincing explanation of why we do what we do, for instance, why we work the hamstrings in the first session of the Ten Series. The body’s relationship with gravity is the fulcrum of the whole process of the Ten Series. Hubert’s tonic function theory reveals the ‘gravity project’ for the client. The different strategies that people adopt to live in gravity are in the foreground of the Rolfing playground. The questions of “How does this person stand and walk and breathe according (or not according) to gravity?” and “How does fascial organization support that project?” are the basic questions to be asked and eventually answered through the work. Our task as Rolfers is to ease that relationship with gravity, facilitate it, finding options to recognize and remove lesion and inhibitions. From this perspective, the ten sessions offer a clear, logical, safe container where client and Rolfer can explore habits and functions.

I find that the Ten Series, with its goals and territories, is a very smart method to transfer the knowledge of Rolfing SI in its great variety of techniques, philosophy, art, and science.
In my personal journey through the Rolfing world, at a certain point I was invited to assist at a Basic Training. The Godard approach was very helpful for me in explaining to students why we do what we do in our practice. The question, “How do we do what we do?” was relatively clear thanks to my practice as Rolfer, but the question, “Why do we do what we do?” is more complex the moment we discover that the Ten Series is not a ritual to be followed hour by hour.

During the project of training new Rolfers, I find that the Ten Series, with its goals and territories, is a very smart method to transfer the knowledge of Rolfing SI in its great variety of techniques, philosophy, art, and science. The Series give us a track to learn and explore. Through the session-by-session body reading, the various interventions, and evaluation of the results, we can embody, understand, and teach how to read bodies and people and work with them through the very smooth progression the Series provides, journeying from sleeve to core to integrating.

In my private practice I use all of the tools in my toolbox. I use the Ten Series process with some, and with those who are not available to engage to that extent or come with a very specific need I use a more goal-oriented mini-series of interventions. (Those clients look to Rolfing SI to fix their symptoms, so they come and go whenever they need help.) To me, being ‘client-oriented’ means meeting the client; so if my client needs some fixing intervention, this is what I do, without losing my Rolfing/gravity-related/holistic approach.

Jörg Ahrend-Löns
Rolfing Instructor
It seems so simple – to put a whole world of ‘fascia-nating’ theory and ideas into a practical frame of ten sessions – and how complex it is if you really go into it! And how genius it is to relate simplicity with the complexity of the human body in gravity in such a way that generations of Rolfers are still using it. Why? Because the ten-session series gives orientation and structure on the one hand, and enough freedom to develop and express the individual capabilities of each practitioner on the other.

The frame is simple – a three-dimensional body in gravity – up-down, front-back, side-to-side, and superficial and deep. The ground on the bottom, the space above – air to breath, legs to walk. Gravity. Simple. And the ability to sense, to feel with your hands and your body in gravity – creating relationship with the one you work with.

I remember Peter Melchior, in the auditing phase of my Basic Training back in 1990, expressing his perspective that he was a craftsman. It resonated in my body, and still does – this specific connection of living conditions (humankind in gravity) and art. I very often perceive this connection as a dance.

The freedom of the ten-session series allows helpful perspectives of understanding movement and its coordination, fascial anatomy and physiology, and even psychobiological phenomena. It remains the umbrella under which we integrate structure. The ‘ingredients’ remain – the Recipe as well – but the ‘dish’ is new every day!

Thomas Walker
Rolfing Instructor
Tom Wing was one of my teachers in my Basic Training in 1987. I was living in Boulder at the time, as was Tom, and I was so excited about what I was learning that at the end of my training I asked Tom if we could have lunch and talk about Rolfing SI. He, in his very kind way, said, “Practice the ‘Recipe’ for five years and then I’ll have lunch with you.” I regret that Tom and I never have had that lunch. Tom was advising me to practice the Ten-Series Recipe and keep on doing so. I agree with his advice. In my experience, the Recipe fundamentals will lead you to a depth that we cannot understand when we first begin our practices. It can only be revealed through experience and observation.

The ‘Recipe’ fundamentals will lead you to a depth that we cannot understand when we first begin our practices. It can only be revealed through experience and observation. I did keep practicing the Recipe. I learned that there was much more to it than balancing the arches or being sure every part to the territory was touched. The essence of our work is hard to understand with only the Basic Training ‘under one’s belt’. The Recipe is amazing. It unfailingly creates change, it teaches us about connections, and it is a lifelong path that acts as a midline guide for our work. The things the Recipe has taught me are profound. From it I have learned that fascia is a big deal, that integration is essential, that table work is anchored by movement. I have learned what a normal (‘optimal’) body looks, moves, and feels like, and to never underestimate the value of support; recognizing how order and grounding in the legs can have a dramatic effect above. The Recipe provides me with a reliable tool to organize my work enhancing my client’s function, and it has taught me to ‘see’ movement, structure, and compensations.

I think of Rolfing SI not as a technique, but as a point of view. That point of view is that humans function optimally in a balanced relationship between polarities like heaven and earth, grounding and buoyancy. In order to help the body maintain this balance, my job is to follow the wisdom I have gained over decades by traveling along the stepping stones of the Recipe. The Recipe helps beginners decide ‘what to do first, what to do next, and when they are done’. Every time I have taught a Basic Training, I developed a deeper appreciation of the Ten Series. I have often wondered if the Recipe was divinely inspired.

However, like any Recipe there are substitutions that can be used which still make the same casserole, but with rice instead of noodles. Now, I very seldom do a classic Ten Series. However, I always know where I am in relation to it. I have
learned enough in thirty-two years that I don’t need to impose a fixed process on a random body. Using the lessons from the Recipe and the Rolfing Principles of Intervention, I can work with my clients in an individual way. The Recipe is like a midline that organizes the way I think and proceed toward session goals. There are times, however, when a client is so disorganized that I just start a classic Ten Series because I can’t see a better way to start. Once I get into the Series, I may vary from it and begin adapting to my client’s needs and accommodating the ability of his/her body to shift.

That said, I have continued learning all I can about how to organize bodies and help people to be more comfortable and functional. Rolfing SI has deep roots in osteopathy. Because of this, I look to the traditional osteopathic profession for inspiration and guidance. Over the past twenty years my studies of osteopathy have provided me with key information that has enriched my work and my teaching. Rolfing SI’s emphasis upon fascia comes directly from the founder of osteopathy, A.T. Still. Dr. Rolf studied with osteopaths and was in several cranial classes taught by Dr. Sutherland.

One of the key aspects I have gleaned from the traditional osteopathic writings is Dr. Sutherland’s statement that fascia and fluids constitute a seamless continuum throughout the body. One of the principles of the osteopathic biodynamic model of craniosacral therapy is that fluid movements in the embryo direct and organize the emerging body. This organizing function is still active in the adult as our ‘inherent healing’ aspect, which maintains us and keeps our systems in balance throughout our lives. This organizing function is manifested through fluid movements, and these various movements can be considered the movements of life.

I’m very anatomy oriented, but now, because I have learned to modulate my touch, I’m able to work with fascia as a fluid medium (as the fluid body). When I touch, I put anatomy in the background and address the fluid body. I now look for continuity of form, shape, proportion, and flow more than following a one to ten ‘to-do’ list for addressing pieces and territories of anatomy. If it looks like enhancing support will enhance continuity of form, and if my assessments confirm this, I am likely to start with balancing the legs, a combination of sessions two and four, and make sure there is adaptability above.

My study of osteopathy has also given me the perception of ‘wholeness’ as an experience instead of a concept. I have learned that the organizing function of wholeness continuously reorders the body through the function of inherent health. We, as practitioners, can synchronize with this function to increase our ability to reorganize our client’s bodies.

I have learned to perceive the body as a unified whole and to support and augment its self-organizing potential. Having experienced the tremendous shifts that occur from following the lead of the inherent health of the system, and trusting that it will only guide me toward a higher level of organization, it becomes much harder to impose a structure, even one as successful and elegant as the Recipe, onto a body that clearly has a wise and different priority.

Recent fascial research suggests that many of the ways Rolfing SI has been taught and practiced for decades are less effective than working more superficially, slowly, and with attention to fluid dynamics. It is just this kind of touch that allows our hands to listen to the body and that allows us to have a direct interaction with the fluids and the very fluid fascia. It is this quality of touch that allows a more expansive response to our interventions with our clients. By working at an apparently superficial level in the torso, I may end up affecting the ribs, pleura, mediastinum, diaphragm, and twelfth rib.

Shape, proportion and flow are enhanced with this kind of listening touch. Many more pieces of anatomy are connected and reintegrated into the ‘whole’ if I do not limit my thinking and touch to pieces. I sense for qualities like flow, proportion, and balance. I want to see grace in movement and proportion and spaciousness in form. These experiences make it harder to be confined by adherence to the Recipe.

I use the principles, fundamentals, and touch skills of biodynamics to work anywhere on the body to help manifest the goals of Rolfing SI. Much of what I do is informed by the Recipe. The biggest difference is how I use my hands and thinking of the body as more fluid. Working with the fluid body requires a very different touch.

I can trust the inherent health of my client’s system to determine the highest priority for his/her health in any given moment. I am able to be guided by the priorities of the client and use Rolfing principles and the Recipe as a frame. The Principles of Intervention guide my sessions, especially palintonicity/spaciousness, adaptability/balance, and support/ground. I add to these the importance of fluid flows, inherent motion, and connection.

I encourage practitioners to stay with the fundamentals of their work as Rolfers and learn to modulate and expand their touch skills. This can lead to perceiving self-organizing aspects of the body that are bigger and more inclusive of all aspects of our beings.

Raquel Motta
Rolfing and Rolf Movement Instructor
When I learned the Ten Series twenty-three years ago, I did not leave Basic Training understanding that the Series is a powerful tool to teach me how to think. I finished my training submerged in emotional content and wondering how touching the body in this particular way could wake up hidden emotions. The next step was working with the Series in my practice, and realizing how reliable it was: stick to the territory and framework of the Series and organization happens, even though I sometimes did not have a clear idea how it happened.

In time, I saw how much the way in which the sessions are organized gives the physical body the opportunity to clean out ‘emotional stuff’. I have been learning how much the ‘stuff’ impedes us from being in the present moment and enjoying physical reality. When I became a teacher and had to deal with emotional and mental dynamics in class, I started to see how much anatomy – the ‘territories’ – is our guiding star, and how much order can emerge from the organization suggested in the Series.

Nowadays in my office I always do the Ten Series with new clients and with clients who are considering training in Rolfing SI. Sometimes I exchange a Ten Series with a colleague so I can visit the territories and deepen my understanding. Many times I do not do the Ten Series, but I still see it present as a way of thinking that comes forth in my approach.

For me, the Ten Series is a brilliant way to focus students’ attention on particular territory so that they can learn from that.
For example, in session two, the Recipe calls for us to work the anterior aspect of the leg even if the client has shortening in the posterior aspect. Staying in the front and exploring that allows students to discover how much work there is to differentiate the front components, what the relationship is between the front and the lateral aspect of the leg, and how much we are already affecting the posterior aspect by working at the medial aspect of the tibia. This reveals to me that what we may call ‘limitations’ in the Series are actually expansions in our ability to evoke order in the human structure.

Sally Klemm
Basic and Advanced Rolfing Instructor
My thoughts on the Ten Series are essentially relational. In some ways the Series stands as my longest and most committed relationship yet! And as in any ongoing relationship; it takes on different qualities, emphasis, and nuance depending on where and with whom it occurs.

As a practitioner, the Series is ever at the background of my thinking, seeing, and strategizing for each client session. Armed with the Principles of Intervention, the taxons, and structural elements; I give myself the leeway to adapt the goals of the Series’ sessions and strategize my interventions to the particular needs of the client.

As an instructor, my thoughts tend toward the training level, specific to whether I’m instructing a Phase II or Phase III of a Basic Training, an Intermediate (CE) class, or Advanced Training. In the mid 90s when I initially embarked on teaching the Ten Series my approach was considered heretical in that I included inherent motion, movement explorations, and awareness (or presence) considerations before they were considered relevant to the Ten Series. Primarily, in my work as an instructor I encourage students to establish a relationship with the Series rather than be exclusively focused on the goals of the ten sessions. It’s an ongoing relationship that will continue to grow, deepen, and develop over time.

The relationship to the Ten Series occurs on more than one level as early as Phase II: there’s the first Series the student delivers as a practitioner; there’s the second (or so) Series he experiences from a classmate; and there’s the Series observed during Instructor demonstrations. In Phase II I sense the students’ trust in their relationship to the process that allows them to proceed toward an end they have yet to experience; whether in their hands, in themselves, or with each other. I see my task as guiding them through the ten-step terrain in such a way that they will safely make their way through this uncharted territory with confidence and care. During Phase III the level of relationship to the Series opens up to include not only the work explored as practitioners with their ten-session, ten-plus-three, and post-ten clients, but those performed by their classmates as well. In Basic Trainings I adhere more strictly to the Series, particularly during a Phase II class, slightly less so in Phase III.

Intermediate training provides a chance to deepen the relationship by delving further into the inevitable areas of uncertainty. For some, it’s a question of becoming more grounded in the anatomy, clarifying the mystery of a particular session, or the question of how groups of sessions fit together. For others it might entail getting back together in community with colleagues, allowing for fresh feedback, and new input.

In Advanced Trainings, the Series is the launching pad from which we blast off and ‘level up’ to less formulistic considerations of the multidimensional being.

The beauty of the Ten Series is that it accompanies us across the spectrum wherever we go in our life journey. We begin with breath, and respiration awareness provides the continuity throughout the Series: the systematic uncovering and unleashing of the inherent wisdom of the body. The major limitation of the Series is the fact that it cannot be done all at once; it’s limited in time and space as is the clients’ ability to incorporate the work.

In the greater context of their lives, our clients are with us for a very brief time, only ten to fifteen hours for an average Ten Series. It is also limited by the attention span of the client and the challenge of how to embody and incorporate the Series into daily life. And, of course, there’s the limitation of my own ability to deliver through the Series as well. Clients and practitioners alike need gradual and incremental time and experience to reveal the potential and capacity for change and transformation inherent within the Series.
Russell Stolzoff talks with Brad Jones about their collaboration in research on structural integration (SI) for soccer players, their love of working with athletes, and their curiosity about the role embodiment plays in sports performance.

Russell Stolzoff:
Hi Brad! Thanks for taking the time to have this conversation. Let’s start with the study we did at Western Washington University, where we collaborated with researchers to see the effect of the Rolfing SI, particularly the Ten Series, on soccer players. We were both initially surprised with some of the results, or you might say a lack thereof, when the study looked at a particular metric related to the ankle joint. Do you know that we went back later and analyzed the photographic data, looking at posture and shoulder tilt, and that gave a significant result?

Brad Jones:
Yes, I saw that in the poster you took to the Fascia Research Congress (FRC). RS: Exactly. We went back to the photographic data because we were so impressed with what we saw as obvious changes. It was hard at first to believe our ankle measurements didn’t pan out, so we made measurements based on bony landmarks and saw that there was a significant shift in lateral tilt of the shoulders and anteroposterior spine angle, and that’s the research we presented at the FRC in Berlin (see “Rolfing SI and Sports: Structural Integration 10-Series Effects on Balance and Postural Alignment in Soccer Players” in the December 2018 issue of this Journal.)

BJ: I do remember us talking a lot about the positive anecdotes coming from the clients in the study. It was a big surprise when those initial measurements didn’t turn out to be significant. I remember one guy and one girl in particular just talking about their ability to kick the ball more squarely on their foot, being able to kick better with their non-dominant leg. I also remember a number of comments about fluidity and being able to start and stop more easily while running. So many positive things! There were a number of people [subjects in the study] who had some sort of an injury going on too. A majority of them had their issues resolve during the Ten Series, chronic issues that had been going on for a long period of time. So, that’s why I was so excited and thought, this is working great, the results are going to be off the charts.

[We later learned that] with an initial research attempt it’s not unusual to choose measurements that end up not rising to the degree of significance that is required. But I guess that’s the risk of doing a study. With my regular clients, I hear a lot of similarly positive stories, and yet, there’s not a measurement being used to evaluate the efficacy of the treatment. In the end, it really is about their experience with their sport, or in life. As far as ‘athletes’ go, you
know, if someone's making money turning a wrench, or playing a musical instrument, to me they're a type of professional athlete.

RS: Right! Everybody has to use their body to make a living. A number of years ago I invented a category I call 'industrial athlete' – people who rely on their body more directly to earn their living: carpenters, tree climbers, musicians.

BJ: It's good for our notoriety if we can point to certain kinds of performance things, if people who are prominent are willing to talk about how Rolfing SI helps them, then it helps us be known for what we do. Like what you've done with Seattle Seahawks, Russell. It's definitely very rewarding as a practitioner to work with professional athletes, and be able to watch them, and then hear them tell you they're doing better. When you go see them perform, and see the things they are talking about, there's something very rewarding about that.

RS: Yes! And to see that you made a difference for them and they're using Rolfing SI to improve their performance in particular ways they can point to. Then you know Rolfing is helping them to perform and stay in the game. This goes beyond the very important aspect of recovering from problems or injuries: the focus on improving performance adds a little more. It puts a finer point on the results that they get from Rolfing sessions. It's not only that the backache has cleared up. Don't get me wrong, that's a definite win. But when but you work with somebody whose job depends on being able to use their body to perform better, and now they're able to do it better, and they can feel it . . . well, that has a different kind of a reward.

BJ: It sure does for me! [We all] hear from clients who've been to a lot of different practitioners: when they feel the way a Rolfer touches, it's immediate, and they know it's different. And the results speak for themselves. Athletes, especially the professional athletes, have often been to a lot of practitioners. So, if they end up with a Rolfer and they stick with it, and most of them do, it's obviously doing something different than other modalities. So when a professional athlete gives a testimonial, or speaks highly of Rolfing to his or her peers, you have to remember that they've tried so many things, they have access to a lot, and they're choosing to come see a Rolfer.

RS: You're right, I think it speaks highly. It's also makes me think about the challenges in reaching them, because word-of-mouth referrals seems to be how athletes find out about Rolfing SI. Up here in Bellingham [Washington State] there aren't too many professional athletes, so the challenge of reaching them is an interesting topic. It's something that people ask me about all the time and I often don't know how to tell them how to do it, because it has to start somewhere and grow organically. It has to be based on the value and the results you bring to your clients. Then they have to want to tell the next person to give you a try, and just like with all of our clients, it's not always a hit.

BJ: It is a total word-of-mouth thing. I remember when I was in Seattle and wanted to work with professional athletes. I wasn't sure how to make that happen. I wrote some letters and got nowhere, and it wasn't until a couple of years later that it started to happen via connections through clients that knew athletes. Maybe they were the portfolio manager for somebody, or they did some sort of work for the Sonics or the Seattle Storm or the Mariners. Sometimes, and I don't know if you experience this, I had to sign non-disclosures that said that I would not talk about working with them.

RS: No, I never encountered that.

BJ: What I was told, and this was with the Mariners specifically, was that players would get in trouble for going outside the system of what the Mariners provided.

RS: Okay, that makes sense. So the player himself asked you to sign it?

BJ: Yes, just agreeing that I wouldn't disclose that I was working with him.

RS: You can't really talk about your work anyway, due to confidentiality, right?

BJ: Yes, I think they were just covering their butts. I remember that I was a little concerned, so I had a lawyer look at it. I was worried that I would be on the hook if they got hurt and somehow said it was because of me. But, it was more them looking to make sure I would not talk about [working with them].

RS: I've heard of the situation where the team won't let players get treated outside of what the team provides but, nevertheless, it's happening all the time. I was exposed to it when I went out to Detroit to work with the Lions, and it was the same thing here in Seattle. I call it an 'informal economy', where the players don't get all the things that they need from inside the team environment. Even though some teams will bring in a massage therapist as kind of a courtesy, or something like that, there remains a big need for the work we do.

BJ: Would that be on-site at the facility?

RS: No, I would go to a player's home and they would get their teammates to come there. I guess what I'm saying is what we do hasn't really infiltrated into the team environment. I did meet a very accomplished neuromuscular therapist at the FRC who had a lot of experience working inside and outside team environments. He told me there was always a lot more control over how he practiced when he worked inside the team environment. So, even though I tried to make connections with teams, and would have liked to be a part of a situation where Rolfing SI was represented inside the team, at least I've been able to work according to our methodology and see its value to athletes who perform at the highest level. I'm a team player, and I love to collaborate, so I continue to think it would be a cool thing to be a part of.

BJ: I think there's a lot of ego with some of the trainers that work for these teams. If an athlete is seeing someone outside the team environment, they would probably question the methodology, or the treatment itself, or why an athlete would need to go outside of what is already being provided.

RS: Listening to you makes me wonder. What do you think we have to offer that is different? I have some thoughts about it, so I'll say a bit. I think there is something about the Rolfing perspective that is unique in a systemic way. Our approach is qualitatively different. Say someone comes in with a problem around a certain joint; a ‘treatment’ approach [in most modalities] focuses mainly around that joint, or maybe one segment away. The effectiveness of a targeted treatment can be limited if aspects of the larger, whole-body pattern are playing into the problem. So, I think part of the power of Rolfing is the way we work on the body as a whole, and the Ten Series is a kind of symbol for that systemic way of working. What do you think makes our work different and brings value to athletes that's different from what they can find in other types of practice, modalities or practitioners?

BJ: What jumps in my mind is something that happens in every session of the Ten Series. It's the way that we work and we touch; I think there's something about that that makes people – athletes, everyone
Detail and the global, being able to do both.

I like that distinction. Most athletes really like that. Often, they've been told a lot of very specific things about their bodies, and have had those things described to them as being part of their problem. For example, something is rotated. So, they like it when we can look at a joint and say it's out of balance in this way or that, and we're going to balance it. And then they can feel that change as well. So, there's a level of detail that we can work with, and we can explain what we're doing. A lot of athletes really like that.

So those are two very different perspectives. One is very global and the other is very specific. But that's the nature of the work too, and I think most Rolfers know that difference, when they're working specifically and when they're working globally.

The type of change in the way athletes think about their bodies is huge. This is more like software changes that happen. A switch flips and they realize that, hey, maybe it's not just that my foot hurts, maybe the problem also exists somewhere else, and that this type of work really exposes that kind of dynamic. They feel the change, and since most athletes are so empowered, you know they'll own the work — they'll take it in and run with it, and continue that session on their own.

RS: I think that's an awesome way to describe it! I like that distinction, both the detail and the global, being able to do both.

BJ: With the global piece, some athletes already get that, but I find that most don't. When you can balance it out with the specificity — because that's usually in their belief system — that's really important.

RS: It's like first going right to the thing that bothers them, because that is where their focus is, and it's what's bringing them in. I think it's important for people in general, not only athletes, to not be too global when someone's very focused on something local that bothers them.

BJ: Yeah, you have to work with people differently and then you just start exposing them to some different ideas. Different concepts.

RS: That's a huge part, the way you talk about it to people.

BJ: I think with athletes especially, just listening to them and trying to figure out what motivates them, what their goals are, is extremely important. I do feel like there has to be some explanation of what we're doing and how that's meeting their goals, how it's going to impact their performance.

RS: Are you analyzing what's happened and telling them what you see? What's the balance between what you're noticing and what they're noticing, and how do you tie it together? How do you essentially make it a shared perception?

BJ: Again, it's like the standard answer for Rolfing SI, I think it depends, but you have to make it theirs, they have to own it. If, for example, you're going to explain how they could move better, then they not only have to be able to feel what you mean, but it has to make sense to them in terms of their sport. I have to backtrack a little bit to say you also have to be careful with athletes: if you don't play that sport, then you can't all of a sudden pretend you are an expert in it, because you can lose credibility pretty fast. For example, I know baseball, but I don't play baseball. I think it's super important to ask lots of questions and really draw the information out of them.

RS: So, learn about what their demands are. I always feel like that's my job. I wasn't a football player, and I certainly wasn't a professional-level athlete, so I feel like I have to learn about their sport, the particular demands of their position, and all the things that they do. I'm just a sponge for that kind of information.

BJ: That's so true. When you learn from them and then use their own language to explain what you're doing with the work, that can be really effective.

RS: The curiosity is what I love most. I love learning what the demands and the nuances are. I want to know how they do what they do. Sometimes I find it's good for them to try to explain it, because it slows them down and makes them consider. Things that are automatic then become conscious, and that seems to contribute to their embodiment and enables them to sense their body in a different way. The feedback you're giving them through your touch dovetails with the description of their awareness. You're having this conversation on so many levels. To me that kind of discovering is really exciting.

BJ: Do the professional athletes you have worked with have more awareness of their body, in terms of how they move and feel connections within them, or less? I can think of athletes that actually have less connection, which you wouldn't think . . .

RS: It's all over the map. Some seem to have less, some have more. I think what you're asking is, can people be articulate about their awareness? Can they describe their physical motions? Can they be aware of themselves when they are moving? Or, do they just do what they do without being conscious of all that?

One of the things that always impresses me is an athlete's recall of the game in detail. It's as if they read a book and had really detailed comprehension. When I work with a player after a game and I ask about a particular moment when I noticed something happened, often they know exactly what I'm talking about, and can talk all about it. I'm amazed! It might be one little five-second moment in the midst of a whole game; they have recall and can talk about it. I don't know what it says about embodiment and awareness of movement, but it's definitely a form of memory linked to body expression.

BJ: I wonder if that's a characteristic of someone at that level. I think good athletes are incredibly aware of their surroundings, what's going on around them at all times, and sort of unconsciously paying attention to things that maybe other people aren't.

RS: That's interesting — unconsciously paying attention to other things that other people aren't!

BJ: Yeah, like there's a level of paying attention to what's happening at all times. And I don't know if that's just external awareness, you know outside their body, or how much of that they then take inside
to the embodiment and awareness. One thing I think about is that some of the best athletes have zero embodiment.

RS: What do you mean by that?

BJ: It’s like they have a job to do and it’s broken down to be so simple for them. Like to run from point A to point B. There’s always technique involved, but it becomes almost like muscle memory type stuff, where it’s just happening and they don’t even think about it. For some of these people, it seems to serve them well to keep it so simple that they’re not going to think about things like where the weight is in their feet, or how their body is stacked in gravity, and things like that. Sometimes I’ve worked with athletes to try to feel some of that stuff, and gotten frustrated because they just had no interest in it. They come back for the next session and I ask, “How did you feel after that session?”, and they just say “Great” but can’t offer any details.

Then there are other people that will report all kinds of details, like we were talking about earlier. Like, I was able to kick with this foot better, and I’m at the ball striking a different part of my foot, and I felt like I was using my torso to really wind up and kick . . .

RS: I like that you make those categorizations. It makes me think about how we work with different clients differently. It’s always gratifying when someone can report in detail. It makes you think they really are understanding the work; it gives you something to work off of, something to converse about, and a common understanding of the effects. But then there’s this other level where people feel like what you’re doing is helping them but they don’t articulate it. As a Rolfer, you still have to navigate, and I feel it’s on me to notice the effects of what’s happened, to find a way to engage and build on what we did and where they are now. But it’s me noticing them, instead of them telling me their experience. I’m comfortable with both, but [with the second type] there’s a certain kind of, okay, what do we do now? – because they’re not giving you that much to work off of.

BJ: Yeah, sometimes with that type of person I would feel that it isn’t going well, but they keep coming back and they keep saying things going great. We’re trained to help people feel more, be more aware, be more embodied, but again it’s about meeting someone where they are.

Especially with some of the higher impact sports, at some level – this is just my theory – building all that awareness and embodiment also builds a sensitivity to pain, and that doesn’t always serve you well in sports.

RS: It can really mess you up if you’re too sensitive to pain [laughter].

BJ: It’s an interesting dichotomy, something I’ve had to learn to deal with, and especially with athletes.

RS: I love it. You can’t really pay attention to your body and do anything else at the same time, right? So, on one level it seems like paying attention to your body – how it moves, and your experience of your inner sensations – can be really great for self-discovery and understanding things on lots of levels. But, then you have to transition away from paying attention in that way in order to do anything else. We like to think that the discoveries you make are coming with you, that there’s a value that carries forward from experiencing those things, but we really don’t know much about this. We actually don’t know what the value of awareness is, and if, or how, it does carry forward. I’ve often thought that if our work is working – and by that I mean that the effects are lasting – you shouldn’t have to be thinking about it, or even be aware of it.

Maybe that set of people that you’re talking about gives us that opportunity to find out; in terms of how we’re communicating to the body, if we are creating any kind of lasting effect, it has to be coming in to the nervous system at a more unconscious level than what we can think of, and be aware of. An athlete can’t be too discretely aware of many things at the same time. Think about all that goes into running a route in football, dealing with your defender, turning to catch a ball that’s coming fast, trying to avoid getting hit . . .

BJ: Yeah, you’re just doing your thing. It’s especially like that at the highest level of the sport. That’s where you hear all about ‘flow’ or the ‘zone’. That’s when you’re at your best, and that’s also when you’re not thinking about any sort of little mechanical movement or anything like that. It’s just happening. Maybe, with these people that aren’t presenting a lot of details about how Rolfing work is helping them, they are just able to get into that place better. Anyone that’s felt that knows you’re not thinking in detail about anything; it’s just happening.

RS: I think that’s what Jeff Maitland refers to as the pre-reflective state. You and the experience are one. He talks about that in terms of a state that a Rolfer can experience working with their client.

BJ: Exactly! That’s when I work my best, when I’m there and not trying to do too much.

Brad Jones is a Certified Advanced Rolfer who has been practicing for eighteen years. He enjoys working with athletes from all sports and at all levels. As a collegiate athlete, Brad received a full sports scholarship to Penn State University, where he competed at the highest levels of Division 1 swimming. From 2008-2016 Brad competed internationally in kettlebell sport, where he was consistently ranked in the top three in the world for his weight class. In 2016 Brad returned to competitive swimming at the masters level and obtained twenty-two top-ten times in the US. In 2018, he was a member of the top-ranked relay team in the world. Brad lives in Bellingham, Washington where he is an assistant coach with the Bellingham Bay Swim Team.

Russell Stolzoff is a lifelong athlete whose understanding of Rolfing’s impact on embodiment and performance dates back to the dramatic improvements in balance and quickness he experienced from his first Ten Series in 1983. For the past thirty years he has devoted his professional life to elevating his skills as a practitioner and instructor. In 2010, Russell founded Stolzoff Sportworks to bring the benefits of Rolfing SI to professional athletes. He was instrumental in helping members of the NFL’s Seattle Seahawks stay in the game and perform at the highest level en route to two consecutive Super Bowl appearances and the 2013 Super Bowl NFL Championship. Russell’s diverse background includes scientific research, studies in Somatic Experiencing® trauma resolution and Bododynamic Analysis, a developmental approach to body psychotherapy. Russell is a member of the DIRI Advanced Faculty and chairs the DIRI Executive Education Committee. He lives and practices in Bellingham, Washington.

Russell Stolzoff, the Journal’s Sports Editor, is interested in talking with you about your sports Rolfing stories. He can be reached at rstolzoff@rolf.org.
Fascia Insights

Brief Research Summary: Anti-inflammatory, Anti-fibrotic, and Pain-reducing Effects of Stretching Fascia

By Eric Jacobson, PhD, MPH, Certified Advanced Rolfer™

ABSTRACT This issue’s column summarizes an influential sequence of publications in which Helene Langevin and her colleagues reported their findings from carefully conducted experiments with laboratory animals – that stretching connective tissues could have anti-inflammatory and anti-fibrotic effects, and could even reduce pain sensitivity. This suggests, but does not conclusively prove, that stretching fascia in humans might confer similar benefits.

To begin our new feature, brief reviews of fascia research, we will look at a very influential series of studies by one of the leading scientists in this field, Helene Langevin, and her associates. In these experiments they found that stretching experimentally compromised connective tissue in mice and rats reduced inflammation, fibrosis, and pain sensitivity, and they also elucidated several underlying mechanisms. This group’s publications exemplify the highest standards of this type of animal research. If you follow the links in the references at the end you can view the original articles, some of which are rich in graphics, and learn about the detail and care that go into the best research of this kind.

In a widely noted 2007 study, Langevin combined ultrasound movies of soft-tissue movement – elastography – with histological staining and a novel application of image processing to confirm her earlier findings that the rotation of acupuncture needles in human soft tissue, which is a common therapeutic technique in traditional Chinese medicine, causes collagen fibers to wind around the needle and radiate a stretch through the surrounding fascia that extended up to ten centimeters from the needle (Langevin et al. 2007). Considered together with findings that acupuncture reduces pain in mice by causing the release of adenosine and related compounds which reduce the pain sensitivity of neurons (Goldman et al. 2010, Takano et al. 2012), this suggested that their release might be caused by the mechanical force radiating through connective tissue from the acupuncture needle, particularly through intermuscular connective-tissue planes that often correlate with the location of...
traditional acupuncture meridians. A second, simultaneous mechanism for longer term pain reduction might be an increase of fascial glide along such planes (Langevin 2014).

Turning to the investigation of the effects of unidirectional rather than radial stretching of soft tissues, Langevin’s group found that that two types of immune cells known to promote scarring and fibrosis in connective tissue – transforming growth factor beta I, and type I procollagen – were both reduced in experimentally micro-injured mouse tissue following seven days of stretching that was brief (ten minutes) and moderate (20%-30% strain)(Bouffard et al. 2008).

A subsequent investigation found that stretching inflamed low-back tissue in rats for ten minutes twice a day for twelve days reduced inflammation, restored stride length and intra-step distance, and decreased pain sensitivity. The expression of another type of cells that proliferate in inflamed tissue – macrophages – was also reduced (Corey et al. 2012).

An even more fundamental mechanism for these anti-inflammatory effects, one that might underlie the decreases in pro-inflammatory cell types found in the earlier studies, was demonstrated by stretching experimentally inflamed back tissue of rats for ten minutes at ~25% strain twice daily for two days. This produced an increase in the concentration of a class of molecules known to promote the resolution of inflammation – resolvins – and a consequent reduction in the thickness of inflamed tissue and decreased concentration of neutrophils – white blood cells that accumulate at sites of injury (Berrueta et al. 2016).

Another study examined the effects of soft-tissue stretching in rats with experimentally induced sclerodermatosis, a condition that has features in common with systemic sclerosis, an autoimmune disease that also occurs in humans causing fibrosis of the skin and subcutaneous tissue, leading to adhesions and impaired movement. White blood cells from rats genetically predisposed to sclerosis were injected into non-predisposed rats resulting in skin inflammation followed by fibrosis. Stretching for ten minutes daily after three weeks reduced skin thickness, and increased the glide between skin and subcutaneous tissues. Mechanistically, reductions were found after four weeks in the expression of two genes known to be active in mouse and one form of human scleroderma – CCL2 and ADAM8. However, inflammation was not reduced when it peaked at week two (Xiong et al. 2017).

This sequence of experiments as a whole suggests the possibility that mild, brief, repeated stretching of fascia might produce comparable anti-inflammatory and anti-fibrotic effects, and even pain reduction in humans. But that generalization cannot be confirmed on the basis of the results of these studies alone, because effects found in animal studies are not always found nor found in exactly the same way in humans. The same benefits might require different durations, magnitudes and/or frequencies of stretching in human subjects, and underlying mechanisms might also differ because the human immune system does not function in exactly the same way as those of laboratory animals. However, if comparable effects and mechanisms were to be found in humans, then they might apply to the effects of manual therapies that stretch connective tissue such as Rolfing® Structural Integration. In a later column we will look at studies of the effects of stretching connective tissue in humans.

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References


The Gentry Notes on ‘Postural Integrity’

An Early Version of the Ten Series

With an introduction by Szaja Gottlieb and Anne Hoff, Certified Advanced Rolfers™

ABSTRACT We present a transcription of what are among the earliest available notes detailing Ida Rolf’s ten-session series, as she taught it in the mid-1950s under the name of Postural Integrity and as preserved by Byron Gentry, DC, an early student. The notes were re-typed for clarity, with introductory comments added and an image from the archival originals. Rolf and Gentry became great friends, and over the years shared a regular and voluminous correspondence. We include a scan of a letter Rolf wrote to Gentry, less for content than as a document of their friendship and mutual regard.

INTRODUCTION

One of the features of being a Rolfing® Structural Integration student or practitioner is that you accumulate copies of various versions of the ‘Recipe’ – Ida Rolf’s ten-session basic Rolfing series – from different points in time and from different Rolfing instructors. Modern versions (let’s say mid-1960s onward) are all recognizable versions of the Ten Series as we know it today. The notes we are publishing here date much earlier, to the mid-1950s, a time when Ida Rolf was teaching her work primarily to chiropractors and osteopaths. They present an early iteration of a ten-session series, differing in many respects from our later Ten Series, just as the name for the work differs – at this point Rolf was calling it ‘Postural Integrity’, not having yet settled on the name ‘structural integration’.

These early notes come from Byron Gentry, DC, who was a student in one of these 1950s classes for chiropractors and osteopaths. Gentry studied with Rolf, but he also became a friend, and they shared regular correspondence over the years (see Figure 1 for an example of one of Rolf’s letters to Gentry). He also had a significant influence on and contact with many Rolfers and structural integrators over the years, as seen from Linda Grace’s article (page 31), as well as the testimonials to his work and his own teaching that preface his book (Gentry and Gentry 1998).

Given this influence, it’s worth saying a bit more about Gentry besides his service in preserving for us this early documentation of Rolf’s work. While Gentry studied with Rolf and used her techniques, and while he was a chiropractor, he was neither a Rofler nor a chiropractor in the usual sense. His interests and professional experimentation extended to the energetic realm – resolving physical and other issues through powers of the mind and projecting energetic healing. Increasingly he did his work over the phone, including helping Dr. Rolf when she called to get assistance with intractable cases (Gentry and Gentry 1998, 7, 114-115, 144). Rolf the scientist was also fascinated by and gifted in this energetic realm, so perhaps this shared role of scientist and mystic was part of their bond. In the acknowledgements that preface his book Gentry praises Rolf and comments on their personal and professional friendship and interchange:

I am especially grateful to the late Ida P. Rolf. Dr. Rolf generously shared her patient problems and techniques with me over the years, which greatly enhanced my work and proved to be an invaluable resource. Best of all, her support and loyal friendship never wavered. (Gentry and Gentry 1998, 7)

According to Erik Dalton (2011), Gentry and twelve other chiropractors attended Rolf’s first two-weekend class, in Fort Worth, Texas in January of 1955. In an interview with Rob McWilliams (2009, 15), Dan Gentry confirms that Byron Gentry (his stepfather) was in “the very first class that Ida ever taught” although he is “not sure of the exact year or location.” So it is quite possible that these notes, dated January 11, 1955, are from Rolf’s first training. Despite what we know or surmise of the notes’ provenance, we are missing some information. The extant version is typed on the letterhead of the Green Feather Organization (GFO; see Figure 2), with Byron Gentry DC listed as the vice-president. Was this stationary merely used for the notes, or did GFO sponsor the class? Did Rolf see and confirm the accuracy of these notes? Are we sure that Gentry actually made the notes, or did he just possess and share a copy of notes made by someone else connected to GFO, since it is not his personal letterhead? The collective wisdom of the SI community is that Gentry wrote the notes – that is always the story when copies of the notes circulate, as they have for decades – so we hold that to be tentatively factual.

Regardless of these questions, what is important about the Gentry notes is that they are a contemporaneous document of Rolf’s teaching, from a time when much of the Rolfing history is hearsay. Although these notes have been circulating among various practitioners from hand to hand and computer to computer for decades and are available in the Dr. Ida Rolf Institute® library, we believe it is of important archival and educational value to present them here in our Journal for study by all in our community and for public access.
Figure 1: September 1955 letter from Ida Rolf to Byron Gentry, DC, an early student who became a friend and correspondent, a professional colleague with similar interests, as well as someone she consulted on difficult cases. Page of the archival Gentry notes on ‘Postural Integrity’.
Dr. Rolf is attempting to establish a dynamic moving process of posture. This has to be done by reversing the effects of compensation to strains. It has to be done in any area or areas where compensation has taken place. It is a process of removing fibrosities and returning muscles and ligaments and their tendons to their normal directional pull. This technique deals with a mechanical way of changing the chemical make-up through shifting gravitational pulls and by returning the body to more correct equilibrium between the body and gravity. It deals chiefly with parts that have significant gravitational significance. Dr. Rolf contends that most of the changes are fascial in nature. There is some change in muscle, ligament and tendon.

The first four processes (treatments) are a matter of routine. It has been the experience of the developer of this technique that most people respond favorably to the first four processes being applied in a routine manner. They are principally concerned in bringing the patient into line as a whole structure. The later processes are to bring those holding areas into better function that are retarding the general efficiency of the individual. In general the movements of the body are forward and down. Therefore most of the force applied to posterior to return it to a more normal functional position.

Process No 1:

This is for the purpose of lengthening the front of the body. The patient is on the back with the knees up, no pillow, the operator slides his hands under the dorsal area from one side or the other, the finger tips contact into the spinal groove, just lateral to the spinous processes. Pull the tissue deep lateral and inferior to the frozen muscles. The movements are made very slowly so as not to stimulate but to inhibit. Use both hands at first and go from the area of greatest congestion, remove the footward hand and with it contact the ribs under the costal arch in front. Free the diaphragm by coming in with the edge of the fingers close up under the costal arch in a headward lateral direction. Watch the patient as he takes deep breaths and if there are areas where the ribs do not move, then the muscles between them and lift headward. Repeat on the other side in the same manner. Then contact the teres major muscle between the lateral edge of the scapula and the medial edge of the arm. Press tableward with the thumb to release...
Following these notes, we have two related articles: 1) Szaja Gottlieb's interview with Jeff Linn, one of the SI community's great archivists, where they discuss the notes extensively; and 2) Linda Grace's memoir about encountering the Gentry notes in the early 1980s, and then her personal encounters with the man himself.

A few caveats to the transcription below. While we wanted to keep the notes as exact as possible to the original version, there were many typographical errors. Dr. Rolf is referred to as "Dr. Roff," suggesting either that Gentry typed these notes before he knew her well, or that they were typed by a secretary – which may be the case as the original has many anatomical words misspelled. In reproducing the notes below, we have corrected the most obvious misspellings and occasionally adjusted erroneous punctuation for clarity, but otherwise kept the notes as close to duplicate of the archival original as possible, even when sentence structure is awkward.

References

THE ‘GENTRY NOTES’

January 11, 1955

Postural Integrity

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With the patient still on his back, knees up, chin in, have him pitch the knees and roll the hips from side to side from one hand to another. Notice where most of the tightness is, where there is lack of movement. Usually it will be in the lateral hip structure, the tensor fascia muscle and the fascia lata. Now put the patient on his side and use the elbows or thumbs or knuckles to carry the tissue by stretching, pushing, torquing, etc. from the midline that is up, tableward in both directions. The anterior structures are carried to the midline posteriorly. Pay particular attention to stretching and relaxing the tensor fascia muscle and the ligaments around and above the head of the femur and the greater trochanter. Then relax the fascia lata all the way down to the knee. This may be done with the knuckles or the edge
of the forearm, or the thumbs. Then have the patient turn on his back again, with his knees up, chin in, tuck his tail under with his hips slightly raised and his waistline down against the table. The operator is at the patient’s feet and he slides both hands under the hips back of the sacrum and coccyx. The patient’s knees and feet must be together. Pull the tissues with the tips of your fingers down and out on the sacrum and coccyx. Remove the hand from the side that is least contracted and place it on the tissues above the pubes and press headward while the hand below pulls footward. Now have the patient grasp his knees with his hands, pull the knees up as far toward the chin as possible. The operator contacts half way between the knees and the ischia with his knuckles and slowly presses and lets his hands slide from the contact point to the ischia stretching the hamstring muscles. Repeat this move several times. The last move in this process is the neck. Patient on his back, no pillow, knees up, chin down to chest, the posterior portion of the neck elongated as long as possible. The operator sits at the head of the patient. Slip the fingers of the right hand under the neck from right to left, contact the muscles and ligaments on the left side of the neck, just posterior to the midline of the neck laterally, with the fingertips pull the muscles and ligaments posterior toward the midline in back, while the other hand braces the head and turns the face toward the left. Contact the tense congested muscles with deep firm stretching pulls, laterally toward the right and headward toward the occiput. When you have relaxed the tissue somewhat then use thumb or knuckle contact on the [sternocleidomastoid] muscle at its mastoid insertion. Carry the tissue tableward with a deep stretching contact. Repeat the same performance with the opposite hand on the right side of the neck. Pay particular attention to the attachment of the ligamentum nuchae to the occiput and stretch it so that the vertebra will have room enough to slide back to their normal position.

**Process No 2:**

The first process was to lengthen the front and raise the ribs. The second process is to lengthen the back so the abdomen will have room to move back to a more normal position. Set the patient in a chair, feet and knees together, being sure the feet are on the floor, with their chin in have them bend forward and note the spots where the spine does not elongate or move. Begin at the highest point of lack of movement and work downward carrying the superficial muscles with the patient’s head bend forward and down to keep the tissue stretched firmly and to avoid having the spine carried further forward. Use the elbow either above or below its point to contact the spinal groove just lateral to the spinous process. Make slow deep pressure strokes over the areas of lack of movement. Repeat on both sides of the spinal groove. These muscles may also be loosened with the knuckles with the same movement both at the same time.

**Feet:** Increase the movement in the ankles by freeing the frozen tissue above below and on the sides of the feet. This may be done by use of the knuckles, fingertips, thumbs in a direction to return the tissue to a more normal pull. The lateral and medial malleoli should be horizontal and the hinge of the ankle should be straight across from one to the other. Pull the tendons loose from the valleys, try to get the dehydrated tendons in to a state of hydration. Soften and lengthen the tendons. Loosen and hydrate the retinaculum which holds the tendons in place. If the tendons are bunched too much in the midline, spread and pull them apart. If they are too far apart and flat on top causing the foot to pull to one side or the other then bring them more to the center to make the pull on the feet more normal. If the Achilles tendon is too short lengthen it by pulling on the attachments to the calcaneous and by stretching the muscles attached to the tendons. Most feet are too short from the malleoli back to the heel. Carry the tissue from the ankle back and down both medial and lateral. Stretch the muscles on the sole of the feet in order to strengthen the lateral arch.

As a general rule by loosening the feet the strain will be shifted to the knees. They may be pulled out, bowed or in (knocked) or in any modification of these distortions, they should move straight ahead and back when flexed and extended. Have the patient stand, head up, chin in, great toes and ankles together tuck the tail under, the waistline back and sit without leaning forward. Start sitting in this position so the knees bend, keeping the knees together. The operator kneels in front or behind, depending upon where the need for guiding the muscles in to help relieve the pull that is causing the distortion. The operator’s job is to make the muscles pull more symmetrical so that the knees will work straight forward and back when they are flexed and extended. Have the patient sit until the knees are only slightly flexed, then have him raise back up, head first – repeat several times. The operator may have to drag down with his knuckles on any of the muscles holding in the leg below the knee. Palpate to determine where the most strain is when he is in the semi-sitting position.

**Process No. 3:**

After having lengthened the front in the first process and the back in the second process the third is to lengthen the
sides. The quadratus lumborum is too short as well as the lateral shoulder girdle muscles. Lay patient on the side and bring the quadratus back from anterior to posterior by using the knuckles, thumbs, fist or elbow. Under stress of activity, the strands of the quadratus pull forward and have to be carried backward. Use knuckles and elbows to carry the tissue all the way from the upper half of the ilium to the sacrum and the muscles back of it and all along the side on the line from the mid axilla to the mid ilium area. Carry the tissue toward the midline both front and back. After stretching both sides, you will not have room for the abdominal tissue so you must stretch the ribs up and out, loosen the diaphragm and stretch the abdominal contents in all directions and as deep as possible, where there are any areas of fixation. Then, with the patient on his back, knees up, tail under, get your hands under the sacrum and pull down to lengthen the lumbar spine as in the first processing. After this the neck will be telescoped and you will repeat the cervical technique similar to the first process. Finish by having the patient sit and have his head hang and go over his back with your knuckles, take the tissue downward and medially from both sides.

If there seems to be adhesions in the abdomen they may hold up the progress of moving back, so you must go in deep and spread apart and pull to relieve the fixation deep between the abdominal tissue, both hands are used with the tips of the fingers of one hand going in one direction and the fingertips of the other hand going in the opposite direction.

Loss of tone in the extensor muscles is the cause of drooping, shortening and general poor posture. The weight of the body must be transmitted to the head of the femur. This weight should go through the knee, and fibula and tibia and joint of the fibula and tibia and then through the foot directly under the joint of the ankle and tibia, not on the ball of the foot.

You may start the third process by working on the teres major to free the shoulder and let the scapula back, or free the serratus anterior. Take the tissues from the mid-line laterally each way to the center. You may also start, or later go to the quadratus lumborum, freeing the twelfth rib if necessary, and filling in the area above the ilia. Then on the back, check and relieve strain on the sacrum and coccyx. With the patient still on the back, check the cervical area, finish with the patient sitting, forehead on knees to check any tight or holding muscles in the spine or between the ribs.

Any time there is a stubborn place and doesn’t seem to want to turn loose, go back to the sacrum and gluteals and releases them, they may be holding the other place that wouldn’t turn loose.

When the back ceases to make progress or improve, check the deep structures of the abdomen, they may be holding up the back. Something deep inside the core of the body is holding when there is a stubborn place that won’t give.

Process No. 4:
Adductor technique: The legs are tied up on the medial side all the way from the ankles to the pubes. The lateral side has already been stretched so the medial is behind in the process. Place the patient on the side, work first on the medial aspect of the tissue above the ankle, or maybe all the way down to the foot. The tissue is carried from the medial midline to the anterior and posterior midlines. Hydrate the dehydrated tissue. Go all the way to the area above the knee. Then pay particular attention to the adductor muscles, both above and below the knee. Do both sides (legs). Then have the patient stand and hold the head up, tuck the pelvis under, bend the knees slightly and sit. Bring the tissues away from the bones and free the calf ankle area. The great toes and ankles, calves, knees and mid-thighs should touch, to be normal (but not the heels). Eight out of ten men, of forty years and above, have extreme trouble above and below the pubes, and between the pubes and the ischial areas. Work out the pubic, suprapubic and infra-pubic and medial ischial areas. The ligaments will be fibrous and cordy over the bones. Hydrate them with a slanting, stretching contact in the direction in which it seems best to carry them. Then finish by sitting patient up, putting their forehead on their knees, stretch the back muscles down over the lumbo-dorsal junction with the knuckles of both hands. The adductors above the knee are spread, just as the ones below the knee, with the patient on the side, by taking the tissue from the midline both ways. The long axis of the leg is quadrated and the tissue is carried laterally, from any angle that is up. On women, especially those who are inclined to be a little on the rotund side, the adductors have come too far forward. They must be carried back and up. They may stand, with ankles and great toes just below the pubes, contacting a portion of both left and right adductors, and as the patient rolls their pelvis under and sits with bended knees slightly, he carries the adductors back and up to help train the muscles to take on a more normal pattern of movement.

Process No. 5:
The deep structures of the feet and legs: Try to get more movement in the ankles and feet by repeating some of the manipulations done in the processing No.2. The lateral muscles of the shin, as well as the medial ones are too tight. Raise the level of the bend of the ankle. Make the medial and
Lateral malleoli parallel in their hinge action. After the feet are loosened, the strain will move upward to the knees, therefore, your attention must be directed to the muscles of the lower leg and then to the knee. If the knee is in distress, have the patient stand, tuck the tail under and assume a partial sitting position. As the knees bend forward, work on the holding muscles to lessen the strain and equalize the strain to all muscles. As the strain goes out of the knees it will shift it upward to the pelvis, where the patient will have to be placed on his back in order to clear the holding muscles. Big ankles are usually due to flat feet. They can be changed and made to fit the body build to which they belong. In order to have normal function, the extensor muscles have to extend at the same time that the flexor muscles are flexing. If and when you get your hands under the butt, and it is leaden, you have left a place of imbalance somewhere, therefore you should recheck to see where the tie-up is and free it. As the processing goes along, from time to time, there will be changes in the general stature and they will not always appear for the better. The patient may protrude in places where they shouldn’t because they are compensating for changes that they are making. Don’t try to clear up the entire area at one time but go all over the body to bring the different areas along simultaneously, instead of clearing up one area completely. All parts must come along together as near as possible, that, that is holding, has to be treated. And that, that is free, must be left alone.

**Leg Exercises:** Patient, sitting with the legs extended, knees and ankles together, roll legs out from hips, then bring them in, ankles first, after the ankles touch, pull the toes up toward the head, then pull the entire foot up toward the head. Let them roll out again, repeat several times per day. This is to be used more for children. Children can do much more for themselves by doing exercise than can adults, because their ligaments and muscles were not tied down by fibrotic and dehydrated tendons.

**Process No. 6:**

**Shoulder, girdle technique:** Get movement between the clavicular acromial joint, raise the clavicle by releasing the subclavius muscle. Start on the least tense side first, using fingers or knuckles on the subclavius muscle with the fingers of the indifferent hand on the opposite side of the clavicle as support. The attachments and the extent of the pectoral muscles should be freed of tension and fibrosis. The arms should hang at the sides with the back of the hand facing forward. In these conditions, the levator scapuli are often too short and have the scapula jacked up too high. Have patient sit with knees up, forehead on knees. Use elbows to carry the tissues of the upper shoulder toward the spine to try [to] free the spine and broaden the shoulders. Then with the patient on the back further free thee arm by carrying the deltoid muscles laterally toward the elbow. Free the area of any fibrosis under the pectoralis and serratus anterior along the ribs. Pay attention to the diaphragm to free any holding areas along the costal arches. Next work on the neck, finish by working on the back at the lumbo-dorsal junction in the sitting position. The general pattern is to look to the shoulder girdle, or yoke, which is a secondary thing from the pubes and illia, but has to be brought along and as you work on the subclavius, you will raise up and back both above and below the clavicle. Then the deltoid and the insertion of the pectoralis are brought down toward the elbow. Then the elbow is turned so the palm is back.

Turn the arm at the elbow out, lateral from the palmar side and medial by the opposite side. Slide on down the radius, ulna position by stretching between the bones, trying to get onto the interosseous membrane. You can’t do it all at one time but you have to get started getting the outside layer of tension cleared away. This may be given earlier than the 6th process to anyone who needs relief from a specific arm problem.

**Process No. 7:**

Pay particular attention to the pelvis, the iliacus and psoas muscles and the posterior muscles of the sacro-iliac area. Now check the pubic attachments of the rectus abdominus, then the attachments to the ischium, medial, lateral, posterior and anterior. Check the ischial rectal fossa. Clear the ilium in the area of the anterior superior iliac spine, both medial and lateral along the iliac crest. Clear it out and move the tissue down from the crest. About the 7th or 8th time you are getting down to where you can really see what the major things are that are holding and you can commence to see what is going to have to be done. Now have the patient sit up and bend forward and watch for the holding areas in the back and [where] the extensor muscles are not extending and the vertebrae are not moving. Use your elbows or knuckles in these areas to free the tie-up. With the patient on the back have them do quite a bit of raising of the pelvis up and under while they are being processed. While the operator puts pressure with both hands on the abdomen have the patient arch the back up toward the hands, then let it down slowly and reverse it into a raised pelvis and a receded waistline. When the patient is on the back always have them to keep their knees up, both feet and both knees together, chin in toward chest and neck extended...
as long as possible from the top of the head.

**Elbow Technique:** Patient on back, arms at side, palms down, have patient slowly move the arms and the elbows straight out, straight in, not moving anything else. Dr. pulls lateral on the muscles above the elbow on the underside, with one hand, while the other hand carries muscles medial on the top side below the elbow.

[Processes No. 8-10:]

In the 8th, 9th and 10th processes, the work is less routine and more catching the areas that are dragging on holding. Look for strain in the pelvis and abdomen and you may have them lie on their back and take a double hand contact with fingertips about an inch above the umbilicus with the direction, posterior, superior; have them turn their tail under and raise the umbilicus as high as possible, then have him lay it down slowly and arch the back up in the middle against the finger contacts. Now pay attention to the origin of the sartorius and rectus femoris on the anterior, superior iliac spine. Then check the iliacus and inguinal area. There is usually work to be done on the chest by coming between the ribs with the fingers and clearing up the intercostal muscles and wedged areas. Check the back, shoulders and the adductor muscles. Clear the sacrum and coccyx areas, then work on the neck. At the end of the 10th hour you should be able to distinguish a core in the person.

The middle of the person should be able to extend and move without the outside muscles moving very much. Also when they flex forward, they should also extend headward from the 12th dorsal down. The 12th dorsal is the dividing line and after you get the extensors moving in these directions, then that is the direction to carry the tissues when finishing a treatments, up above the 12th dorsal and down below it.

**Rib technique:** Release the ribs in back first. Take hold of the heads of the ribs behind, get under the holding muscles and pull down and out, raise the ribs in front. Follow the intercostal spaces around and where it is tied down by fibers, release them with a finger or knuckle in the direction to make it more normal, which is usually up and back in front and forward and down behind.

**Groin technique:** The groin is the seat of much pelvic malfunction. Get into the iliacus and onto the psoas is [if?] possible. Carry the psoas medial mostly and superior. The iliacus should be carried posterior and medially. Find where it is bunched and spread the bunched fibers so as to make it smooth and pull evenly.

**Ishial technique:** The attachments of the hamstrings to the ischium are very important. Check to see if the ischia are too close together, or if they are spread too much. If they are too close spread them by checking the attachments on the medial side of the ischium. Use elbows on the hamstrings and the ischium, with the patient on his back and his knees pulled up under his chin. Also spread the ischia with the thumbs and fingers by pulling laterally on the tight muscular attachments. Go [to] the attachments of the hamstrings at the knee and use thumb, knuckle and elbow to relax them. Use the elbow on the rectus femoris just above the knee and just below the anterior superior spine. Loosen near the tendinous attachments. Just above the knee are some horizontal or oblique bands that encircle the leg. They must be stretched and loosened. of the ribs, front and back while the patient extends his head and takes a deep breath to break it out of the stuck area. Also the area of the clavicle and shoulder girdle muscles must be cleared to raise the ribs. When any area sticks too long try the sacrum. Drag down on the sacrum and lengthen this area and you may get help to turn loose all areas, even the neck.

**Neck technique:** As the superficial structures of the neck are loosened, and the deeper more fibrous ones become apparent, you may have to spend an entire hour sometime to get the neck coordinating with the other parts of the body. Go from side to side many times, so as not to carry either one side of the neck too far in advance of the other side, in that way you can go in further and keep a better balance. Always keep the ligamentum nuchae long enough to let the other structures fall back. Try to get equal pulls on the two sides where the ligamentum nuchae attaches to the occiput. Sometimes distant areas in the body will not turn loose because of bunched and hardened fibers along the occipital ridge. If that is the case these will have to be freed and loosened before further progress can be made.

**Arm exercises:** (Children especially) Patient on back, extend arms horizontally at sides. Bring hands together in front of face, full length, with thumbs touching, then return arms to floor. Now raise hands and touch little fingers together. Return arms to floor. Now put the backs of the hands together and return arms to floor.
The Gentry Notes as Critical Rolfing® History

An Interview with Rolf Scholar Jeff Linn

By Szaja Gottlieb, Certified Advanced Rolfer™ and Jeff Linn, Bodywork Practitioner and Rolf Scholar

ABSTRACT The notes taken by Byron Gentry in a class with Ida Rolf circa 1955 give a bird’s-eye view into the evolution of the Rolfing ten-session series (or ‘Recipe’) and the thinking of Dr. Rolf. Archivist Jeff Linn discusses the ‘Gentry Notes’ as the first historical documents that can be relied on in explaining the development of structural integration (SI) as opposed to what might be called hearsay evidence previously.

Szaja Gottlieb:
I don’t think a lot of people are aware of who Byron Gentry was and what the ‘Gentry Notes’ are. So, a general description of who Byron Gentry was and how the notes came about and then how you obtained them might be a pretty good place to start.

Jeff Linn:
Byron Gentry was a chiropractor who lived and practiced in Oklahoma. He was a member of that cohort of legendary early trainees that were a part of the contingent of osteopaths/chiropractors that Ida first took on as her students. Gentry was trained by Ida in the early 1950s. According to a handwritten note by his wife on the front of one of the sets of notes, Byron first trained with Dr. Rolf in 1953 in Dallas, Texas. That was the first class that he attended. He was also kind of an unusual character with some psychic ability, and this is part of what I think attracted Rolf to him. Of course, he had a chiropractic certificate or a degree so she might have also seen that as lending credibility.

SG: When did you receive the Notes?
JL: I was thinking about it. I’m pretty sure it was post-2005, around the time that Gentry’s stepdaughter Jane Reynolds passed away. That would be about the time that I acquired them. Apparently Gentry’s notes wound up where 99% of notes wind up, forgotten in desk drawers, file cabinets, and storage boxes. Byron maintained his relationship with Ida Rolf and later with the principals at the Rolf Institute®, primarily Richard Stenstadvold and Emmett Hutchins, for many, many years. When they went to the Guild for Structural Integration, Byron maintained the association with them. So, they maintained their contact and friendship over the years. When he passed away, his stepdaughter, Jane, who was a Guild practitioner, was in charge of sorting out the personal belongings of her recently deceased stepfather. She stumbled across the Notes.

SG: I see.
JL: So, being that she was associated with the Guild, she packed the notes up and sent them to Emmett and Richard. They forwarded them to me. At the time I was getting most anything of archival or historical interest at the Guild. This was largely because I was doing archival work for both the Rolf Institute [RISI] and the Guild at the time.

SG: Right. Okay. So how many sets of notes are there?
JL: There is one set of notes dated January 11th, 1955, a second set dated November 29th to December 18th, 1954, and a third set that are undated and only talk about the first three hours. Then there’s a fourth set with the date April 30th, 1957 on the front page. The 1957 notes reflect what I’m now calling the ‘modern recipe’. The ‘modern recipe’ is anything that is recognizable as what Rolfing SI was in the 60s and 70s. If we wanted to use an exemplar, we could say the description of the Recipe in the monograph Psycho-logics and Posture (Lawson-Wood 1958) would be a good source for what could be called a ‘modern recipe’.

SG: Okay. When you peruse all the notes going from the earliest to the later, we might call this a formative period of development since there is a change in the the substance of the sessions, particularly sessions five, six, and seven between 1954 and 1957.
JL: It appears to be. Prior to this, our event horizon about Rolfing history with regard to the ‘Recipe’ was pretty much around 1956 or 1957. Psycho-logics and Posture in 1958 and the 1956 LA notes are the earliest notes that were in the RISI library. That was as far back as it went, but those both reflected a ‘modern recipe’ so they didn’t really tell us anything about how the Recipe developed.

SG: Correct.
JL: The Gentry Notes inform us that the ten-session series developed in ways that are different than people are fond of reporting . . .

SG: The usual narrative being?
JL: The general narrative, which I’m going to call a linear-additive model, is that Dr. Rolf, influenced by yoga, started
Dr. Rolf actually studied with G.I. Gurdjieff or knew his work. But since we know she spent time at Coombe Springs with J.G. Bennett [a prominent student of Gurdjieff], we might assume that her association with Bennett may have been as a result of her interest and/or participation in the Gurdjieff work. But we don’t know it for certain. She never talked about it.

**SG:** I understand. I didn’t know much about Bennett, so I went to Wikipedia and looked him up. Coombe Springs was founded by Bennett and his wife in 1946 and was called the Institute for Comparative Study of History, Philosophy and the Sciences. It seems that Bennett (and maybe Dr. Rolf also) was focused on integrating science and philosophy or metaphysics. As you indicated, he was a student of Gurdjieff. This metaphysical background to Dr. Rolf’s development is not usually discussed. Recently, just out of curiosity, I typed in Dr. Rolf’s name and Edgar Cayce, and there it was, an announcement in a Virginia Beach newspaper that Dr. Ida Rolf was lecturing at the Cayce Institute. This was around 1950.

**JL:** Clearly Dr. Rolf had metaphysical interests.

**SG:** Clearly.

**JL:** Years ago, when I first started doing archival work, I was listening to a set of tapes that I had acquired from Richard and Emmett. They were simply labeled “Ida Rolf” and they turned out to be this set of tapes from the River House classes around 1970 that were labeled A and B series (these were eventually released). I’m listening to these tapes and was surprised to hear none of the metaphysical content I was familiar with from some Guild classes. At the time I used to have lunch with Peter Melchior occasionally, just to kind of hang out and catch up and ask him questions. One day I said, “You know, these tapes are really fascinating. They’re answering so many of my questions.” I said, “But you know, the thing is, I don’t hear her talking about this ‘metaphysical’ stuff that comes up in class.” When you listen to Rolf’s taped lectures and classes, with the exception of a couple of occasions, none of this stuff comes up. In fact, she oftentimes actively discourages it.

Peter’s response was very funny. He looked at me and he said, “Well, I think most of that stuff came up over chicken fried steak at Abbey Place.” Abbey Place was where Richard and Emmett lived and was, for a time, the headquarters of the Rolf Institute when they first came to town in the early seventies. Peter’s implication was that when Ida was in Boulder she would go over to Richard and Emmett’s house for chicken fried steak and private ‘metaphysical’ discussion.

**SG:** Yes. I know that. It never came up when I was certified in 2001 except a slight mention by Michael Salveson.

**JL:** What she hoped to do, and this plays into the idea of what might have been going on in the development of the Recipe; she seemed very invested in keeping the actual nature and origins of the Recipe’s development under wraps and only wanted people to really look at the final outcome. She wanted people in 1970 to look at the Recipe in 1970, not to look at the historical antecedents, so she didn’t talk about them much. Maybe she was a little embarrassed, as a scientist, about the development of this process. For example, if you look in various religious traditions, particularly in the West, ten is a number that represents various things but often is considered to represent completion. If it became known that she’d picked a number, like ten, because of its ‘metaphysical’, occult, or spiritual implications, the scientific community might dismiss her out of hand. If she had done this, if she had landed on ten sessions for psychospiritual reasons, it’s distinctly possible that, as a scientist, there was a certain conflict for her. That could be the reason she played up the scientific aspect of her work and downplayed her metaphysical sources (at least in public classes) when presenting her work.

**SG:** You previously mentioned to me Dr. Rolf had metaphysical conversations with Emmett Hutchins.

**JL:** Dr. Rolf once told him, probably because he was the most metaphysically inclined of all her students at the time, “Look in Western metaphysics, and look at the Recipe as a seven-step process plus three or a nine-step process plus one.” Emmett, who was most familiar with astrology, focused much of his energy there. He eventually discovered the work of Arthur Young, most famous as the inventor of the Bell helicopter, and his ‘theory of process’, which is a seven-step process with astrological/Kabbalistic underpinnings. But there’s a lot more to Western metaphysics and spirituality than just astrology, and my conjecture is that she may have wanted...
him to explore Gurdjieff’s concepts of the Law of Seven and the Law of Three, along with the Enneagram, which is a nine-pointed symbol with the whole symbol representing a unity of one. In Gurdjieff’s system these laws and symbols describe universal processes that can describe (or govern if you wish) all phenomena. It is possible that Rolf wanted him to look into Gurdjieff’s system, and this may be why she suggested that he study the Recipe as a seven-step process plus three or a nine-step process plus one.

SG: I can imagine that she must have been worried about the metaphysical background to her work becoming public. She certainly must have been worried about being considered a quack. Don’t forget at this time, I think, also, she might have been afraid that what happened to Wilhelm Reich could happen to her. She didn’t want to look like a total flake and yet she had to protect herself from a lot of different angles. She had this tightrope to walk, to be legitimate scientifically yet not threatening to the establishment. When I interviewed Michael Salveson a few years ago, he said she was definitely into the metaphysics but she didn’t want people to know about it very much.

JL: To some degree, Rolf was influenced by these metaphysical ideas. To what degree . . . we don’t know and probably, at this point, can’t know. It’s probably too late barring the discovery of her ‘secret diaries’ or some such thing.

SG: So, my question is whether . . . I mean, you automatically assume that it must be the Recipe that she was practicing already, or what’s your thought?

JL: I don’t know what she was doing. I’ve got some thoughts about what she might have been doing and we can get into those. Now, did it start with ten sessions? We have no idea. The story as told by Rosemary Feit in Ida Rolf Talks About Rolfing and Physical Reality (Rolf 1978, 7-8) is that she started doing manual therapy with yoga as the context. But, to me, that’s never completely held water. What part of yoga had a manipulative component? Even modern yoga ‘adjustments’ aren’t anything like the kind of manipulation used in 1960-1970 style Rolfing! My own thoughts on this have to do with a little-known Ayurvedic physician named Dewanchand Varma.

When I was doing archival work for the Rolf Institute and moving the library into its new home, any number of small things fell out from between books and inside of books and out from behind bookcases. One of the things I discovered was a little booklet, actually more of a pamphlet or a monograph, entitled The Human Machine and its Forces by Dewanchand Varma, “Pioneer of Pranotherapy.” I’m looking at this thing and thinking, “This is familiar.” Then, I realize that in a workshop that I had done with the British osteopath Leon Chaitow, he had mentioned that Varma’s work, as represented in this booklet, was the origin of his uncle’s development of European neuromuscular therapy. I thought, “Now, that’s interesting. What’s it doing here in the RISI Library?” I mean, Varma is obscure, most likely even in his time, but, apparently, he was well known enough to be practicing and teaching in Paris and London.

Leon Chaitow reports in the forward that he wrote for the recently published book Pranotherapy – The Origins of Polarity Therapy and European Neuromuscular Technique that Ida Rolf studied with Varma in London. This was something that he got from his uncle, who had studied directly with Varma. So, we have a somewhat reliable report from a very reliable individual that Rolf studied with an Ayurvedic physician sometimes in the 1920s or 1930s.

When you look at Varma’s pamphlet, he’s promoting something that he called Pranotherapy. This Pranotherapy was a manipulative technique where he looked for what he called ‘nodules’ in the tissue and then using a particular style and kind of contact to, I don’t know if he used this word, but essentially what he’s suggesting is you’re dissolving the nodules. So, after reading this I think, “Huh. This is proto-Rolfing!”

SZ: Interesting.

JL: Varma was apparently looking for tight places in the tissue. He had a larger vision that incorporated working with nodes or nodules to balance the prana (life energy) as it flows through the chakras and the nadis, etc. His vision of the body was something more than, “I’m going to fix your back, neck, or knee.” He was thinking about creating a balance of energies out of which healing can emerge. This was certainly part of Rolf’s original idea about her work, in her case the ‘energy’ being gravity.

She does make mention on various audio tapes of “yog medicine men.” Emmett, in classes that I was in with him, actually repeated this, that she talked about “yog medicine men.” I always kind of wondered, “What did she mean by ‘yog medicine men?’” Then, I saw this pamphlet and I looked at it and I thought, “Oh, this guy was an Ayurvedic physician.” That’s a perfect moniker for an Ayurvedic physician in the 1930s: a “yog medicine man.”

When I contacted Leon after I found this, he said, “I’m very surprised. That’s a very rare pamphlet, but that is definitely the same pamphlet and the same man that my uncle studied with.” So, when I look at this evidence, I think maybe this is what she was doing. Maybe she spent a decade or fifteen years or what not doing something along the lines of Varma’s Pranotherapy. I can imagine that over time she began to develop something on her own, perhaps something emerged as she worked as it does for many of us.

SG: And then there is Amy Cochran, who everyone points to as the osteopathic influence.

JL: On all the hours of audiotape I’ve listened to I don’t remember Ida ever mentioning Cochran, and yet Dorothy Nolte (an early Rolf and movement teacher) reported to me that clearly the work was influenced by Cochran. Here’s the thing. If anything comes out of this interview other than the world gets to find out there are notes that tell us more about the history of the development of Rolfing, I would like people to be clear that, first of all, Rolf did not rip off Cochran. The Rolf work is clearly an amalgam of a variety of ideas such as the Alexander work, yoga, etc. If you look at Ida Thomas’ book Physio-synthesis (Thomas 1998), there are clearly techniques and ideas, like the pelvic lift, that Rolf adopted but there’s nothing that indicates a ten-session process in there. Cochran influenced her but so did many others.

SG: Agreed. The thing here is there have always been these discussions about how Dr. Rolf arrived at her work; most of it, from a historian’s viewpoint, would go under the category of hearsay, especially when discussing the 1920s, 1930s, and 1940s. But the interesting thing to me is that the Gentry notes, along with the 1954 essay she wrote called “Dynamic Process Integrity,” give us a line of demarcation, a line in the sand so that as historians and archivists we can refer to a primary source, documentation that substantiates new information about how
the Recipe was formed. Even though the contents of the sessions might have changed somewhat, you can see from both the notes and the essay that all her main ideas are pretty well formed. I mean, to me, that essay could have been written twenty years later or thirty years later. It still would have spoken directly to a potential Rolfer. Though some of the language is a little bit different, like words like ‘homeostasis’, ‘equilibrium’ – I don’t think she used these terms so much later on down the road – but the ideas are fundamentally the same.

**JL:** I am particularly interested in how Dr. Rolf framed her idea. Much is made about Ida Rolf’s association with general semantics. Everybody in the early Rolf trainings heard about general semantics. What they generally heard was the sound bite, “The map is not the territory.” But general semantics actually had a significant cultural influence. *Science and Sanity*, which was Korzybski’s magnum opus, was published in 1933 and had a very significant influence, but the thing is, people are confused or ill-informed about what general semantics actually is. This interview is not about that, but if people really want to know what it is, there’s stuff out there. But the point is, most in the Rolff community, with a couple of significant exceptions, know nothing about general semantics. Yet, the fact of the matter is, this was a hugely influential idea system in Ida Rolf’s life and the development of her work. We know that she studied it with Sam Bois in the early fifties. It is Bois’ ideas that most commonly turned up in the early classes. If you look at many of the class notes from the early period, they frequently start out talking about ideas in general semantics, that if you start with the same assumptions, you’re going to wind up with the same conclusions, so we have to start with different assumptions. So, for example, instead of thinking of the body as a bag for chemical processes, thinking about the body as a physical object in space brings you to a different set of conclusions. This was Rolf’s basic idea, she was viewing the body as a physical object in, to quote how I have heard her phrase it in recordings, “three-space and gravity.”

**SG:** I understand.

**JL:** I’m not arguing that you have to study general semantics.

**SG:** No. I get it.

**JL:** What I’m arguing is that this was an integral part of her teaching and how she framed it.

**SG:** I agree with you. I absolutely agree. I think your framing idea extends to even how she conceptualized the ten-session series.

**JL:** To me what’s interesting is the fact that she was a chemist. She was a biochemist and she saw the limits of chemistry in explaining what it was that she was curious about, about bodies. This is part of how she wound up pursuing a manual project. Now, chemists traffic in formulas. That’s how you get chemistry to work. They have formulas and they are precise. That’s how you get a particular chemical reaction to occur. There’s precision in the chemistry and people have formulas. So, when she developed the ten-session series, if Rolf had wanted to say, “This is a formula,” she knew what that word meant. She chose to use the word ‘recipe’. This wasn’t a novelty that came along later; we can hear her talk about it on audiotapes. At least in the late 1960s or early 1970s, she talks about this idea of a recipe like a chef. Prior to becoming a bodyworker, I worked as a professional cook/chef so I think I have some insight on this.

From a chef’s perspective, a recipe isn’t a precise formula but more of a heuristic device that gives you a rough approximation of how to get a definable end result. It’s flexible and adaptable based on the circumstances. It’s a device to get you in the ballpark of a definable result while allowing you to adjust a host of variables. A cook will use a recipe religiously like a formula, precisely this much of each ingredient, cooked for precisely this long, etc. Whereas somebody who has a lot of experience, a chef, is going to go, “Oh, a little of this, a little of that. Let’s back this out. Let’s put this in. Let’s make this a little moister by doing this,” and so on. Being a chef (or a bodyworker) is a highly improvisational endeavor!

About three or four years ago, I took up the hobby of baking my own bread. So, for three or four years, I’ve been doing that kind of religiously, three or four loaves a week. What has emerged for me is that now I rarely use a recipe anymore. I’m paying attention to the consistency of the dough and that sort of thing rather than the precision of the recipe. I stop kneading the dough now when the consistency seems right, and that sort of thing. I haven’t thrown out the recipe, but I have allowed it to evolve through observation and experimentation.

And again, she is the one that chose to use the word ‘recipe’. We have to consider that she chose that word over the word ‘formula’ for a particular reason. I think it was because she wanted to get across that this was not a precise thing. I don’t think she was saying that you use the Recipe until you cast it aside. I think what she was really saying was you use this recipe until you begin to understand what’s embedded in the recipe, and that you can then ‘riff’ off of what’s in there.

So, for example, if I was to try and make a loaf of bread by taking three cups of flour and putting it in the oven for two hours and then taking it out of the oven and adding the yeast to some hot water and dumping that into the flour and starting to knead it, I wouldn’t get bread. I don’t know what I’d get but I wouldn’t get bread. There’s a definable process that has to occur in order to get ‘bread’ that’s embedded in any good recipe. If I don’t do those steps in that particular order, then I’m not going to get bread, but within that larger vision of the necessary components of the process, there are variations that can take place and you still get bread.

**SG:** So, it’s kind of interesting what you are saying that she approached her ideas more like a chef rather than a chemist. I wonder why that was. I mean, it’s pretty obvious, particularly from some of the metaphysical concerns that she had, that she certainly was not a strict scientist after a certain point. Certainly, there was some shift. Sam Johnson in his article “Ida Rolf and the Two Paradigms” (2007) describes some of the forces going on in European science at the time and that it might have affected Dr. Rolf who was there. According to Johnson, Einsteinian physics led to the concept of ‘wholism’, which he implies influenced Dr. Rolf in the development of her ideas regarding health.

**JL:** Well, we often forget that Ida Rolf was a homemaker in the 1920s through the 1940s. This was a time before microwaves, prepared food, etc. Women who were homemakers (and most were to some degree or another) had to learn to cook, and learning to cook involved some degree of observation, adaptation, and experimentation. But if we want to understand Ida Rolf and how she may have developed this work, it’s useful to expand our vision so it’s far more culturally
I don’t think she was saying that you use the Recipe until you cast it aside. I think what she was really saying was you use this recipe until you begin to understand what’s embedded in the recipe, and that you can then ‘riff’ off of what’s in there.

Without the incredibly fertile ground of Esalen, Rolfing probably would not exist. I think that it’s important to keep in mind that larger historical forces and contexts do play a role in any kind of historical development.

SG: Which is why, in my opinion, these documents are so important. They are concrete timelines and give us a bird’s-eye view into events and also, most importantly, the thinking process of Dr. Rolf as she developed structural integration. It would be great to get the rest of the documents out into the community.

JL: I agree. The Gentry Notes provide a singular perspective on the early development of the Rolf work and inform practitioners of the documented history of the development of the work. For the record, a copy of the notes was placed in the RISI Library at the time I received them. So, like the Varma pamphlet and other material, they have been available; people just weren’t aware of them.

SG: Well, maybe this interview is a first step. Thank you for sharing your deep knowledge of Dr. Rolf’s history.

JL: My pleasure.

References


Jeff Linn began his studies in bodywork in 1986 at the Institute of Psycho-Structural Balancing (IPSB) in San Diego. This included studying structural integration with Dr. Edward Maupin during this time. He continued his studies with Peter Melchior and Emmett Hutchins at the Guild for Structural Integration (GSI) from 1992 to 1999 during which time he was instrumental in moving the Rolf Institute® and GSI into the twenty-first century by developing a digital image comparison system to replace polaroid photos in the classroom. He became a Certified Rolfer in 1997 and a Certified Advanced Rolfer in 2001. He taught bodywork (including SI) at IPSB from 1988 to 1994 and at GSI from 2001 to 2013. During his time at both RISI and GSI he engaged in historical research and archival work with a focus on the development of the Recipe and Ida’s contemporaneous teaching.

Szaja Gottlieb is a Certified Advanced Rolfer and the Research/Science Editor of this Journal.
A Memoir of Byron Gentry and His Notes

By Linda Grace, Certified Advanced Rolfer™, Rolf Movement® Practitioner

ABSTRACT Linda Grace reflects on the Byron Gentry notes from an early class with Ida Rolf (published in this issue), the friendship of Gentry and Rolf, and the development of Rolfing® Structural Integration since this early process.

In 1983, twenty-eight years after Byron Gentry D.C. wrote this description of Dr. Ida Rolf’s ‘Processes’, I walked into the old Rolf Institute® on Pearl Street and immediately saw huge dual portrait of Dr. Rolf and Dr. Gentry, including his large scoliosis and his beautiful Rolf ‘Line’, though it took me a few weeks to appreciate the Line in the scoliosis. Obviously painted from a photograph, the two were also clearly friends and colleagues. From my entry that day I went on into the main room and began my first class at the Rolf Institute, the class now called Unit II. It was led by John Lodge and Ron McComb, with Megan James and Annie Duggan leading the movement part of the class. John Lodge in particular was a friend of Dr. Gentry, and I remember his speaking of Gentry’s esoteric practices. One which stuck with me was in the “Building a Rolfing Practice” talk. Dr. Gentry, having built a new big building in Oklahoma City, began to visualize a huge green flashing light above his building, calling all to come and receive his healing work. He soon had a full practice.

Today in 2019, while reading Gentry’s notes, I have a sense of brushing off mammoth bones, a little shiver that here lie giants, shimmers of ancient processes come to life though without any hint of Gentry’s judgement or tweaking, a laying out, practically an homage to the Process, though I would find in 1989 that he did have a judgement.

That finding in 1989 was when I ran into Dr. Gentry when we had both come to a Membership Conference. I had read these notes of his years before without much context, along with reading several other Process reductions over the years. I was happy to meet him and mostly wanted to thank him for a telephone consultation I had several weeks after my first class. In that consultation call, he advised me to take apple cider vinegar, and it worked to rid me of a nasty cold I had gotten fleeing Boulder with more questions than answers in a snowstorm. Also, I wanted to thank him for the brief peaceful acknowledging ceremony he had only hours before conducted at our meeting, sending Dr. Rolf back to rest in the afterlife. Why? It seems we call on her too much, and he felt she just wanted to go and rest, so he came to do the ceremony. After the thanking, naively I asked, “Is it so different now, this work?”
Reading the notes, there is a resonance of things to come, and a certain knowledge that we don’t miss some things written or alluded to. For instance, we now talk about goals of the standard basic Ten Series of Rolfing work. Here there is a sense of goals of each of the processes, though not so enumerated and codified as later, and there is some sense of how the “operator” must use their judgement on what is held and how to work with that.

He said, “It was really rough and ready, it is much more sophisticated now, as it should be.”

We were interrupted by a friend, he was very popular.

Reading the notes, there is a resonance of things to come, and a certain knowledge that we don’t miss some things written or alluded to. For instance, we now talk about goals of the standard basic Ten Series of Rolfing work. Here there is a sense of goals of each of the processes, though not so enumerated and codified as later, and there is some sense of how the “operator” must use their judgement on what is held and how to work with that.

In this writing, Dr. Gentry displays his learned mechanical style of naming parts and actions, no hint of all the esoteric ingredients that comprised most of John Lodge’s lectures and that we know Gentry liked. Instead, Dr. Gentry wrote, “[This technique] deals chiefly with parts that have significant gravitational significance.”

An effect of insignificant parts which are not weight-bearing means arm work is not much admitted to the descriptions here in this paper. Definitive arm work had to sneak into Rolfing process as more people like me showed up with significant arm issues and began to point that out to their “operators.” As a marker of the importance of the arms, fascinating in retrospect to some of us, my 1983 class had one of its only process lectures on the arms, a breakthrough for process lectures in that class and for arm work in Rolfing techniques. Ron McComb lectured, noting that the arms did not play a part in early processing, and the spiraling and drag of the arm tissues reflected issues of the rest of the body. If we care to, Gentry’s paper tells us how to produce the old-style palms backward arms.

My 1984 certification class with Jan Sultan and Jim Asher had more about the work itself and less of esoteric talk in lectures. As in present-day classes, one could still recognize the ideas noted by Gentry. By that time, there was already a deepening of anatomy study and consideration of layers. Also, there was a deepening approach to the correlation of what the surface anatomy showed and what palpation and movement revealed, because the teachers were more verbal and able to tell what was happening while they were working, more in the direct way of Gentry’s paper. Certainly the considerations of the paper were there, but not the posturing of the body while being worked on. Pillows were okay now but not okay in Gentry’s paper. There was more emphasis on getting deeper into the body’s personal foibles of organization through indirect work, which in itself began to allow a greater effect of work with less pain. Also, the more sophisticated work of Sultan’s interior/exterior model began to be revealed in the still somewhat derivative leg work taught in 1984, as well as niceties of models of the head and neck from Sultan and Asher. It would be interesting to go into the more recent contributions of the second generation of Dr. Rolf’s chosen teachers, including the sophisticated patterning throughout and how it refers to the olden ideas, but that is for another day.

Linda L Grace began her working life with a performing and scholarly concentration in performance practices of instrumental music in the Renaissance, Baroque, and Modern classical music periods, and taught instrumental music before her original training as a Rolf. Rolf Movement studies have been with Louis Schultz, Rebecca Carli-Mills, and Hubert Godard. She has two certificates from Advanced Rolfing trainings, with Jan Sultan and Michael Salveson, 1989, and with Jim Asher and Ron Thompson, 1994.
A Question for Jan Sultan

The Ten Series as a Living Tradition

By Jan Sultan, Basic and Advanced Rolfing® Instructor and Ellen Freed, Rolfing Instructor

ABSTRACT Advanced Rolfing Instructor Jan Sultan shares with faculty colleague Ellen Freed a deep and broad view of the Ten Series, from his initial training with Ida Rolf through the insights and understanding developed through fifty years of practice and teaching.

Introductory Remarks by Ellen Freed

On a Zoom call recently, I asked Jan Sultan one large question having to do with being taught by Dr. Rolf, and how the basic curriculum of our Ten Series has influenced him in his life and teaching. Jan considered what I asked, nodded, and said, “I can do that.”

After fifty years of Rolfing Structural Integration (SI) practice, Jan spoke with heartfelt wonder. He detailed the old-time ‘Recipe’ as he got it from Dr. Rolf. He spoke of the inspiration, the musings, and the many trials to ‘non-formulaic’ sessions. He spoke of hard lessons. He spoke with intelligence and from a place of deep love for our work. And he was funny.

Jan still has the enthusiasm of my students in Basic Rolfing trainings. What Dr. Rolf taught Jan is indeed the essence of what we still teach. It is quite clear his love for our work has deepened over the years, and it is quite clear he is still thinking about our work.

Jan’s teaching and vigorous Rolfing practice are his meditation practice. The years of this practice have brought wisdom and heart — of which we are beneficiaries.

Enjoy.

Ellen Freed:

Jan, you learned the Ten Series from the horse’s mouth – Ida Rolf. And now you have put it to good use for almost fifty years. How has it informed you? How has it affected your work, your teaching? Where are you now with the Ten Series?

Jan Sultan:

When I learned Rolfing SI, Ida Rolf was GOD. There was no other source for what she was teaching. Moreover, the only other examples of real manual therapy were massage, chiropractic, and osteopathy.
But at the time I came to Rolfing SI, I had never been touched therapeutically; not even a massage; probably only the dentist and a surgeon who took out my appendix. I was a true virgin.

In any case, I sort of fell into the work, at first as a client of Dr. Rolf. And then, as I was inspired by her results in my body, and psyche, I had a very clear inspiration that I could do this work myself. After my eighth session, I asked Dr. Rolf if I could study with her. She was skeptical, but told me to get a massage license so I could legally touch people, and to write her a paper about the interaction of six body systems, “To see if I could think.” It took over a year to do it, but the next time I saw her, I had a diploma from the Pomona School of Massage, a California massage license, and her written paper.

Then came my first training in 1969, and Ida Pauline Rolf (IPR) who said, “We are not doing massage, we are going to learn to pull a body apart and then we are going to learn to rebuild it.” As she was the only source, I made it my mission to do exactly what she told me to do. In my original class notes I wrote down Dr. Rolf's words, over and over; “Do it my way, or until you think you know what you are doing.” This implied to me that at some point if and when we knew what we were doing, we didn’t have to do every stroke in the session or to do the series in the same way she did. However, we did have to develop an understanding of what we were trying to accomplish!

Jan Sultan on the Ten Series

First Session

The classic First-Hour goal, right out of the gate is to ‘free the breathing’.

With the client in supine position, this session starts by getting into the fascia of the rib cage. We opened up the pec fascia, specifically where the abdominal fascia comes into the ribs. We were instructed to “work the neck” out of the sides of the neck (whatever I thought the neck was back then). We would “peel the shoulder off the neck” so that the neck could emerge a little more. This highlighted how much the shoulder girdle is involved with freeing the breathing. Once this happens, the scalenes differentiate and are able to do their job. As the rib cage was opened, we would watch our clients’ breathing becoming freer.

The pelvis is the second half of the territory for the first session. This takes our client to sidelying. Back then, it was once around the trochanter on each side, working close to the bone to ease the attachments of the tensor fasciae latae and the gluteus minimus. Having gotten everything that was on the trochanter, we then moved to the perimeter of the iliac crest working with the aponeurosis of the gluteus maximus. Note that the tensor fascia latae and the gluteus minimus are inserted anterior to the trochanter and are very much in control of the tone of the IT band.

Since freeing the pelvis was the objective of the second half of the first session, the client would then again lay supine holding knees to chest while we did hamstring work. I think about the relationships at the ischial tuberosities, and how the hamstrings attach and reflect to the sacrotuberous and sacrospinous ligaments. This shows us the direct and profound influence of the hamstrings on the sacrum. This simple anatomical observation became the foundation for the (much later) development of a profound and unique approach to the sacrum and low back.

Conceptually this first-session hamstring work was not really leg work per se, rather this work was intended to get the pelvis to let go from below. This release contributed to the primary goal of session one, which was to free the breathing.

The first session ended with seated curled back work. The client was instructed to sit in forward bending on the table, holding on to their knees with their head down.

I later came to understand this: erector work is affecting the tonic function of the erectors. The erectors are the muscular elements of maintaining postural form. To affect a shape change, we have to affect the tonic function of very deeply embedded, old brain postural patterning. The erectors are how we stand ourselves up. If the breath becomes easier, and the pelvis more mobile, then the tonic function in the erectors needs to be reset in order to integrate.

That was first hour. These elements have stayed with me all my career. I use parts of that First-Hour technology several times a week, bits of it every day.

Second Session

Regarding! the second session, Ida presented another paradox; the goal of the second session was to ‘lengthen the back’ but the territory was focused on the feet and the legs. It can be so easy to get caught up in the idea that this session is only about the leg and foot work. This goal reminds us the leg and foot are a means to an end, which is to lengthen the back.

It took me some years to understand the distinction between tonic and phasic function. It was Robert Schleip who clarified this to me in a talk he gave at a faculty meeting in the eighties. Before that, I was confused by the ‘lengthen the back’ mandate as the goal of the second session, although I did it as part of my session all the time.

The classic Recipe sequence is to begin on the ankle retinaculae, the tibialis anterior, and the peroneals. There was a lot of pulling on the gastrocnemius/soleus fascia, then working with the tendons around the inner and outer malleoli.

It’s interesting, in retrospect, that the nerves were not mentioned by Dr. Rolf. Later, I began to understand that there were nerves adjacent to the tendon sheaths, and that our work around the malleoli just plain hurt because we were pressing directly on the nerves. Later still, I began to know the difference between direct and indirect touch. I came to understand that I should change my touch depending on the nature of the tissue I hoped to affect.
I also learned the plantar fascia is tonic, and in the same way as the tone of the erectors, this fascia is also about posture. These fasciae are very heavily patterned, laden with Golgi tendon receptors. The tissues are intelligent, and literally know exactly what shape they are supposed to be. When we interfere with the tonus of the plantar fascia and the tonus of the erectors, we are speaking to the brain in preparation for the body to be carried differently.

The back work in the second session was done seated on the bench, with a heavy head, curling down in forward bending. What IPR wanted to see was that the spinal processes separated in forward bending. What I later came to understand is that the when facets could open in forward bending, you could visually see that function by the behavior of the spinal processes. As the client rolled upright, the facets would return to neutral and stack back up. The behavior of the spinal processes is the visual marker of articicular competence.

The standard pelvic lift and neck work at that time seemed to be ritualistic rather than a major intervention. And yet, IPR would respond, when asked if the neck work or the pelvic lift come first, by pointing out that if the person was activated or pumped up, a pelvic lift could help sedate them, and if the client seemed dissociated or sleepy, neck work at the end of the session would leave them more awake by getting circulation into the head.

Third Session

Then along came session three — and this gets interesting because IPR said you don’t need to know any anatomy to do a session three, but you do have to understand geometry. Session three is about teaching the body that it has a front and a back. Session three can be done as a pure geometric approach. This session is not about the latissimus, trapezius, or the lumbar fascia. It is not about anything that you are going to work the inside of the body. Look at every person in this lineup and see that they are short from the bottom. Look at every person in this lineup and see that they are short from the bottom. Look at every person in this lineup and see that they are short from the bottom. Look at every person in this lineup and see that they are short from the bottom.

As the session crosses the territory of the lumbars, we are now in a gateway into the core. The psoas is right there, anterior to T12 and L1, and the iliacus is right there on the inside of the ilium. It is at this point where IPR saw the simplicity of the geometry of the session, and the underlying deep relational bits, make the third session an approach of great impact and insight. Clients will say things like, “Wow, I have a back!” or, “I am aware of my back.”

As I came to understand the functional and structural difference between ‘internal’ and ‘external’ leg patterns, my work in this area became simpler and took less time. In looking at lower-leg shapes, if the gastrocnemius is bulging on the medial side of the tibia, the session would start on the medial lower leg. If the client shows bowed legs, the session required taking the lateral line of the third session all the way to the external malleolus. In the early days, I did not understand the difference between internal and external patterns. Where the session started back then was ultimately an aesthetic choice, driven by contour and gait analysis.

Fourth Session

The Fourth Hour was formidable in the way that Ida taught it. She would stand everybody up in a row to look at all the legs. Then, she would explain, “It is given that you are going to work the inside of the legs and the pelvic floor, that's what this is all about — opening the core from the bottom. Look at every person in this lineup and see that they are short from the pelvic floor to the top of the head.” She would explain that, in this way, the bodies taught her the Recipe. And then she would ask, “Where will you start?”

Once we looked at all those legs, we would begin the session in sidelying, with the person on their side in what we call our Fourth-Hour position; with the top leg drawn up and on a pillow, the inner surface of the bottom leg is available to work on. The differentiation at the rami, of the quadriceps, the hamstrings, and the adductors, are the territory of the fourth session. “Hamstrings extending the leg, quads flexing, and the adductors holding the midline.”

There is this great quote where IPR simplifies Newton's physics as: “The larger mass attracts the lesser mass.” This quote is not quite non-Einsteinian physics, but it is pre-Einstein. Geometry was the hallmark of gravity. The vertical line of gravity going through the body, and the horizontal lines that were implied by this vertical, are the abstract symbol of how gravity works in us. The vertical central line is first, then the horizontals and lateral lines, and finally, the Cartesian x-, y-, and z- axes of up/down, front/back, and side/ side. These are the parameters we use to guide our eyes to identify the spatial order of the body. This is what I mean when I use the word ‘geometry’, and I think that’s what IPR meant. These lines are a way to direct our seeing of structure in ‘three space’ and a way to understand the dynamics of the living structure of the body in gravity.

It wasn’t until I was under the demand of teaching that I began to deeply study the anatomy of the third session. This led to making distinctions about postural types and how the approach to the line could bias the simple third-session mandate of a lateral line.

The back/front balance, the simplicity of the geometry of the session, and the underlying deep relational bits, make the third session an approach of great impact and insight. Clients will say things like, “Wow, I have a back!” or, “I am aware of my back.”
job, as IPR used to frame it, was “clean the rami,” in order to lessen the confusion of all these attachments.

Suffice to say, the inner line of the leg mirrors the geometry of the Third-Hour line, in a sense carrying the lateral line plane through the leg to the inside. This is the same front/back relationship — the line being the surface projection of a coronal/frontal plane.

I personally always thought the fourth session was like working on the other face, the one that we do not present to the world, but there is a character and a nature there.

There is so much impact in how people organize their pelvic floors. Do they tuck their anus with tail under or do they spread out towards the back? Where do they park their genitals? Are they people who basically let them hang, or thrust forward, or tuck them up and under there? In a sense, it is a reflection of a person’s felt sense of himself in posture and motion. Our work is not necessarily to impose a pattern here, but rather to open the familiar neurofascial pattern and motion. Our work is not necessarily to understand front/back order in a structural way.

I do not think that IPR did a very good job of teaching us how to manage what was happening as we were doing our fourth sessions. Her counsel was to just do the work and get out of there. She went at it like a tradesman, getting the job done. However, we were young and this was our first exposure to this kind of closeness in a therapeutic way. There is a lot of anatomy, functional kinesiology, and psychology to know, and a lot about human nature that we did not know and are still learning.

This session had a very particular back work which was focused on the function at the thoracolumbar junction. This was done seated on the bench. As the client awareness to open new possibility in their lives.

The fourth session neck work was necessary, and the pelvic lift essential for integration. This session had to end with a pelvic lift, to make sure that the lumbers and the sacrum had accommodated, and would continue to accommodate, the work. Another mandate was never to pause or stop a Ten Series for an extended time after a fourth session, because there is a high risk of having acute lumbar issues show up.

**Fifth Session**

The general territory of session five spans from the knees to the clavicles, and is inclusive of the abdominal visceral space. In the sequence of the Recipe, the work now includes both surface and deep, as well as top to bottom. Now we are moving from decompensation toward integration.

We begin to understand that four and five are completely intertwined, one long session done in two parts. Five is an extension of everything we just did; now the work crosses above the pubic bone and includes the diaphragm. We have moved up into the abdominal cavity.

Anatomically, the upper fibers of the psoas reach as high as T12, then traverse the back of the diaphragm via the arcuate ligaments. In this way the psoas and diaphragm interdigitate, like laced fingers, in front of the thoracolumbar junction. Dr. Rolf articulated this concept clearly in her early teaching.

However, IPR did not talk about the ante- and retro-peritoneal distinction at all. I learned later that the kidneys, along with the cecum, ascending colon, and the descending colon, are all retroperitoneal. The ante-peritoneal space houses most of the rest of the abdominal organs. Learning this anatomy led me to understand front/back order in a different way as I grew in the work. The
I found it is really one thing to learn a Recipe and do it with your clients for years, and it is quite another thing to learn a Recipe and try and teach it to other people, demonstrate that it works, and be able to defend it.

However, over the years, this riddle took me to interesting places. I began to understand that the Fourth and Fifth Hours, when carried upwards, bring us into the ventral viscerocranium: maxilla, mandible, trachea, esophagus, and the whole floor of the jaw. The work in the fourth session also transmits directly into the dorsum, via the erector function above the thoracic lumbar junction. The fifth session relates the dorsum to the abdomen, deepening the front-back relationships. This leads us to the sixth session, which is pure dorsum. I came to understand how the progression of this part of the Recipe opened up support for what we now call the neurocranium and viscerocranium. As we consider these three elements – the head, the spine, and the guts – the neurocranium reaches upward (heaven), the spine supports these elements, and the viscera is suspended from the face downward (earth). With a nod to the Taoist macrocosmic orbit, the body is balanced between heaven and earth.

In a long view, this is a profound approach. To take that bit of understanding from the Recipe and to place it into what we call a nonformulaic approach requires that we see very deeply into individual structure to know where the structural limits are and where the vertebral relationships rest. Are they intra-thoracic? Are they intra-abdominal? Is it all on the dorsum? Is all of that connected to the legs for the support correctly? When I look back to how she enfolded all of this into the Recipe, it is really an amazing bit of genius.

And yet, there were some inherent problems with the Fifth Hour, which took a long time to show up. The first big thing was the kidneys. The kidneys lie in front of the psoas, their lower pole is somewhere just south of the navel. The way that we were taught to do psoas work inevitably interfered with the position or mobility of kidneys. We simply did this without knowing the ramifications of what we were doing. Additionally, the mesenteric root lies anterior to the spine, between the navel and pubes. This ropy membrane is hard to differentiate from the fascia over the psoas, especially if you are unaware of the anatomy.

It wasn’t until I did my very first visceral class in the mid 1980s that I gained this awareness of these little anatomical elements. I had been doing this [Rolfing] work for fifteen years. When I sat in my first Jean-Pierre Barral (a French osteopath who came to the US to teach) class and started thinking about what I understood and what I taught, I actually almost fainted. The blood ran out of my head; I got cold, sweaty all over, the sweat was running down my flanks. All those kidneys, and all the mesenteric roots under my hands, and thinking it was psoas. Thank god I was in the back row of Barral’s class, because I skidded my chair back and I put my head down between my legs so I wouldn’t fall out of the chair. And it was shame I felt, because I thought about how many times I had taught it wrong, how I had encouraged students to get in there and get the psoas and — oh man. I would say that this was a turning point for me.

This made me back up and look at all of Rolf’s directives with different eyes. While [John] Upledger’s cranial work was profound and shifted my perception, it didn’t hit me the way Barral’s visceral...
work did. Craniosacral work turned the lights on . . . Barral's visceral work sent me to the closet.

Interesting though, Upledger did not make the distinction of viscero- and neurocranium. Rolf, then Barral, led me there. It wasn’t until I took visceral manipulation that I understood, “My god, this face is embryologically all gut.” That moment led to distinctions about what the neurocranium and viscerocranium actually are, and how they meet in the head. This concept alone rearranged my thinking about the body maybe as much as anything.

Sixth Session

Six is the hour of the dorsum. IPR again confronted us with a choice: do we start a sixth session with clients supine and reduce some of the tonsus of the ventral leg attachments into the pelvis? Or, do we work with our client’s prone going directly to the rotators and all the relationships around the sacrum? Even in the early days, we were asked to make strategic choices based on structure, and we were required to look at the individual and evaluate “What do I see?” and “How is that going to work?”

As I started teaching the sixth session, I was compelled to study spinal mechanics. I needed to better understand the bony spine. I had to know what the effect was on the joints when I applied pressure to the spine. What are the intra-spinal ligaments doing? What is the layering of this back like? What is the difference between the spinal groove and what I called the ‘costal groove’ where the ribs meet the transverse processes at the costotransverse joints? It is important to differentiate what is the functional motion at the costotransverse joints in concert with the intervertebral joints. I was not satisfied to teach students how to iron out backs on a prone client without a deeper understanding of the anatomy.

IPR was very clear that six was preparation for seven. This was in the early lexicon, though it took a while to understand how all of the previous sessions are in service of the seventh session. The way I see it now, the Sixth Hour is a chance to consolidate the work of all the previous sessions so that the Seventh Hour can cycle into closure and integration during the final sessions.

So we — and I mean that original gang of students — in our private conversations were beginning to ask how the arms/shoulder girdle fit in the Recipe. IPR had a broad idea of what the sixth session should be in terms of getting ready for seven, but she did not break it down anatomically at that time. Through all the layers of tissue and function she would be telling us to get in and differentiate the spinal groove without being specific about what we were differentiating. In my notes about the sixth session, she never mentioned the shoulder girdle per se, even as the work traversed that territory; she might have mentioned the rhomboïds, and the interrelationship of the trapezius and latissimus, in the context of the back, but it was not elaborated.

Again, we have a pelvic lift and a little neck work to integrate the work of the sixth session. On reflection, the sixth session was not as dramatic as, say, four or five. It was often a natural progression of work that had been done earlier, with some refinements around the sacrum and the spinal and costal grooves. We were looking for continuity of tone as much as big positional (postural) changes.

Seventh Session

And then here we go, Seventh Hour – the famous Seventh Hour, which was even more terrifying to learn than the pelvic-floor work. The broad objective was to “put the head on.” Her general rule of thumb was to exhaust the work on the aponeurosis of the cranial vault before moving to the face, then exhaust the work on the external face before working intraoral.

The intraoral territory taught by IPR spanned the tongue, the palate, the lateral and medial pterygoids, around the TMJ, and the mimetic muscles of facial expression. Here we have another primal area: sucking, feeding, expression, kissing – so this becomes extremely personal territory, and she had us working with all of this. I think the firm Recipe here was a godsend… a ‘Rolfsend’, because if there was any place where high detail and smart touch came together, it was here.

Working on the palate was considered preparation work for going into the nose. This involved getting the midline of the palate open and getting the two sides of the arch to match. This was preparation for the nose work, which was carried by the vomer and ethmoid as a straight line into the inside of the cranium, to the ‘core’ of the head. Because the head is the locus of the organs of equilibrium, balancing and righting reflexes, and the neural center for the interpretation of sensation, it was a vital and important element to get organized. Pretty brilliant.

I could say so much more about the seventh hour. It was enlightening to add John Upledger’s cranial osteopathic understanding to my Rolfing seventh-session work. Upledger gave a five-day intro to his work to the Rolfing faculty in 1983. I had already had his five-week series with Charles Swenson, a Rolfer™ who taught for him. But John himself was a force to be reckoned with. My view of the body was irrevocably changed by that educational encounter. It is useful to have extra tools. It was nice to be able to assess a cranium after doing a Seventh Hour and to see if the rhythmic pressure fluctuations of the cerebrospinal fluids and concurrent flexion and extension of the sphenobasilar junction were working correctly.

I want to say one thing: everybody got work on the tongue in our early trainings. Everybody, I noticed over the years, when teaching continuing education and Advanced Trainings, that many of our Rolfers had not learned tongue work in their Basic Training. The tongue work went away! The tongue, again, is that bridge from the thoracic core, from the diaphragm, the stomach, the esophagus, the lung and the bronchi up into the face. The tongue is critical to visceral structure.

Normally there was a specific kind of back work at the close of seven. It involved holding the trapezius at the top of the shoulder and having the client effort to get the top of the head up. This could be quite vigorous. Afterward the Rolfer would gently move the head from side to side and feel the connections into the spine from the head.

Eighth and Ninth Sessions

When we approached the Eighth Hour there was always a big deal, because there was another famous question: “Do you do the upper or do you do the lower?” Another way we would ask, “Is it a good pelvic girdle or a good shoulder girdle?” What I find vital here is that this is the first time we heard about the arms. We had a standing joke among the students that IPR was reported to have said, “If you make the wrong choice in the pre-eighth evaluation, the client will disintegrate!” Funny ha ha. I think IPR meant that the person would be less integrated. We joked that if we chose wrong, our client would disappear.
The tongue, again, is that bridge from the thoracic core, from the diaphragm, the stomach, the esophagus, the lung and the bronchi up into the face. The tongue is critical to visceral structure.

To our relief she did say, about the upper/ lower choice, "If you are in doubt, do the lower." IPR's default was to come back through and continue to build support through the legs, resolving remaining leg issues, getting the ground-up support.

There was no specific recipe that Dr. Rolf gave her students for the eighth session, only these questions of strategy. This was the point where Dr. Rolf would declare, "Anyone can take a body apart, but it takes a real Rolf to put one together."

The pre-session-eight choice was, will you work to open the upper body, for better breathing, better organization of the arms and shoulders, and continue development of the head position? Or, are you going to go down to the foundations and build more support?

Later, I began to think that if we were paying attention, we would know if it was a lower or an upper eight by the end of the third session. I was not made aware of this until eight, then we probably missed the essential nature of the body, didn’t notice the nature of the individual structure. If we just did the Recipe session by session, we were just going along our merry way without respect for the individual. We build a better Series, with better specificity and insight, if we make this upper or lower choice earlier in the Ten Series.

So that was pretty interesting. Later still, I began to think of eight and nine always as a pair, never one and then the other. I eventually called them the ‘static/dynamic couple’. The Eighth Hour was our last chance to work directly on local parts of the body and not demand a lot of integrative movement. If the client is still bow-legged, then I am going differentiate the fibula some more. For that collapsed foot, I will want to tonify the arches by work in the peroneals. If the posture of the head is lacking, I will directly work with the upper back, shoulders, and the visceral core, and allow it to release.

The Ninth Hour always called for working girdles across segments and asking for supplementary movement. At this level of our work, you had to be going at least two joints, maybe three joints, distal to your point of contact, and that was what made it ‘dynamic’. In the Ninth Hour you always called for movement. This movement with resistance, or direction, from the practitioner served to educate the client in a sensory way, ‘below the mind’. As a static/dynamic couple, you might be working on the same areas, but in the Eighth Hour we attend to work on the parts and in the Ninth Hour we work on the relations. So that’s the static/dynamic couple of eight and nine.

**Tenth Session**

There were several versions of the tenth session. One was to horizontalize the tissue, which is crazy abstract. The difficulty in teaching this was in getting the students to be able to see the diagonals in the tissue. We were directed to work on the superficial fascia as if we could sculpt the horizontals into it. We were enjoined to try this to make it all look like it was more horizontal. Some students would see it, others would not. I think there’s something essential hiding in this technique. That something must become part of a Rolfer’s touch. This technique and view can be used from the very first time we touch somebody. Horizontalizing the fascia is fundamental in the manual therapy part of Rolfing. The Tenth Hour is the time to fine-tune that. That was one version of IPR’s Tenth Hour.

The other Tenth Hour, which I saw her do a few times, was that she would only work ankles and occiput as the two horizontals that really mattered. If the ankles track in a horizontal way, and the cranium and the carriage of the atlas on the occiput had a horizontal, all this length would appear in between. Here are two fundamental vestibular elements, one at the foot and one at the cranial base. When someone moves with respect to awareness of those two parts, there is an elegant grace that emerges.

Conceptually, both of these closure strategies are abstract and as different as you could possibly imagine. But yet those were the two classic Tenth Hours that I took away.

**Closure**

So there’s the Recipe as I think and remember it this morning; the way I learned it, how I struggled with it, and how I have worked with what I was taught. I have been practicing Rolfing steady for fifty years and have taught all the Rolfing programs except for Rolf Movement®. If not for the demand of teaching, I probably would not have thought all this out in the same way.

I hope this collaboration between Ellen and I has brought forward some history and understanding in a way that the reader can reflect on and put to work.

Jan Sultan’s initial encounter with Ida Rolf was in 1967 as her client. In 1969 he trained under her, and after having assisted several classes was invited by Dr. Rolf to become an instructor in 1975. After further apprenticeship, Dr. Rolf invited him to take on the Advanced Rolfing teaching. He currently teaches Basic Trainings, continuing education, and Advanced Trainings for the Dr Ida Rolf Institute®. He feels strongly that his responsibility as an instructor goes beyond simply passing on what he was taught, to include the refinement and coherent development of the ideas and methodology taught by Ida Rolf. Jan lives and practices in Los Angeles, California.

Ellen Freed has been a Rolfer since 1990 and a Basic Rolfing Instructor since 2004. She still works with the Ten Series, which has provided an endless source of study into all aspects of human life and has taken her in satisfying and unexpected directions. She lives and works in her home in the small village of Yorklyn, Delaware.
Alchemical Order: The Inherent Logic of the Ten Series

An Interview with Ray McCall

By Anne Hoff, Certified Advanced Rolfer™ and Ray McCall, Basic and Advanced Rolfing® Instructor

ABSTRACT Rolfing Structural Integration (SI) instructor Ray McCall explains the way sessions of the Ten Series interrelate in a harmonic fashion, giving the series an inherent order on many levels. When we bring this conceptualization into our practices, our work is enriched in many ways.

Anne Hoff:
Some years ago you mentioned to me the idea that there are ‘octaves’ or related groupings in the Ten Series, so I wanted to see if you would share with us about that.

Ray McCall:
Usually when I lecture on this in class, I’ll refer to it as the ‘inherent logic of the Ten Series’. I now call it Alchemical Order: The Inherent Logic of Dr. Rolf’s Ten Series. Certainly beginners, and sometimes those experienced, tend to get a little myopic when they’re doing the Ten Series; they get focused down in the specific session they’re doing and lose track of how it relates to the rest of the sessions of the Series. I’m not sure when I was first introduced to the idea of the ‘triplets’, probably when I did my Basic Rolfing Training with Emmett Hutchins, but I’ve been fascinated with it over the years, so I’ve spent a lot of time exploring and refining the concept.

AH: Is this something most instructors talk about? I don’t remember it from my training.
RM: I don’t know. I teach primarily Phase III, and with Phase II students from other teachers some come in familiar with the concept and some don’t, so I don’t think so.
AH: It’s not part of the curriculum for everyone.
RM: It’s not part of the official curriculum, syllabus for Phase II and Phase III.
AH: Okay, so there’s a way of seeing inherent order within the Series through what you are calling triplets.
RM: We’re all familiar with the three boxes, so to speak, of the Ten Series: sessions one through three, sleeve; four through seven, core; eight through ten, integration. There’s also an alternation of upper body, lower body. In session one it’s more upper body, even though you do work on hamstrings and around the head of the trochanter, so the odd-numbered sessions are uppers. The
even-numbered sessions are lowers. But there’s another element that, as I said, I’ve been working on refining for a long time, the triplets. You key into the sequential triplets by asking three questions about any given session in the series: 1) what am I starting, 2) what am I continuing, and 3) what am I completing in this session? So you’re looking at the session before the one you’re doing, and you’re looking at the session after the one you’re doing, since you need to have done at least three for those three questions to make sense.

In session three, you’re completing defining the body in three-dimensional space. So, what are you continuing? What you started in session two was bilateral functional support, but Dr. Rolf also said if she could give people one thing, it would be more heel, so in addition to left/right support, you’re also starting the A/P [anterior/posterior] depth dimension in session two. You continue that in three, with getting A/P depth along the sideline, so that’s on the sleeve. Then in four, you’re coming up the inside line and you complete that triplet of A/P depth by getting span in the pelvic floor that allows the leg to extend and to drop out of the pelvis.

In session four, you’re starting A/P depth span of the pelvic floor, in five you continue that with the psoas work, which is the A/P depth of the torso, and in six, you’re freeing the sacrum, getting the bilateral support keystone of the pelvis (last vertebrae of the axial complex). Four, five, and six are all dealing with, in Rolfing vernacular, ‘disappearing the pelvis’ so it is a transmitter rather than a block. Session five is completion of the three/four/five triplet with A/P depth through the torso. Then in six, you free up the sacrum, the lower pole of the axial complex, because in seven you complete the A/P depth in the body by getting differentiation between the viscerocranium and neurocranium.

In order to utilize this idea of triplets - what are you starting, what are you completing, what are you finishing – you need to know the goals of each session, you need to know the anatomical territory, you need to know the positional strategy, and you need to know the diagnostics to test for those relationships relative to the goal of the session so you’ll know whether what you did created more order or not.

I used to teach the Ten Series the way it was taught to me, by Emmett, who tried to be more like Ida [Rolf] than Ida. She tended to teach each session as it came along sequentially, because she was apparently somewhat paranoid about people stealing her work; so if she threw someone out of the training, which she did apparently sometimes, when they quit, they wouldn’t have the whole Ten Series to go off and start their own school. Well, we know how that all turned out, but that’s another story. But I realized that pedagogically it made much more sense to figure out where we were going and have that as a reference as we went through each of the sessions. You know, ‘if you don’t know where you’re going, you may end up someplace else’. As a result of Hubert Godard’s work and that whole influence, what we want at session ten is sometimes talked about in terms of ‘uniform brilliance’, integration, and a hallmark of integration is contralateral movement.

AH: I have not heard the term ‘uniform brilliance’.

RM: Okay, maybe you’ve seen the symbol [starts drawing]. In one of my early faculty meetings we were discussing, “How do you know when you’re done?” Much to my amazement, Jan Sultan said, “Well, actually, I know I’m done when there’s uniform brilliance.” I practically fell out of my chair because Jan tends to want, à la Korzybski, a concrete reference for any terms you’re using. Here’s the symbol for uniform brilliance (see Figure 1), which is the axial complex free from kinetic drag and then the energetic field being uniform.

AH: Ah yes, I know that image.

RM: Contralateral movement is not something that we inject, create, in the body. It’s inherent, and when we free the inhibitions, the restrictions, it automatically manifests. If what we’re wanting to do is have a body that manifests contralateral movement, we can go back down and say, “Okay, how does each session we’re doing contribute to contralateral movement?” In session one, you’re making it easier to breathe. You’re freeing the girdles from the torso. In session two, for there to be contralateral movement, you need to have toe hinge, you need to have differentiation of medial and lateral arch, you have to have a calcaneus that extends, you have to have talus glide, flexors that flex and extensors that extend, and there needs to be adaptability in the interosseous membrane, that whole shock-absorber effect.

Any one of those not being there can have a detrimental effect on contralateral movement. In session three, if you don’t get A/P depth in the sleeve, then you won’t be able to get A/P depth in the core in session five. If you don’t have A/P depth in the sleeve and core you’re not going to get rotational movement of the whole axial complex, the organs, all of that. In four, if you don’t have span on the pelvic floor, so that the leg can extend and drop out of the pelvis, you won’t have contralateral movement. In five, if you don’t have a functioning psoas (the psoas dropping back under flexion), again that will impede contralateral movement. In six, if you don’t have the dual function of the sacrum as the keystone of the pelvis and as the last vertebrae of the spine, you won’t get the conversion of the ilium (innominates). That has to be there. Then in seven, if you don’t have that A/P depth differentiation, viscerocranium and neurocranium, then the contralateral movement can’t transmit all the way up through the neck and out the top of the head. When that [transmission] happens, we start to see that undulate movement of the head responding to the walk.

Then we get into eight, nine, and ten, and as Peter Melchior once said, “After seven, the trail thins out a bit.” For the purpose of
from getting tunnel vision, myopic. It's a preparation for seven. It keeps you session, instead of just getting fixated on each session. For instance, in a fifth years is that it really enriches, enhances, you've done a tenth session. I know how to do a first session until obvious reasons). And that you don't session that you do in ten segments (for We also say that the Ten Series is one ingredients, so this is a way of looking the flour in. You put the sugar in. You necessarily have this level of intricacy. RM: Yeah. That's pretty much it. AH: Yeah. It invites the metaphysician in me to wonder what are the unseen elements that would make triplets that include session one and session ten? What would come before and what would come after? Is there some organic or other process that you would connect up to? In other words, if we look at Rolfing SI as something that is evolutionary, which Ida Rolf liked to point at, what is the 'before' that is initiating the Rolfing series and what is the 'after'? What are we heading towards by having universal brilliance? What happens before session one that one is a continuation of? What is ten a start of? RM: Classicallly, what ten is the start of, the standard comment is that it's actually a twelve-session series and only the client can do sessions eleven and twelve. Session eleven is assimilation and session twelve is manifestation, so what can the client gather from this experience, this wave of input/information and then how does that manifest in his/her life? Then if the person chooses to come back for post-ten work, you can see what needs to be done next. Which is why, although clients may want you to keep working after session ten, it doesn't really serve the process. It's like continually stirring a glass of muddy water. It never settles and clears. The client needs that gestation/percolation time to see what is assimilated and then what manifests that he or she maintains in their world.

AH: Is that your idea, the twelve sessions, or where did that come from? RM: That was definitely from Emmett, and therefore I assume from Dr. Rolf.

AH: Now do you ever talk about this level of meaning in organization with clients? RM: I talk about assimilation and manifestation. I don't talk about the triplets, the inherent logic, of the Series. Although, I encourage students to do this for their classroom clients. When I was trained, when you were doing the seventh hour, you would be putting on your gloves and saying, “Well, we’re going to do some work in the mouth and nose now,” and clients would have whatever response they had. To students I say it’s much better to have informed consent, so I like to, in session five, say, “You know, in session seven, we’re going to be working in the mouth and nose, and that is a continuation, a completion of what we’re doing today.” That way you can give a little more rationale. You can inform them so they can give informed consent, rather than not.

AH: There's a lot of intricacy to track.

RM: Just be aware of the essence, the three questions. Ask those three questions of whatever session you’re doing, and then reference the one before and the one after to answer it. If you work with that, more interesting things happen in the Ten Series.

AM: Would you bring any elements of that into post-ten work or advanced work? If somebody came in and you were going to design three or five sessions, would you try to apply any of this framework or conceptualize it similarly? Or do you just work with Principles of Intervention and other things?

RM: More working with the principles and with the five structural elements. Let me backtrack a moment. One time Peter Melchior said that someone asked him, “What's the Advanced Series about? What
Figure 2: Matrix of the ‘triplets’ within the Ten Series. When doing a session, ask yourself the following three questions:

- What is being completed? (dark grey)
- What is being continued? (light grey)
- What is being started? (grey)
do you do?" Peter's response was, "You do what's next for the person." How do you determine what's next for a person? There the Principles of Intervention are useful. Does the person lack support? Or palintonicity? Or adaptability? (You don't worry about closure until the end.) Which of those is needed and which of the five structural elements needs to be addressed from the lens or the flavor of that principle? Is it shoulder girdle, pelvic girdle, axial, core, or sleeve? If you're doing a three series, then you would pick three of the five structural elements. A five series, you might do all of them. There's always the question of if and when you'd do neck and head, probably not the last session. You can do a 'slinky test' to determine the core/sleeve relationship. You also have to be aware of which taxonomy (working in that taxonomy) will be most beneficial for what is 'next' for the client.

**RM:** I don't think I've heard the term 'slinky test'.

**RM:** I haven't been doing much private practice these last two and a half years because I've been building a house in Crestone, which is a four-hour drive from Boulder. I still like to do the Ten Series. Jim Asher talked about in the Ten Series, there is some moment when something happens; it pops. His comment was, "I don't see that happening if you just do nonformulaic work." In that sense, I tend to be more conservative. I like to do the Ten Series. It's like tilling the garden. Then you can plant whatever you want.

An interesting anecdote. The mother of a student in one of my classes had a friend in Crestone. That friend's partner needed work, so she made a session for him – which always makes me a little leery. The guy showed up at the door, and he was the first person who had worked on my house down there, he was the excavator who did the driveway in, the house pad, the septic system, all of that. Turned out he has been receiving Rolfing sessions for years. About three-fourths of the way through the session, I said, "Have you just always gotten work on where things hurt? Have you had the Ten Series?" He said, "No, just where things hurt." Then a little later he says, "Well, what's this Ten Series?" I did a very brief explanation. He got off the table, stood up, and said, "Wow. This was different." He didn't have the words for it, but he made a motion that he felt a sense of integration (my interpretation) that he hadn't experienced previously, apparently. He said, "You know, I'd like to do that Ten Series." We haven't yet been able to work out the timing or the logistics. So I always have been and continue to be a big fan of the Ten Series. As I say, it's more than just a teaching tool.

**AH:** I feel surprisingly complete with it.

**RM:** The guy in Crestone, I could work on this fellow's shoulder, which tends to be problematic, but then when I did seated back work at the end of the session, I could see/feel how there was a lack of psoas function that if addressed would give the shoulder more support, more stability. So working with the triplets makes it easier, obvious, to see, "Oh, yes, there's a problem here," but you're already cued into the relationships that contribute to that, because you're looking at those larger relationships all the way through as you've been doing the Ten Series.

**RM:** You clearly are very involved in teaching it, but as someone who's been in practice decades, when do you do it?
The Bigger Context for the Ten Series

By Robert Toporek, Certified Advanced Rolfer™

ABSTRACT The author presents a viewpoint of the Ten Series as one phase in an ongoing project of Rolfing® Structural Integration, including advanced Rolfing work and ongoing maintenance. He discusses this from the context of his history with Ida Rolf through to his dedication to working with families multigenerationally with Rolfing SI.

Introduction

I was asked to write an article about the Ten Series. One thing I learned from studies with Dr. Rolf and her son Dick Demmerle is that the Ten Series is not ten sessions, but one session broken into ten hours. Similarly, in my mind, there is no such thing as the Ten Series separate from a bigger picture of the three phases of structural integration (SI) – Ten Series, advanced work, and ongoing work – as a lifelong process that I call the ‘three phases of SI’. I came to the distinction of the three phases after working with Dr. Rolf and working on people for many years after the first fourteen (basic plus advanced) sessions, which I will discuss below. This is one of the ways I am framing a ‘bigger context’ for the Ten Series. The other element of that bigger context is the evolutionary view that Rolf took, and that I learned through direct contact with the founder. This is where I will begin my story, but as you will see, the larger evolutionary context is intimately tied up with our work of Rolfing SI being, ideally, a lifelong process for the individual, as well as a multigenerational endeavor through families.

Dr. Rolf viewed her work in an evolutionary context, although one has to dig through her writings to see that. Her incredible body of work landed in a culture that was not capable of thinking deeply about the relationship of structure and function in the gravitational field. While branding her work as ‘Rolfing SI’ made her philosophy more accessible to the general population, I believe that we lost the essence along the way.

The Ten Series is less a program of discrete goals and more part of a process of optimizing the human being through the bigger three-phase context of SI. Dr. Rolf always said the whole was bigger than the sum of its parts. As she noted in a late piece of writing, “The Vertical – Experiential Side to Human Potential” (Rolf 1977), “I as an individual, am not primarily interested in the relief of symptoms, either physical or mental... I am interested in human potential, and
human potential per se neither includes nor excludes the palliation of symptoms... Ultimately, she was not interested in just seeing how Rolfing SI could make people stand up straighter or feel better; she wanted to see how it could affect the behavior of a group.

She also wanted to assess the importance of demonstrating, documenting, and promoting the benefits of Rolfing SI for babies and children. Toward the end of her life, she indicated that work with babies and children was the most important direction of her work, and I have taken on that mission as my own life’s work, as I have discussed in an earlier article (Toporek 2017).

The Evolutionary Perspective

Rolf was a behaviorist and was a leader in the field of human potential giants. She saw her work in the context of how it would affect the behavior of a structure and how that translated in life. She noted that “we assume that human beings are, as a species, evolving toward verticality” (Rolf 1977) and argued that Rolfing SI was a conscious attempt at evolving one’s evolution.

I struggled with this for quite some time until I had the opportunity to do Rolfing SI with Raymond Dart, the South African physical anthropologist and paleontologist who discovered the link between humans and apes through his discoveries of fossil hominins that led to significant insights into human evolution. He observed me doing Rolfing sessions on a number of children, and we had lengthy and important discussions about the evolution of verticality. He pointed out to me that as verticality evolved, the shape of the head changed, and so did the growth and development of the brain. This evolution also reflected itself in the growth and development of humanity. I struggled with this idea, because when humans showed up on the typical chart, that was the end of the chart. I have now created a new chart that creates a future for us to think about and ponder (see Figure 1).

To quote Rolf (1977) further:

To what extent could Rolfers create a small population that is able to live within the gravity field without an everlasting war and the constant expenditure of precious human energy? If we could create such a population, what would be its characteristics? I am not interested solely in physical structure, although that is really of basic importance especially in terms of physiological well-being. What will be the psychological characteristics of the individual and of a group composed of such individuals? How would these more vertical individuals compare with the random, less conscious humans who tread the surface of the earth today?

It is perhaps too far-fetched to wonder whether one of the tap-roots of human aggression and its underlying fear may be the continuous sense of insecurity which random humans unconsciously feel with reference to their environment — the gravity field. This emotional response is called forth very early in life, probably with the first attempt at verticality and certainly with the first walking steps. Many psychological and behavioral aberrations arise from causes less basic than this.

Be that as it may, I see no means of gaining an answer to this suggestive and really important question in the abstract. The answer will come when we can create such a population and observe it through a long-term period. At this point, we are justified only in looking with satisfaction at the reports coming in from people who have experienced some approach to the integrating vertical. The appropriate integration of the bodies of man in the gravity field is a long-term evolutionary project.

Not even the first page has been turned yet. It is possible that we are seeing the first conscious attempt at evolution that any species has ever evidenced.

From this, we see again Rolf’s interest in evolution and a basis for her interest in Rolfing SI for babies and children.

My Evolving Journey

I have never studied with anyone other than Rolf and her son, Dick Demmerle. I shared my story of becoming a Rolfer in an earlier article (Toporek 2017). After my

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A New Vision of the Evolution of Verticality

Figure 1: Thoughts on evolution.
training, I apprenticed with Demmerle over three years, being supervised in ‘phase one’ (Ten Series) work, watching him work, and talking to him constantly about our work. I became Rolf’s administrative assistant and helped her promote Rolfing SI for four years. In December 1977, she asked me to implement and manage The Children’s Project. After that, I hosted and managed her final Advanced Training at my house in Philadelphia. So, for whatever it is worth, here are my two cents about Rolfing SI.

I took Rolf’s evolutionary perspective and social experiment to heart. Since 1975, I have done Rolfing sessions for over 4,500 men, women, and children. I have photographed and/or videotaped almost everyone. In addition, I have forms that people fill out with drawings of themselves before session one and after follow-up visits. I have worked with over 300 families, from newborn babies and spanning four generations (Figure 3).

Besides Rolf, I have been influenced by Wilhelm Reich, an extraordinary man who was able to step outside of his culture and examine it with innocent eyes. In the forward to Reich’s book, *Children of the Future*, William Steig wrote:

> Angels at birth, we become lost souls. And so it has been forever so long, as we learn from reading the ancients. How does this happen? Why do we humans, in many ways the most intelligent of all animals, fail to realize what every dog, or whale, or mouse spontaneously knows — that he is part of nature and must cooperate with it, obey its laws? Why are we estranged from life? What is wrong with us, with our way of rearing our children?

I discovered that Rolfing SI changes more than the body; it changes an individual’s relationship to his life and allows him to let go in mind and body the constraints of the past.

The Rolfing Process

Let’s begin to examine what Rolf was talking about in broad terms, looking to her article “Postural Release: An Exploration in Structural Dynamic” (Rolf 1960/2001).

Under the name of Structural Dynamics, and its implementing manipulative technique, Postural Release, a significant area of human experience is being explored. Subjectively speaking, it is a study in awareness. Objectively, its outline was delineated by Cuvier in 1821: his description, however, referred specifically to paleontology.

> “Every organized being forms a whole, a unique and closed system, of which all parts mutually correspond and cooperate by reciprocal action for the same definite end. None of these parts can change without the others changing also; consequently, each of them taken separately represent and postulate all the others.” [Cuvier: Recherches sur les Ossernents Fossils]

Cuvier enunciated this “correlation principal” with reference to the boney, or hard, constituents of biological organizations. The hypothesis seems to be all embracing; however, when expanded, it is found to apply quite as appropriately to the living human, functioning as a physical chemical physiological psychological whole.

Within this framework, Structural Dynamics may be defined as an objective study of such reciprocal action in the individual man; as an objective study within that very broad part of man’s consciousness of himself which he has called by abstraction “posture.”

Here we see that Rolf was already correlating “posture” or structure with broader categories of the living human experience. This takes me to my discussion of the three phases of SI, or the broader process that holds the Ten Series as but one element.

Three Phases of SI

My initial training in the Ten Series came from auditing a Basic Training with Demmerle, through training with Rolf and Demmerle, through observing Rolf’s next-to-last advanced course in New Jersey, and from hosting and participating in her final Advanced Training. I also managed The Children’s Project, which has now evolved into a bigger project called TeamChildren.org, where we take a number of babies and children through the initial Ten Series.
As best I can tell, there are three phases of Rolfing SI. The Ten Series is what I call ‘phase one’. I call it that because I don’t consider it an end. Neither did Rolf, who created a four-session Advanced Series with further goals of integration, which I consider ‘phase two’. The position I take for additional work beyond that – ‘phase three’ – is twofold: 1) if you do work on someone after the initial basic and advanced sessions, you are working on an already integrated body, so any further work goes to forward the previous sessions; and 2) there is no such thing as a perfectly integrated person.

**Phase One: The Ten Series**

The first phase in my schema, commonly called the Ten Series, is actually one session broken into ten parts, as I was taught by Rolf and Demmerle. The goal is to begin to integrate a person’s body around the vertical ‘Line’. Being balanced, aligned, and integrated around a vertical line in the field of gravity actually begins in the final thing we do at the end of the tenth session.

Your body shows up in your life, and your life shows up in your body. The first phase addresses the beginning steps of creating a new posture. According to Rolf (1960), “The tendency of the body to forward its own vital spontaneous rehabilitation is nowhere more evident than during the progression of a postural release. Standard procedure in this methodology calls for a series consisting of ten hours of manipulative organization. Actually, however, impressive contour changes are evident in the intervals between individual hours of processing, as well as in the more extensive changes seen as a result of the ten-hour sequence considered as a whole.”

In overview, the first seven sessions of the ten-session series free the major segments of the body. Sessions eight and nine are integrating sessions that focus on the lower and upper body. However, not until the completion of the tenth session does true integration begin. Following a lead from Joe Heller, I began relating sessions to areas of life. In each session, there is a conversation that can happen that supports the client in freeing his or her potential.

The first session relates to letting go and enjoying the ride of life. As humans, we are born into a structure where flexors have overpowered extensors. Our tendency to hold things in is far greater than our tendency to be open and free. First, I concentrate on freeing the diaphragm from the abdomen, then the shoulders from the rib cage, then lengthening the hamstrings, and a little more work on the abdomen begins to prepare it for the fifth session. I work on the neck, having the client sit up with his or her knees in, fingers laced around the knees, and I lengthen the extensor muscles on the back. Finally, a great pelvic lift.

Session two concentrates on balancing the feet and legs, while about half of the session concentrates on bench work, freeing the back more. There is more neck work, a pelvic lift, and the question of where the client is not standing up for himself or herself in his or her body and life, where he or she is not stepping up and stepping out.

Session three involves the client lying on his or her side to free the lateral line from the hips to the shoulder. There's more neck and back work. The conversation goes like this: “By the time your tenth session happens, suppose your body and life begin to move in a new direction, what needs to change? Each human being is essentially a bigger, older version of how he or she has always been. By the time you were three, you perfected the internal conversation of ‘I'm not going to, you can’t make me.’ Letting go of that attitude makes the work so much easier.”

Session four frees the pelvis from below. The client lays on his or her side, and I start at the feet and work up to the pelvis to lengthen the inner line of the leg. People — whether aware of it or not — hold all sorts of memories in the groin region, and the last thing they want is some strange person working anywhere close to their genitals, so context is important, as well as appropriate boundaries both physical and otherwise. The way I frame the session is in a conversation about vitality. From the time most of us have entered school, our vitality has been zapped out of us. We are told not to be too loud or too happy. This session begins to give our clients a new relationship with being alive.

Session five involves the abdomen and lower back and increases power and confidence. All human beings become self-protected. We still live like lions are coming to eat us. In many cases, nasty stuff has happened to people, and they are justified in being cautious. This is the session to have a conversation about finding a new balance.

Session six works the extensor muscles. Unless I begin Rolfing work on someone at birth or within the first few weeks of life, the general pattern of flexors overpowering extensors has begun to reinforce itself both physically as well as psychologically. The conversation for this session asks, “How would you be different if you really extended yourself in your relationships, your career, and in your life?”

Session seven works with the head and neck. The world exists the way we see ourselves. This session puts the client’s head on top of his or her shoulders — often for the first time in life — and alters the way he or she sees himself or herself. As you see yourself, so you are. So, the question becomes, “What if you could invent a new view of yourself?” At the end of the session, I have the client sit on the table with his or her knees in front and fingers laced around the knees; I begin back work, having the client lengthen his or her spine from the top of the head. This balances the head on top of the shoulders, and the head and neck begin to lengthen.

During session eight, I usually work on the lower body and balance everything I have done up to that point to begin bringing it together. Rolf believed that balance in our bodies, or our bodies’ relationship with gravity, is a privilege.

Session nine works on balancing the upper body, with a further freeing of the arms and shoulders. This relates to reaching out and touching someone. Oftentimes when we have reached out and been rejected, the next time we will reach out a little less, until at some point we can barely raise our hand to ask a question or make a statement.

Session ten was repeatedly hammered into my head by both Rolf and Demmerle. Anything you miss in an earlier session will be your karma in session ten. I start at the feet and work up, legs, thighs, abdomen, chest, and shoulders. After working on the head and neck and doing a pelvic lift, I have the client stand up and walk around. Then I have him or her sit on the floor with the knees up and fingers laced around the knees and work on the back, starting just below the neck, while s/he lengthens the spine from the top of the head. In a moment, all of the work begins to come together. The distinction is, to have a new posture, one has to let go of the old one. A definition I use for ‘posture’ is the position or attitude of
your mind and body about yourself or
your life. I then acknowledge the joy in
working with the client, find out if there
is anything s/he is incomplete with, and
say goodbye. This session for me is the
hardest. I have established an incredible
relationship, and now it’s time to let go.

Phase Two: The Advanced Series

The second phase of SI in my schema is
Advanced Rolfing. In the original Advanced
Series formulated by Rolf, it was another
four sessions. Rolf recommended waiting
nine months to a year before starting the
advanced work, but there are always
exceptions to the rule. The distinctions
I learned from Rolf and Demmerle are
that these four sessions, compared to
the Ten Series, concentrate on a deeper
level of balancing joints and impacting
the nervous system. Rolf designed these
four sessions to concentrate on the major
joints in the body, such as ankles, knees,
hips, wrists, elbows, shoulders, abdomen,
lower back, the head, and neck.

Again, you think of it as one session
broken into four parts, with the focus being
one’s posture in the world. If you examine
enough ‘before’ photos, you will see that
the posture most people have in relation to
the world is “Who am I to make a difference
in the world?” It could be interpreted as a
posture of cynicism and resignation.

Session one (session eleven total) treats
the ankles, knees, and hips: your stance in
the world. Session two (twelve) treats the
wrists, elbows, and shoulders: reaching
out in the world to make a difference.
Session three (thirteen) treats the abdomen
and lower back: your power in the world.
Session four (fourteen) treats the head and
neck: how to realize your vision.

If I have taken a client through these
fourteen sessions total of phase one and
phase two, I am leaving that person with a
body that is well-balanced and integrated
in the field of gravity. Any further work is
done from this foundation, looking to see
how I can take the integration to an even
further level.

Phase Three: Ongoing Work

After the Ten Series and Advanced Series
are completed, it is recommended that
clients have a session once or twice a
year or whenever they feel a need. Rolf
talked about ongoing maintenance, but
as I view this work as part of an overall
process of lifelong SI, I have named it
‘phase three’.

Here’s a metaphor for looking at the three
phases overall. The first phase, the Ten
Series, is like launching a rocket. The
second phase, the Advanced Series, is
putting it into orbit. (People who have
done the Advanced Series often take
on bigger missions in life and make a
bigger difference for others.) Phase three,
ongoing sessions through life, is the
maintenance: out in space, your vehicle
runs into space debris from time to time,
and if you do not maintain it, it will soon
fall back to earth.

Further Considerations

Working with infants, I find that structural
patterns can be dramatically altered
in the first few months, especially if the
parents have been through Rolfing SI.
In these cases, the Advanced Series is
appropriate within nine months to a year
later. I am always working on a structurally
integrated body. I can get more done with
these kids as they age than an older client
who has patterns deeply ingrained not
only in his soft tissue, but in his skeletal
structure as well.

Doing phase-three work on adults is
another conversation. Even having
benefited from Basic and Advanced
work, many adults come into phase-three
work facing life challenges, accidents,
emotional traumas, or diseases like
cancer. Nonetheless, true believers
welcome the occasional session to propel
them both in their bodies and in their lives.
For example, a friend of mine had both
his hips replaced and underwent shoulder
surgery. Afterward, he was acutely aware of how imbalanced that left his body. We did an additional couple of sessions, and he is now sailing away with a balanced body once again.

Current Work

In 1978, Rolf and I held an event to recruit children to receive Rolfing work in The Children's Project (Figure 3). In talking to the parents, Rolf noted that Rolfing SI provides children with a good foundation to stand on and grow up from, namely a balanced, supportive physical body.

This is where it all begins, and it is the genesis of my commitment to working with babies and children as well as multi-generationally with families. (I 'walked my talk' with my own family by working on them, both my parents and sister, and my children.) Most of my clients who do the Ten Series are familiar with the illustrations and philosophy in this article, and they have had their children or parents also receive Rolfing SI.

Right now, I am working on a woman whose parents also saw me for Rolfing SI about forty years ago. I am also doing Rolfing SI for her twenty-two-year-old son. Similarly, I am working on a man whose wife has been after him to get Rolfing SI for thirty-eight years. I am getting ready to do the phase-two series on a one-year-old baby who started his first session at two days old. His older brother started when he was six days old and has now had fifteen sessions. Their mother and father have had sessions beyond session fourteen, and their aunts, uncles, and grandparents have also received Rolfing SI. And I am doing Rolfing SI for a chiropractor and her three children (she has five-year-old twins, one of whom was severely brain injured from birth).

Additionally, I have taken this work to one of the worst ‘drug neighborhoods’ in Philadelphia over a period of years (see Toporek 2017).

From my point of view, the most important work before us is to find groups of people to work with, document the results, and find a way to follow up to further document how our work impacted the behavior of that group. When we become scientifically significant, we will be on a new path of healing the world. Rolf’s work is a gift to be given to as many people as possible as soon as possible.

Conclusion

In conclusion, here are some comments from Dr. Rolf (1979) that you may have not read:

As Rolfers, we know that through a combination of manipulation and particularly of education in the understanding use of his body and its movements, we can bring any man to a more nearly vertical stance. The structural support of a person in the collagen, the myofascial system — fascia, tendons, ligaments, bones. It is because of the unique chemical and physical properties of collagen that we are able to bring mankind toward the vertical. At this position of verticality, gravitational forces reinforce him, because at the surface of the earth, gravity acts as a set of vertical lines. Gravity no longer tears him down or pulls him apart. Then he says, “I feel good. I feel wonderful. What have you done to me?” But it is not we who have created this well-being, it is gravity.

Robert Toporek studied directly with Dr. Ida P. Rolf the last four years of her life and apprenticed with her son Richard Demmerle. He managed all of Dr. Rolf’s final classes and in January 1978 provided Dr. Rolf with the opportunity to establish the validity of Rolfing SI for babies and children by starting The Children’s Project at Rolf’s behest with the support of his housemates and friends in Philadelphia. Since that time, he has continued to expand working with babies, children, and entire families, providing and documenting Rolfing SI for over 300 families. He began Rolfing SI for his son Bryan on the first day of his life. Robert is also a decorated Vietnam veteran, the author of Hands-On Parenting: A Natural Guide to Happier, Healthier, Smarter Kids & Parents. Audubon, Pennsylvania: TeamChildren.


References


Instructor Dialogue

Thoughts About the Ten Series

By Bethany Ward, Rolfing® and Rolf Movement® Instructor, and Larry Koliha, Rolfing Instructor

ABSTRACT Larry Koliha and Bethany Ward, Rolfing Structural Integration (SI) instructors and also a couple, share thoughts about the Ten Series, both in teaching and in practice.

Larry Koliha:
I firmly believe that what Dr. Rolf investigated and came up with is a fantastic model. The Ten Series works with all the regions and layers of the body. It addresses not only the body, but also how clients perceive themselves and the actions that they take. It gives clients options for change that they didn’t know existed. Our clients are literally taking a tour of their own bodies and exploring how things work and discovering new territories for awareness. I do not know of any other modality out there that works with people this way and has the same impact.

As you can guess, I use the Ten Series constantly in my practice and work with the ‘Recipe’ and Rolf Movement education in each session. I have almost all new clients sign up for at least three sessions to start with, and most go on to finish all ten sessions. There are very few people who have started a Ten Series who didn’t find it beneficial in some way or another. I firmly believe new practitioners should use the Ten Series for several years.

Bethany Ward:
As you know, I am also a huge fan of the Ten Series in my private practice and as a way of teaching this work. The Ten Series provides an ideal context for learning what the work can do and refining the manual and perceptual skills needed to be really effective. A Rolfing education is unlike much of the learning we encountered in [conventional] school. When we study math or history we use our rational, cortical brain to memorize and make connections, but when we learn Rolfing we need to tap into much more of the whole person, the body-brain, if you will. How do you teach someone to expand their sense of touch, interoceptive awareness, or the ability to sense others’ patterns in their own soma? One of the best ways is to revisit the same material over a wide range and
large sample of encounters. When used regularly, the Ten Series gives Rolffers the opportunity to assimilate kinesthetic data needed to refine sensorimotor skills and develop intuition.

Until you’ve practiced the Ten Series unadulterated, you can’t know what it can do.

BW: One of the great things about Rolffers™ is the rich variety of our backgrounds. Many of us come to Rolfing SI with other meaningful therapeutic skills. After completing the Basic Training, it is tempting to want to incorporate it immediately with other modalities such as physical therapy, chiropractic, or massage. While all of these modalities are valuable, and clients often benefit from a combined approach, I strongly urge new practitioners to practice this work unadulterated. It’s the only way to learn what is possible with our structural and movement approaches. When our skills are new, there’s no way to have the depth of knowledge or basic mastery to integrate the work in a meaningful way.

I don’t expect practitioners to forget what they’ve previously learned, but I’d encourage them to avoid mixing modalities too soon. For a couple of years, I’d advise practitioners to keep the Ten Series sessions intentionally distinct from those of other modalities in order to become fluid in the interrelationship between Rolfing assessment, strategy, intervention, and reassessment in each session. Larry, I think one of the reasons we love the Ten Series so much is because we are fluent in it. It’s fun to speak a language when you’re fluent and immersion in a language is one of the best ways to learn it.

‘selling’ the Ten Series

LK: Another thing I commonly hear practitioners say about the Ten Series is that they can’t ‘sell’ it. It’s too big of a commitment for a lot of clients. This can be particularly hard in some areas where Rolfing SI is even less well known.

I recommend that practitioners emphasize doing the first three sessions [of the Series] with clients. Even after all of these years, I encourage clients to simply to plan on doing the first three sessions because they address almost all client complaints in some way or another. Then focus on the sessions. In each session, draw attention to how work in one area affects other areas of the body. From session one, use words and touch to teach the client about the interconnectedness of the body. So, if the client has pain in the neck, she learns to track how opening the chest, softening a holding in a shoulder, or easing pelvic strain impacts the neck. Over the three sessions, clients start to appreciate how each session builds on itself and how work in seemingly unrelated areas is getting them toward their goals. Without stating it directly, working with the interconnectedness of the body sells the Ten Series. I almost never have a client come in for one session and then quit. I think I’ve had that happen only a few times. While I work within the Ten Series, my focus early on is simply on the first three sessions.

BW: I’m the same. Unless a client comes in asking for the Series, I tend to take a one to three to ten approach. I explain why the ten sessions make sense, but encourage the client simply to try a session to see if the work and my approach resonate. If the client wants to continue, I usually recommend doing two more sessions and reassessing at the end. I explain that after session three is a logical place to stop or to decide to do the rest of the series. While most clients continue, I like to present it this way because it allows me to start introducing the idea that our work is client-directed. Giving options keeps the client from feeling pressured and creates a safe container. It also requires the client to pay attention to his or her experience and take responsibility for the process. Options, safety, and participation are all elements I’ll build upon in a Ten Series.

Will you do a single Rolfing session that’s not in the Series? Do you do fix-it work?

LK: Oh yeah. Of course I do one-off sessions with post-ten clients, but I am also happy to work with clients who do not want a Ten Series. It’s important to me to meet clients where they are. Often there are clients who only want one session, but who then feel the work and are motivated to do a whole series.

BW: Me too. But even when I do fix-it sessions, I educate people on how it relates to series work. I’ll usually say something like, “If our session addresses your concerns – and if it holds – that’s great. But if you get some change but it doesn’t last, it’s likely telling us it’s part of a larger pattern. Then, if you want, we can do a fuller intervention with a series of sessions.”

After Advanced Training, should one still do the Ten Series, or do nonformulistic work, or both?

BW: I’d say both.

LK: Yeah, me too. But I still prefer to start new clients with a Ten Series. In the past, I have swayed from the ten sessions with clients who said they just wanted a few sessions but not a full series. But after a few sessions, I usually found something lacking in our progress. It’s like cutting back on a recipe and only using some of the ingredients. You can still make a meal and people may be happy, but you know how good it could have been. Generally, the connections and integration weren’t at the level I expected for the number of sessions we’d completed.

Now I almost always start with a Ten Series. For me, nonformulistic work makes more sense for people who’ve gone through the ten. Even when I do nonformulistic sessions, I have the Ten Series in the back of my mind. As I consider session goals, I find myself thinking, “This person needs a [session] four, and that one needs work on the lateral line.” That said, if someone comes
in with a chronic situation, like migraines or back pain, I will do some work before the Series to ‘calm the beast’.

BW: I know what you mean. If someone is in a lot of pain and I see a glaring imbalance that is likely contributing to it – like a significant limitation in the pelvis or neck, or a unilateral appendicular pattern – I might take a session to address it. Another way of thinking about it is Advanced Rolfing Instructor Tessy Brungardt’s analogy of cleaning the kitchen before you cook a big meal. Sometimes it makes sense to do a nonformulistic ‘clean-up’ session that improves the overall order of the body before embarking on the Series.

Like you, I have learned through trial and error that I prefer to use nonformulistic work with post-ten clients. The Ten Series reminds me of an introductory course to a new subject. Introductory ‘101’ courses are demanding because you aren’t expected to know anything when you start, and a class covers a lot of territory. A good intro course teaches you the basic skills, concepts, and vocabulary that you’ll need for advanced studies. You don’t master the subject, but you get acquainted with it. Take an Economics 101 class – at the end, all of the students will have a basic understanding of the material, but some will want to learn more: so it is with a Rolfing Ten Series. Like any intro class, the Ten Series introduces a lot of information. Ongoing sensorimotor research supports the importance of blending functional education in our work. So, in addition to structural insights, the Ten Series provides a logical framework for layering in functional skills such as self-sensing; perceiving weight; yielding, pushing and reaching; arching, curling and hinging; dynamic sitting; spatial awareness; shoulder stabilization; and contralateral motion, to name a few.

When I don’t take clients through a Ten Series, I tend to skip parts and important groundwork gets missed. For me, a Ten Series establishes foundational experience and skills. The client won’t have mastered everything but will be fluent enough in Rolfing [SI] that nonformulic sessions can be a much more sophisticated conversation. This was brought to my awareness recently when I saw a client who’d had fifteen Rolfing sessions with another practitioner before coming to see me, but who had never done a Ten Series. When I asked her to gently rock her pelvis during a manual technique, she was confused. After trying several cues that normally work, we interrupted what we were doing and introduced pelvic rocking. (It turned out that her significant frustration signaled undifferentiated pelvic movement – a key factor in her complaints.) Later, she struggled to meet me in back work because she had never learned to connect through her feet. Again, we had to stop what we were doing and provide this education. At the end of the session, the client asked to do a Ten Series. The other practitioner is highly experienced, and the client shared that much progress had been made in their work together. I only share this example to illustrate how a Ten Series can uncover areas that are impeding embodiment and integration. Counterintuitively, a Ten Series is often the most efficient approach. Furthermore, it bolsters nonformulaic work because the Rofler and client have a shared language.

What is hardest to teach?

LK: Patience – waiting for a change rather than pushing through. When we give in to the desire to do something right away, we lose the essence of the work. Other important topics are learning the body mechanics and sense of self required to impart the work. Maybe you could think of it as the three Ps – patience, posture, and presence.

BW: I like it. Patience is a given, but body mechanics and presence – some people might not immediately put those two together.

LK: But it’s huge. How you use and experience your body facilitates your sense of self.

BW: Furthermore, I think a lot about how the client’s body is listening to my own (and vice versa). We’re always sensing and resonating with each other. Humans are social animals and we’ve evolved to be always scanning for danger and seeking safety. Our systems are continuously communicating with each other. My body mechanics while working influence my ability to be present and the subcortical, nonverbal conversation I’m having with my client.

Do you have a favorite session?

LK: I like the breath session. I often say that what we do boils down to teaching people to breathe and to walk.

BW: My students laugh at me because I tend to introduce each session as ‘one of my favorites’. I can’t help it. Each time I review my notes before I lecture, I’m struck by the genius behind that session.

LK: I don’t have a least-favorite session.

BW: No. But I did. Early on, I was intimidated by and uncomfortable with
Sometimes it’s not the how but the why that stops you from doing certain kinds of work. Rolfing interventions are personal and sometimes unusual. Unless you understand why you are doing what you’re doing, and are able to explain it to your client in a way that makes sense, you won’t be able to work with confidence and you won’t be able to get good at it.

LK: Not developing these skills is actually a detriment to your practice.

BW: Agreed. But not developing these skills is also a detriment to clients. If you became a bodyworker to help people and you have an opportunity to learn skills that are uncommon but highly effective, on some level you have a social obligation to get good at the stuff most practitioners don’t do, so it’s available to people who need it. I’ve had clients who suffered for years with pelvic-floor pain or TMJ disorder find relief with Rolfing [SI], only to lament that for years they hadn’t known where to go for help and never thought of bodywork. I think practicing the Ten Series pushes us to develop skills we might overlook otherwise.

In closing, is there anything else that you would like people to think about?

BW: I want to harp on with this idea of exploring what you tend to avoid. I’d suggest finding your old Ten Series notes and noticing what you’ve dropped from your strategy. Often it’s just something you forgot about and might want to pick up again. Or you might be unconsciously avoiding material because something isn’t making sense. Remediating it often isn’t that difficult if you know what’s missing.

On the surface, the reason I wasn’t crazy about the fourth session was because I feared the territory might make clients feel uncomfortable or self-conscious. But as I wrestled with the session, I realized that I felt lost in the anatomy. While I could visualize the pelvis well enough in standing, I’d get disoriented with the client sidelying in the Fourth-Hour position. Two-dimensional anatomy images were of no help, but getting my own three-dimensional pelvis model did the trick (the same thing for a skull model with the muscles of mastication). Most of us are kinesthetic learners and do well to have something we can manipulate. Sometimes it’s not the how but the why that stops you from doing certain kinds of work. Rolfing interventions are personal and sometimes unusual. Unless you understand why you are doing what you’re doing, and are able to explain it to your client in a way that makes sense, you won’t be able to work with confidence and you won’t be able to get good at it.

LK: I guess my last thoughts are to reiterate the power of the Ten Series. There are lots of seasoned Rollers out there who don’t use the Ten Series and they’re still doing great work. We all have to do this work authentically, in a way that makes sense to us. You and I are obviously strong proponents of the Ten Series, and this is probably due to our experience as instructors. Teaching the sessions has kept them fresh for us, and the organization of the Series supports the way we work. After you’ve been working for a while, you find an approach that makes sense to you — that may include the Ten Series, nonformulistic work, or some melding of the two.

But I strongly urge new practitioners to use the Ten Series and trust the years of logic behind it. Additionally, I advise practitioners to start using the Ten Series immediately upon graduation and not take a break from it. Students focus on getting back home, setting up a practice, and finding clients — but they need to be practicing the Series with family and friends. If they don’t practice right away, it’s easy to forget a lot. Similarly, if you mix your Rolfing education too soon with other modalities, you won’t be able to tell what the Ten Series can do.

BW: Yes! New knowledge isn’t fixed. Unless you practice, nascent learning deteriorates quickly. After the huge investment expended to learn the Ten Series, you owe it to yourself to tend to your new skills and give them every chance of developing to their full potential.

Bethany Ward and Larry Koliha are Dr. Ida Rolf Institute® faculty members who have been working and teaching together since 2006. Bethany serves on the Leadership Council for the International Somatic Movement Education and Therapy Association (ISMETA). Larry is a member of the Dr. Ida Rolf Institute’s Board of Directors and serves as Faculty Representative. They live and practice in Durham, North Carolina.
Thoughts on Practicing and Teaching the Ten Series and the Seventh Hour

An Interview with Sally Klemm

By Sterling Cassel, Certified Rolfertm and Sally Klemm, Basic and Advanced Rolfing® Instructor, Rolf Movement® Practitioner

ABSTRACT Sterling Cassel interviews Basic and Advanced Rolfing® Instructor Sally Klemm about the Ten Series – when and how she practices it, and thoughts on teaching it. They also give particular attention to the Seventh-Hour work on the cranium as Klemm is also a teacher of craniosacral work.

Sterling Cassel:
The Ten Series is the theme of this issue. I’m interested in talking with you about that, and particularly about your relation to the Seventh Hour as you teach craniosacral work as well as Rolfing Structural Integration (SI). So we can range far and wide.

Sally Klemm:
Sounds good Sterling: I’m game.

SC: Let’s start with you Sally. You practice Rolfing SI and teach Basic and Advanced Rolfing trainings as well as CE classes. How do you look at the Ten Series through each of those lenses?

SK: In brief I’ll say the practitioner lens differs considerably from the instructor lens. And each according to what level of client or students I’m working with.

As a Basic Rolfing instructor, the lens is focused on presenting the Series in a technically coherent and logically cogent form. The lens in intermediate (CE) training becomes more focused on developing and refining a particular aspect of the Series in greater depth and detail. In Advanced Trainings, the lens opens wide again, extending beyond the Ten Series to consideration of the multidimensional aspect of the work; strategizing nonformulistic and principle-based interventions via the various taxons according to individual client needs.

SC: How do you decide whether or not to do a Ten Series or do nonformulistic work in your practice?

SK: I generally leave it up to the client to determine.

SC: You don’t necessarily push or recommend the Ten Series?
Pattern recognition is integral to embodiment. By means of touch and contact, with the practitioner as a guide, we can optimally gain insight into habitual patterns of posture, movement, or gesture that are unconscious.

In terms of Rolfing’s holistic approach however, structural integration is an ongoing life process and embodiment continues on beyond the Ten Series.

Let’s take pattern recognition for instance. Pattern recognition is integral to embodiment. By means of touch and contact, with the practitioner as a guide, we can optimally gain insight into habitual patterns of posture, movement, or gesture that are unconscious. They’re not really in our cerebral cortex – or our rational mind – but more in the realm of feelings, emotions, or sensations that are actually in a different part of brain and nervous system altogether. How might we use skillful means to bring those sensations and the nervous system more into our conscious awareness? For me, it entails slowing down and being relaxed enough to attend more to the sensations and perceptions that my rational or cognitive mind isn’t so great at tracking.

Rather than asking what’s causing this issue or pain, the question becomes open-ended: How might I provide enough space and support in the system to affect a beneficial reset in the nervous system in order for the entire body to come back home to center?

How do we begin to sense our way in through the territory that is interfering with an experience of verticality and impinging on transmission through the core? Consider for a moment Jan Sultan’s five elements or components of structure

1. Shoulder girdle
2. Pelvic girdle
3. Sleeve
4. Core
5. Axial complex
All of them converge in the neck and the cranium, which is basically the territory of the seventh session, right? This has ramifications right through to the other pole of the spine and into the feet and legs. Ideally we’ve systematically worked through the body with each progressive session so that the classic seventh-session task of putting the head on the top of the spine is a goal that’s available or achievable to us.

**SC:** Great.

**SK:** I have another point to make about using moment-to-moment experience for the duration of a session to explore the territory in an embodied and tactile way, i.e., how does the cranium relate to the rest of the body, or, let’s say, complete the ‘Line’? Rather than this moment-to-moment experiencing, the focus for our clients and students as clients in general becomes a tendency to react (rather than respond) to a particular pattern or condition or situation.

For example, I assume you’ve experienced this: you’re working in the territory that is impinging on the overall integration and the client says, “That’s it! – that’s the spot!,” and begins to react in a way that’s contractile. I’m referring to the tendency to brace somewhere to release something elsewhere, rather than patiently allowing a response to occur. That is significant for me.

**SC:** And do you find that people who have had a lot of work can allow a response to occur better than, say, a person completely new to Rolfling work?

**SK:** I do. I think one of the gifts of the Ten Series is this educational piece, the opportunity for clients to learn somatically, to accompany them in an exploration of the body’s natural responsiveness. We’re already alive, we’re already responding. We’re already breathing. I’m a big fan of optimizing respiration, the goal of the first session, but also the goal of all ten sessions – you know, Ida Rolf’s description of the Series as being ten different approaches to improving respiration certainly is conducive to allowing the nervous system to come into a more responsive and less reactive state. And that is not cognitive. It’s more limbic. It’s more in the autonemics.

**SC:** If we can refine our ability to sit with, listen to, open to, and embody the inherent vitality that’s already going on – these responses are always mirrored in the breath. It gives the nervous system a chance to respond.

**SC:** As an instructor, which part of the Ten Series is the hardest for students to learn? And hardest to teach?

**SK:** Off the top of my head I’d say the integration part (or piece) – sessions eight, nine, and ten are often the most nebulous because we have a fairly clear roadmap in one through seven in terms of principles, goals, territories, and the outcomes we would like to achieve. However, having covered those seven bases, to switch from differentiation to integration is often less clear. And by the same token, more opened-ended. Integration continues on beyond, far beyond, the Ten Series. Integration is hard to convey, it’s a pretty lofty notion to look at people holistically. The tendency for new practitioners is to think it must be delivered within the ‘ten shots’ of the Series. In reality, integration is an ongoing process of embodiment rather than a goal or destination to be achieved once and for all. That process has its own timing. Does that answer your question?

**SC:** Yes, it does. Do you have a favorite session that you love to do, or any that you’ve found more challenging over the course of your development as a Rolfer?

**SK:** As both a Rolfer practitioner and an instructor, my favorite session is the session at hand. I’m trying to guide the way through the Series, but it isn’t really me that teaches Rolfing; it’s the Series that teaches them as they embark on their practice. And that’s what I love so much about what I do. I’m still infatuated with Rolfing. It’s like a long-term relationship. And to share that with others step by step, I love it.

**SC:** What about in a Ten Series, do you ever make modifications and switch things up where you may do something that ought to be done later earlier (in terms of the historical template of the ‘Recipe’)?

**SK:** Let me go back a little bit. For example, in an intermediate or advanced class we go into further consideration of some of the elements of the seventh session or some of the elements of the cranium in a different way – to get some more precision and refinement at an advanced level that most of the time, would be beyond the scope of a basic class.

So, in terms of a basic Ten Series, I consider each session is more of a lesson if I’m looking at it formulaically. You know, that one lesson leads to the next, and it may take two visits to complete a lesson, particularly the seventh session that addresses the interplay of the viscerocranium and the neurocranium. It may be that there’s a session 7A and a session 7B, where one appointment addresses tissue in the axial portion of the cranium while the next appointment might address the visceral component separately. Or even a possible separate session on the neurological component, or inherent motion – bringing a balance to that.

**SC:** Some people say that the Ten Series is a teaching tool. How do you frame that to students in Basic Training?

**SK:** For example, in a language, you learn the basic, present tense, before you start learning past tense or pluperfect. With the Ten Series, you have a lesson plan for each of the different sessions built into the ten-step protocol. There are goals and territory for each session: one through three you address length, width, and depth; in the middle four sessions you are addressing torsion and rotation and contralateral movement and how they are reflected through the central axis of the spine; then the three final sessions you are in the integration phase – whether you call it upper and lower body, G and G’, or the ‘spheres’, or different images – and hopefully these will be incorporated in a way that allows a more connected, embodied sense of oneself in the world.

**SC:** Let’s talk more about the seventh session. We sometimes hear that some Rolfers are no longer doing the nose work or the intraoral work that’s part of the classic Seventh Hour. How do you feel about that, and what do you think the client is missing out on, or what, perhaps, is the Rolfer misunderstanding?

**SK:** That’s a good question. Interesting and fascinating to me is that interface of cranial work with structural integration. The dimensionality of the cranium and how that dimensionality, that sense of palintonicity, can be enhanced through our work. And it may be different for different clients.

For example, the interface of the neurocranium with the viscerocranium in the head is a huge consideration of the seventh session. There needs to be a span or a possibility for dimension from the center, for a centrifugal expansion or dimension within the cranium – particularly if it’s restricted in the anterior/posterior depth, the interface of neuro-
The interface of the neurocranium with the viscerocranium in the head is a huge consideration of the seventh session. There needs to be span or a possibility for dimension from the center, for a centrifugal expansion or dimension within the cranium – particularly if it's restricted in the anterior/posterior depth, the interface of neuro- and viscerocranium.

and viscerocranium. The nose work and the mouth work can be very effective in increasing front-to-back depth and releasing the sense of restriction or compression through the front and back of the skull.

I mean, it's not just front and back. Behind the nasal pharynx we have the body of the sphenoid, at the top of the visceral core. It's at that juncture where the visceral core relates to the foramen magnum and the spinal cord going down through the spinal canal for our central nervous system. With some clients, a hypertonicity or contracture through the axial compartment of the neck may be more influential in terms of that paitlonticity, so perhaps a client like that doesn't need nose work. Do I do nose and mouth work every single seventh session? No. But have I omitted that from my practice? No. So it can be client- or session-specific depending on my perception of the needs of the client.

Also, if anything, I’m more apt to do mouth work because of the influence of the mandible and in terms of different strain patterns that can be driven into the cranium via the mandible and upper shoulder. So if I would leave something out, I might leave the nasal work out. And having said that, I don’t lock myself into the seventh session only for intraoral work. I often begin the intraoral work earlier in the Series, often at five and occasionally at three. That was a good question.

**SC:** When, from the client’s side, might it be appropriate to not do the nose or mouth work? Say if somebody had a history of trauma there, or just specifically said they didn’t want to. Does that happen?

**SK:** Yes, it happens. Some clients I see on an ongoing basis are working through traumas of various sorts and cannot (yet) tolerate nasal or intraoral work. With those folks, it is possible to affect structural change externally. The practitioner’s ability to sense the inherent motion of the cranial system facilitates this significantly. If the client will allow a grip to the front teeth, for example, that hold can be used to decompress the maxillae and sense through to the vomer and ethmoid. In addition, the cartilage of the nostrils can be used to feel fascial connections through the conchae from outside the nose.

Because the mandible is one of those single structures that crosses the midline and has a paired joint with the two temporal bones, many clients present with temporomandibular issues because of asymmetry through the temporal bones. And those structures feed into the lateral line of the head. It is easier and more direct to work on the deeper layers of the masseter and the lateral pterygoids intraorally, but it is also possible to effect change in that fascia from outside the mouth. As we get more refined at feeling the various layers and perceiving where tension is held, we can work from superficial to deep without going into the mouth.

**SC:** How do you know when you’ve done a good Seventh Hour? What’s the hallmark?

**SK:** The first hallmark that comes immediately to mind is when the client reports a better connection to their feet. Another one might be the client’s sense of having relief from – most often – neck pain or headache. For me as the practitioner, I look also for a palpable sense of transmission; if I can perceive this from the foramen magnum / occiput / atlantooccipital joint through to the lumbosacral junction, I’m happy. That’s a big hallmark because to get that sense of connection from the cranium through the neck that does not end at the mid-dorsal hinge but extends below throughout the thoracic spine into the lumbar and sacrum, with that the client often perceives and has the felt sense that the support for their cranium is at the base of the sacrum, that they are not ‘doing’ something to support it or to be upright.

**SC:** Is there anything else that you would like to address or expand on?

**SK:** Not that I think of off the top of my head.

**SC:** Thank you, Sally, I’m very happy with this.

**SK:** Thank you.

Sally Klemm is a member of the Advanced Faculty of the Dr Ida Rolf Institute® who has taught certification courses in Rolfing Structural Integration and craniosacral work internationally. She is a graduate of UC Berkeley and holds a Master’s Degree in Education. Sally’s ability to blend an organized cognitive style with intuitive understanding reflects her fascination with the interface of psyche and soma and how that informs our direct experience. Her teaching style creates a relaxed atmosphere that supports a variety of learning styles. When she is not traveling internationally to teach, Sally maintains a private practice on Oahu and Kauai in Hawaii.

Sterling Cassel graduated from the Rolf Institute® in 2005. His practice is located in Kirkland, Washington. He is currently talking the Advanced Training and will be done in June 2019.
I graduated from the Rolf Institute® [now the Dr. Ida Rolf Institute®] in September of 2017 and was fortunate to have an office waiting for me at a fitness center of a college near Dayton, Ohio. This is a great start for me because the management created my website, advertise with flyers, takes payments at the front desk, and every member is a potential client. To be clear, my 'office' is an upstairs 9-foot x 5-foot storage closet with a small window overlooking the gym floor below. Besides learning how to cram two bodies in that space, I have to tune out the cacophony of dumbbells, whipping CrossFit® ropes, and thunking medicine balls. For the most part the clients understand, yet it does get a bit nerve wracking for me to give a session seven of the Ten Series while the windows are pulsating from the impact of runners on the five treadmills below.

As I reflect on this past year, a theme that keeps recurring for me is this elusive concept of neutrality. I have difficulty not getting attached to a result, not getting caught up in my client's story and fixating on 'solving' his/her problems. I struggle with expecting my clients to fully experience the goals of each session of the Ten Series. I catch myself anticipating a specific result, i.e. the clavicles have more movement after opening the breath in session one, or a freer talus after session two. During a session this is the constant looping dialog in my brain: “I am neutral / breathe and find center / this pressure will (insert verb: free, lengthen, fire, release) this (insert body part) / oh great it happened / oh no it didn't happen / how do I know it happened / no I’m just supposed to facilitate this work / be neutral / stay connected / just allow / oh look something happened! / repeat. In seeking to do bodywork that is authentic and helpful, this seems to be incongruent with neutrality. This process of doing Rolfing work on others and helping them achieve their goals is also a process of self-discovery for me and how I respond and react to these experiences, which also challenges my
The Rolfing ‘Ten Series’ – Part 1

ability to remain neutral in my clients’ journeys in embodiment, because I really do anticipate and expect results.

I have really struggled with genuinely wanting to help each of my clients though the Ten Series, because I know how transformative that work is, yet with also trying to create the space for them to develop the language and experience to own it for themselves. I catch myself asking questions like, “Do you feel the length in the backs of the legs and how much more you can extend the arms back now?” . . . “Do you feel that you can move from a center between the bottom of the ribs and the tops of hips?” . . . “Can you feel the energy from the heels going up through the knees instead of being blocked?”

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Some clients nod in excitement, but others look puzzled and respond, “No, I don’t get that,” or “Um, I think so?” I think I’m being helpful by offering these descriptions, but it probably puts too much pressure on them. Perhaps I am subconsciously trying to influence their response and guide their experience which is the opposite of being neutral. I put tremendous pressure on myself to be a ‘good’ Rolfer. I need to learn to allow them the time and container to experience their own sensations without me inserting my perspective or assuming they know what to feel.

I’ve had a steady clientele of about three to four sessions a day, five days a week, and take some time off for my military reserve duty and downtime with friends and family. I’ve had clients with a range of issues such as scoliosis, strokes, PTSD (post-traumatic stress disorder), Alzheimer’s, fibromyalgia, nerve damage, and several hip and knee replacements.

Some of my clients are just curious about Rolfing SI and want only one session, but about 80% of my clients go through the Ten Series. Some don’t complete it due to finances, and a few have quit because it was too much change in their lives and they were not ready to move on from an identity of pain and stagnation. Once in a while I’ll get a call from someone out of town/state/the country who has had Rolfing sessions before and wants something very specific done. I get a little nervous about these sessions, because I only know the Ten Series and wouldn’t know much about Ida Rolf’s suggestion to “do what’s next.” However, after talking to the client I do a little improvisational mash-up of several sessions and do my best to address his/her needs with intention, positive rapport, professionalism, and whatever movement and back work on the bench I think is appropriate. I would say that these types of sessions give me a deeper understanding of the ‘Recipe’ as a whole and how the sessions are both separate in their goals yet connected through the process of embodiment.

For sure, my biggest lesson in practicing neutrality came out of my worst fear coming true: I was inappropriately touched by a male client (right after we completed session seven). I was in shock, feeling vulnerable, sickened, and betrayed. At the time I was also giving Rolfing sessions to his wife. I observed myself vacillating in my neutrality from never wanting to work on anyone again to feeling bad because this incident would mean that neither he nor his wife would receive the rest of the sessions – how could I just drop them in this process and leave them so disorganized? This event has affected my neutrality every day I walk into my little closet. I find myself bracing physically and mentally with new male clients and build a protective barrier around me by emulating a more masculine version of myself and referring to my other job as an Air Force officer to bring about an ‘air of authority’, for lack of a better term. It’s interesting how we learn at the Rolf Institute that practitioners can wield power over our clients through our work, but the reverse is also true – we carry our clients’ interactions with us in small and large ways.

Other than this event, I have had a great experience as a Rolfer and the work is speaking for itself in the ways my clients respond and how they choose to embody their process. I would be interested in getting feedback from fellow Rolfers on this concept of neutrality and hear your experiences – both positive and negative – so we can all do our best to help others and continue doing good work while discovering ourselves in the process.

Melissa A. Dailey first learned about Rolfing SI in 1995 and graduated from the Dr. Ida Rolf Institute® in September 2017. She has served in the Air Force for nearly twenty-five years and currently lives and practices Rolfing SI in Dayton, Ohio. Melissa has a BS in international business and French, an MA in bicultural-bilingual studies, and a Master of Military Art and Operational Science. Melissa is passionate about both Rolfing SI and contributing to the military community. Her work has attracted the attention of the medical director of the Dayton Veterans’ Administration, and in April she will present a proposal to bring Rolfing SI there as an additional therapy.
Deviating from the ‘Recipe’

By Deborah Weidhaas, Certified Advanced Rolfer™, Rolf Movement® Practitioner

ABSTRACT Dr. Rolf’s ‘Recipe’ gives us a proven and intelligent way to work with body and ‘being’ to achieve structural change. The author shares her personal experience, both as client and practitioner, on the need for learning to trust yourself to ‘deviate’ from the Recipe. In addition to her experience, the author believes the Recipe is pure genius but also, primarily, a learning tool. She was taught that the Recipe works for about 60% of the population; recognizes the Rolfing® Principles of Intervention as underlying truths to the Recipe’s genius; realized in Advanced Training that we were acquiring the skills to design recipes specific to each client; and, through it all, learned the impeccable value of trusting oneself, trusting consciousness, and trusting the innate intelligence in a client’s structure-of-being.

Sometimes I wonder if I am the queen of deviations. I left my Basic Training with the same message you got: “Do the Recipe for five years to learn what this work is.” For my first five years, the majority of my clients were people who had done this work ten to twenty years earlier and needed tune-ups or a mini-series or had rare medical conditions for which they wanted to experiment with what this work could do for them. In addition, on a scale of one to ten, where one is flexible/responsive and ten is extremely tight, I got clients who were elevens and twelves. In my first nine months as a Rolfer, for those who did want the traditional Recipe, my integration sessions didn’t produce the results I had learned to expect from class. I don’t think this was the fault of the training nor of the integration approach itself. I think my internal experience of structure, and my curiosity about how to help clients acquire a highly dynamic structure, allowed me to see something else, to recognize another dynamic, to find another way, and I did. I’ve been doing integration sessions that way ever since with stunning results. Further, my early clients taught me a bit about scar tissue. They also taught me to realize clearly that Rolfing Structural Integration (SI) is a change process and that you can’t ask the body to consider a conversation about changing how it’s organized when all it is saying is, “I hurt, I hurt, I hurt.” One of my most common deviations is to use the first appointment or two to lessen the physical body’s experience of pain and to find and ease the structural contributors to that pain. This is not
As a new Rolfer, follow the Recipe and then begin to use the Recipe to develop your skills in conversing with the structure-of-being. You do this by feeling through the tissues for its answers to, “what’s first, what’s next, where do you need me, what input do you need from me here, when are we done,” and trusting the information that arises in your conscious awareness.

about getting the client to be able to say, “I hurt less.” This is about getting the body to a place where it is being less reactive, protective, guarded, and bound-in-on-itself so that it can begin to engage and participate in a conversation about structural change. When a person does not report pain but is bound, tight, and taut (like a head-to-toe cement block or hard rubber ball), I will use the first one to five appointments to lessen the body’s binding before beginning the Recipe. With high pain levels and excessive tightness, I deviate in order to allow the body to acquire the ability to do the Recipe, in order to reach a level where the structure (body and being) can actively participate in the Recipe. Only then can structure inform me how it needs to change and in what order change can happen.

As a new Rolfer, follow the Recipe and then begin to use the Recipe to develop your skills in conversing with the structure-of-being. You do this by feeling through the tissues for its answers to, “what’s first, what’s next, where do you need me, what input do you need from me here, when are we done,” and trusting the information that arises in your conscious awareness. From there, hone your skills to distinguish when the information that is arising proves to be accurate, reliable, and dependable.

Within these non-Recipe, prepare-the-structure-for-the-Recipe sessions, I will work wherever the structure calls me. I can also revert to this kind of session at any time and commonly revert to these between sessions three and four and sessions seven and eight. In my first ten years as a practitioner, many of my clients had TMJ issues, scoliosis, teeth grinding, and jaw clenching. It made no sense to me to leave these issues unaddressed until session seven. What made more sense is that these issues could inhibit or prohibit the changes that could be achieved during sessions one through six. I sat with the question of, “How can I address jaw issues early on in a way that will help and not hinder the client, structure, and Recipe?” The answer that came to me I later wrote about in “A Global Hold for the Upper Pole” (Weidhaas 2008). This approach can be done anytime in a person’s Rolfing process, even as the very first contact in a first session. It can also be done repeatedly and will give more information about what the structure needs with different results each time it is used. There have been times when I have been baffled about where to go next, and I can use the global hold to give me structural information and direction. Sometimes, it turns out, the global hold work itself was needed.

Some general perspectives I hold are: 1) while the physical body is a structure, the structure of a human being is so much larger than its physical body, and its dynamics and characteristics cannot be understood and engaged by understanding and engaging anatomy only; 2) I don’t have preconceived notions about what a client’s process will be and didn’t ever subscribe to the dogma of ‘do ten sessions and then don’t touch the person for a year’; 3) I don’t need to get everything completely done, or perfect, because once a critical mass of the structure has become more integrated, it will continue changing, for the better, on its own; 4) I will suggest a client stop spending his time and money when he is not making progress; 5) if the structure needs to process and evolve, I’ll suggest a break; and (6) when the structure feels complete (whether or not we’ve done the integration sessions), that completeness is experienced and honored by both me and the client.

Regarding scar tissue, if you haven’t done Sharon Wheeler’s scar-tissue class, I can tell you it was priceless. Before that, though, I learned a bit about scar tissue from one client early in my career. She became a client when she was in her mid-forties. On her intake form, she reported a gall bladder surgery as an infant at six months of age. I did session one of the Recipe with her and then spent three months of age. I did session one of the Recipe with her and then spent three sessions releasing all the bits and parts that the gall bladder surgery (compounded with growing up) had restricted in her structure. After session two, we needed three more sessions of everything that surgery and its scar tissue had affected. Her whole Rolfing process continued at this pace. It was as if each session of the Recipe then allowed associated surgical restrictions to show themselves. A week after each session of the Recipe, it was clear to me that the structure would be unable to receive the next Recipe session until the now-presenting surgical restrictions were released.

After doing Sharon’s Scar Tissue class, I became impressed with the ability to work
directly with scar tissue and, also, to feel throughout the structure for what was the result of scar tissue in the system and what was pure structural disorder. The most amazing session for me on this was a client who had done the Recipe with me and returned for a tune-up a year and a half after giving birth to her first child. While I didn’t see it during standing and movement evaluations, once she was on my table, all my attention was drawn toward her belly, so my first move was to rest my hand on her belly. I was shocked to feel the right side of her belly as taut, fixated, and unresponsive while the left side of her belly was completely flaccid. I had no idea how this was even possible. So, I thought to myself, let’s approach this like scar tissue and see what happens. I worked for about twenty minutes using Sharon’s scar-tissue approaches. Then, for whatever reason, I started explaining to the client what I had originally noticed about her belly, how I was working with it, and why. The client then told me that during labor, the medical people had left her on a hard-surface table. Though she had complained and asked to be moved to a more comfortable surface, they’d left her there. She went on to say that her labor had been long, and the medical staff seemed frustrated with how long it was taking. She said, as a result of this frustration, once delivery began, one nurse leaned all her weight into the left side of my client’s belly in an attempt to “push the baby out.” The nurse’s full-body-weight-pushing continued for over thirty minutes. Now I completely understood why my client’s belly felt the way it felt. The nurse’s pushing had caused the left side to become flaccid and caused the right side to brace and fixate against pushing. For the whole tune-up, I worked with her belly as scar tissue. At the end of the session, when my client stood, she had a huge smile on her face, and her structure looked as balanced as it had at the completion of her original Rolfing process. Thank you Sharon Wheeler!

It is quite common for me to say to a client something akin to, “This is your tenth appointment and we are at session six in the traditional Rolfing process.” For those clients who are not tracking directly with the Recipe, it is common for me to ask them where they feel we are and, simultaneously, give them my sense of where I feel we are. I don’t worry about deviating, and usually find that we are in-sync in our summations, when I trust the structure to guide me where and how to engage. With each client, I stay conscious of where we are in relation to the Recipe, what we’ve done, may not need to do, and may not have done yet. The goal of Rolfing SI (to organize, balance, align, and integrate the physical body and being with itself and with gravity), and where the client is, drive all my decisions to follow the Recipe or deviate.

At the end of the Recipe’s session seven, I ask a client to ponder for the coming week, “Do I feel complete?” I tell the person, “This doesn’t mean complete forever. It means for now so that you are ready for the final integration sessions.” I say that feeling complete is something you experience and that if there are residual issues to be addressed, these are best addressed before sessions eight, nine, and ten. One client told me at session eight that he wasn’t complete. We made a plan to add three sessions before doing integration. We did these three, and at the end, I looked at him and said, “You are completely complete.” He said, “No, no, we have the last three integration sessions to do.” I said, “No, you’re done,” and he said, “Yeah, I really feel it.” We didn’t do Recipe sessions eight, nine, and ten. One client told me at session eight that she wasn’t complete. We made a plan to add three sessions before doing integration. We did these three, and at the end, I looked at him and said, “You are completely complete.” He said, “No, no, we have the last three integration sessions to do.” I said, “No, you’re done,” and he said, “Yeah, I really feel it.” We didn’t do Recipe sessions eight, nine, and ten. I had another client who told me she was complete and ready for session eight. We did sessions eight and nine. At session ten, with tears streaming down her face, she said, “I’m not complete.” I told her “It’s okay” and proceeded with a few more sessions, asking her structure where and how it needed input, before we did session ten. Clients know. They feel it.

I think my whole Rolfing experience (as client and practitioner) led me to become extremely comfortable with deviations. As a client, my Rolfer never did a session five with me because my body wouldn’t let her. Her exact words were, “Your body pushes me out and fizzes my brain.” For session five, instead, she worked with my right hip, which led to twenty to thirty minutes where both of us watched my body tremor and quake as it released deeply held restrictions. When I did my Basic Training, I realized my Rolfer never did a classic session nine with me (even though I remember asking if we were ever going to work with my arms). I also realized, with perfect clarity, that her decision to do a second session eight instead of the session nine was the exact, right decision for my structure. My own process (before I trained as a Rolfer) of Rolfing SI and an extended process of Rolf Movement (over ninety sessions) allowed me to let go of any notions about what each person’s process will be. The extended Rolf Movement process gave me a highly dynamic, multidirectional, multidimensional structure that, then, as a practitioner, allowed me to see something else, to recognize another dynamic, and to find another way to do the integration sessions eight, nine and ten. Through it all, I’ve considered myself very lucky to be in the hands of Rolfers who trusted themselves (and my structure) enough to deviate from the Recipe. In doing so, they gave me, and my structure, what I needed while also contributing (unknown to me at the time) to my skills as a practitioner.

Deborah Weidhaas is a Certified Advanced Rolfer and Rolf Movement Practitioner practicing in Richmond, Virginia with over twenty-five years of experience.

References


The goal of Rolfing SI (to organize, balance, align, and integrate the physical body and being with itself and with gravity), and where the client is, drive all my decisions to follow the Recipe or deviate.
On the Origin and Spiritual Dimension of Rolfing® SI

By Michael J. Salveson, Advanced Rolfing Instructor

ABSTRACT This article describes the early influences that shaped the development of Rolfing Structural Integration (SI). Dr. Rolf’s training as a biochemist and her commitment to a materialist view of the body is shown to be complemented or perhaps complicated by her interest in ‘energetic’ descriptions of bodily events. A review of her biographical details and her writing reveals something of the nature of this apparent contradiction in her view of the body and its influence on contemporary discussions among Rolfers™.

In the advanced Rolfing classes I have taught, it has often been a tradition to create a t-shirt with a logo or motto reflecting the preoccupations of the class. I have quite a collection. I remember one class in particular that I taught with Jeff Maitland in Boulder. The motto on the t-shirt was: ‘Rolfing – Helping Primates in Trouble’. This is humorous testimony to the fact that we have been working on each other, putting our hands on places of discomfort in order to relieve pain and promote well-being . . . since we came down from the trees. Working with our hands to promote the well-being of our fellow creatures is one of the oldest forms of healing and we are part of that tradition (Cyriax and Schiotz 1975).

This article is an attempt to examine some of the influences that shaped Dr. Rolf’s thinking and how our particular school of ‘hands on the body’ began. While it is probably impossible to know the true nature of all the sources of Dr. Rolf’s inspiration, we do know something of the historical details and the characters that are part of her story.

Her story is complicated by virtue of her wide range of interests. She was educated as a scientist, trained in biochemistry, and she maintained an active interest in esoteric teaching, spiritual training, and psychic phenomena. This unusual mix of interests shaped the development of Rolfing and contributes to our understanding of the nature of our work. When I began studying with her, it was evident that she was not your usual manual therapist – there was more going on – and being with her was to be in the presence of a ‘Teacher’, with a capital T.

Dr. Rolf was never completely clear whether Rolfers were healers or traditional manual therapists. In public, she came down on the side of rational, manual practice. However, the ambivalence between the rational education of a manual therapist and the more esoteric training of a healer has been a part of her and our story from the beginning. The healer is often ‘called’ or feels a natural knowing when it comes to helping people.

Rosemary Feitis, in Ida Rolf Talks About Rolfing and Physical Reality, describes Dr. Rolf’s natural willingness and ability to help her children’s music teacher who had injured her hand and arm in a fall. “I bet I can fix that,” Dr. Rolf said. She had no training other than as a biochemist but she had been studying yoga and knew...
she could help her. Later, Dr. Rolf said: “And that’s where Rolfing really started. Because, of course, [the music teacher] had a friend who hadn’t been able to get help, and this friend had a friend, and so forth . . .” (Rolf 1978a, 4). She naturally had the interest and ability to help relieve suffering, an early indication of her ability to heal others.

As a young woman during a family vacation in Montana, Dr. Rolf was kicked by a horse. The injury she sustained made it difficult for her to breathe. When no one in the hospital could help her, the doctor called an osteopath. She said: “. . . a young man came and after his ministrations I could breathe again” (Rolf 1978a, 5). He was her first encounter with osteopathy, which became a lifelong interest. She would sit in on osteopathic classes as a scribe, not being allowed to formally enroll because she was not a licensed osteopath. This is where she first learned that structure had a profound effect on physiology and function.

The osteopaths of the late nineteenth and early twentieth century developed manual techniques used to promote well-being and relief from pain. Many of the techniques were borrowed from the early bonesetters who had been practicing informally since the Middle Ages. In addition to manual practice, the osteopaths believed there was an animating energy in all beings, often spoken of as a divine presence, which could be, with the skilled application of the hands, released from the restrictions that had resulted from injury or illness. The free circulation of this energy and the associated fluids of the body resulted in optimum health. Dr. Rolf absorbed this view of the body, along with the early claims of the mutability of connective tissue in the osteopathic literature, and took it one step further.

Allopathic medicine works within the rational, scientific paradigm developed during the Enlightenment, based on the view that only the material stuff of the world is ultimately real. This led to a conflict with the early osteopaths who claimed there was an energy circulating in organisms that was unique to all life. The result was the Flexner Report of 1910 (sponsored by the Carnegie Foundation) that licensed only medical schools teaching a materialist, scientific view of the body and resulted in the hegemony of modern allopathic medicine. Because of the legal climate this created, Dr. Rolf was careful to speak publicly in ways that emphasized the rational, scientific view of her work.

It is clear from what we know about her study of yoga with Pierre Bernard (Rolf 1978a, 7) that her interest in the body went beyond the relief of pain or illness, the preoccupations of modern medicine. Dr. Rolf also studied with John Bennett in London, a teacher of the Fourth Way, a school founded by George Gurdjieff, who was an important spiritual teacher in the Sufi tradition and had a school outside Paris in the early twentieth century. It was contact with these teachers that solidified her understanding that it was possible to work with the body in a way that promoted not just relief from pain, but a higher level of functioning in many of the domains of being human. She was interested in making a better human being and it is here that her work bridges to what we could call the spiritual dimension of humans.

“Spiritual” is a word loaded with opportunity for misunderstanding. Merriam-Webster (1976) defines ‘spiritual’ as: “of, relating to, or consisting of spirit rather than material.” In a world dominated by materialist science, to speak of the spiritual is to risk being considered ‘soft-headed’ or lacking in rigor or reason. And yet, the longing to be part of something larger than oneself persists. There are intimations in Dr. Rolf’s work that she was aware of a nonmaterial aspect to our existence. Her approach to this issue is, however, conflicted.

The first chapter in Dr. Rolf’s book: Rolfing: The Integration of Human Structures is titled “Twentieth Century Monism.” In it she says:

A new approach to man and his personality is therefore receiving at least a tentative welcome. Instead of examining the psyche, the newer insight looks at the physical aspect as a more practical, economical, down-to-earth approach to man . . . (Rolf 1978b, 22)

A little further on:

. . . We are dealing with the idea that not only his body but also his environment is a projection of man’s psychological personality. Essentially, this is monism, the belief that all manifestation is the expression of one substance. (Rolf 1978b, 22)

She makes the point that our personality is made of the same stuff as the body and therefore she is able to claim that our psychology is influenced by changes that can be made to the body. Thus, the results of Rolfing affect behavioral aspects of the person.

Monism is, as she says, the doctrine holding that there is only one substance and all things are derived from this one substance. Monism is the foundational belief of what we call materialism and the essence of the scientific worldview. Many who studied with her at Esalen can recall Dr. Rolf exclaiming, when a model was in the throws of an emotional response to the work: “There is no psychology, only physiology.” She was not meaning to be harsh, only to emphasize her point that refining the integration of the body would refine the psychology and hence the emotions of the person.

Much of Dr. Rolf’s thinking about making a better human is centered on this idea: that the material stuff of the body, if disordered, will disorder the personality. Integrating the body will have a beneficial effect on the personality, in all of its functions. There is nothing spiritual here. There is much that is profound however, as she is refusing the dualistic worldview that mind and body are of two different substances and claiming that organizing the body dramatically improves the mind.

On the other hand, Dr. Rolf proposes that there is an “inherent pattern” which is the blueprint for structure. “A joyous radiance of health is attained only as the body conforms more nearly to its inherent pattern. This pattern, this form, this Platonic Idea, is the blueprint for structure” (Rolf 1978b, 16). In the philosophy of Plato, a Platonic Idea exists in a realm separate from the material stuff. This idea is at odds with Dr. Rolf’s promotion of monism and a world of ‘only one stuff’. Further on in her book she says:

Perhaps there is another, or several other, realities. Is balancing actually the placing of the body of flesh upon an energy pattern that activates it? The pattern of this fine energy would not be as easily disorganized and might well survive, relatively intact, traumatic episodes that ordinarily distort flesh. (Rolf 1978b, 205)

It is clear that Dr. Rolf had a foot in both worldviews: that of the monists (only one stuff), and that of the idealists (there is a world of eternal forms separate from the stuff of the world). The question for us is what to make of this contradiction.
Dr. Rolf's claim that working with the body will improve psychology was an emerging, influential idea, particularly in certain circles in Europe in the twenties and thirties. This tradition is chronicled in detail in Don Johnson's (1995) book *Bone, Breath and Gesture* which I highly recommend. The idea of improving human potential by working with the body was in the air during the formative time of Dr. Rolf's career and most probably influenced her thinking.

What is more unique and perhaps problematic in her thinking is the way she articulates her understanding of human structure. On the one hand she says gravity is the touchstone by which we assess the competency of structural organization. Optimal human form is balanced in gravity, a rational result of realizing that as bodies suffer from the effects of gravity, as do all material bodies. This derives the structural pattern of the body very differently than saying that the pattern of the body is an independently existing energetic blueprint. She apparently holds both points of view.

The attraction of the view of structure as 'an energy pattern that activates it' is that it has resonance with a potential world beyond mere matter. And it is the world beyond mere matter that we often refer to as 'spiritual'. Advanced Rolfer Bob Schrei, in his recent article "The Energetic Foundations of SI: An Origin Story," suggests that the idea of Rolfing is 3,000 years old and that "the work... was channeled information from ancient Egypt" (Schrei 2017, 31). He is asking that we acknowledge this fact as the spiritual origins of our work.

The Egyptians developed some form of hands-on work, as has every culture from the beginning of recorded history. Hippocrates, writing in 400 BC, wrote an entire text on the manual treatment of human structure. His was the primary text on manual therapeutics for the next 600 years. Manual therapy is ancient. We are part of that tradition.

The question for Schrei seems to be how Dr. Rolf discovered the 'pattern' for organizing structure that has given rise to what we now know as Rolfing. One possibility, a rational deduction from the effects of gravity on material bodies and the segmental, anatomical grouping of myofascial structures in distinct compartments, and the other possibility, an energetic pattern existing independently of the body, contradict each other.

I do not believe that the origins of Dr. Rolf's knowledge affect the importance of her work. Whether she "channeled" the work from Egyptian sources 3,000 years old or whether she figured it out through the exercise of her significant intelligence, the value of the work is the same. In either case, I consider it a gift. I do not see that believing the work is channeled from ancient Egypt is necessary to view our work as having spiritual implications.

The term 'spiritual' means essentially existing separate from the material world, and is often used as a synonym for 'religious'. Dr. Rolf's stated interest in an energetic template, which is decidedly not material, could be the opening to the spiritual that I believe Schrei is asking us to be aware of. Dr. Rolf definitely had an interest in nonmaterial, energetic phenomena. For example, she authorized research using a psychic to correlate the psychic's observations of auras with changes to structure implemented by a Rofler. Also, the Dr. Ida Rolf Institute® is located in Boulder, Colorado as a result of advice given to Dr. Rof by a psychic.

We have all had experiences with our clients and ourselves that suggest an energetic presence in our work. This is the domain in which we could say the spiritual or nonmaterial is part of our work. Articulating just what the energetic or nonmaterial aspects of the body are is quite another matter (literally and figuratively) and, I believe, goes well beyond the presence of an energetic template to include many other manifestations.

There is too much to say regarding the energetic presence of the body and energetic phenomena in our work to include it here. The Advanced Faculty is working on a discussion of energetic events in Rolfing and may someday have publishable results. Discussing the spiritual aspects of Rolfing is an important task and understanding our experience of energetic phenomena should be pursued with intelligence and rigor. It should not, however, be pursued to the detriment of the more 'material' aspects of organizing structure. It is by manually releasing the restrictions in the flesh that structural change is implemented. As Dr. Rolf was fond of saying: "The great thing about the body is that you can get your hands on it."

We are confronted with the apparently conflicting views of our founder regarding not only the nature of the body but also the origins of the pattern of integration that is the hallmark of Rolfing. Obviously, Dr. Rolf found value in both the physical and metaphysical descriptions of her work. It is, however, well to remember her words: "All this metaphysics is fine, but be mighty sure you've got physics under the metaphysics" (Rolf 1978a, 206).

**References**


Michael Salveson was trained as a Rolfer by Dr. Rolf in 1969. In 1971 he attended the first Advanced Training offered by Dr. Rolf. At that time, he was chosen by Dr. Rolf to be the third of the five instructors she would train. Michael was President of the Rolf Institute® at the time of Dr. Rolf’s death in 1979. During his time as President, he initiated and taught the first European training and organized the drafting of the first standards of practice and code of ethics.

Michael has been teaching Rolfing for forty-five years. Together with Jan Sultan he restructured the advanced Rolfing class curriculum to include a more detailed look at the biomechanics involved in the execution of the basic and advanced ‘Recipe’ and initiated strategies to support a nonformulistic approach to advanced Rolfing.

Michael has a full-time Rolfing practice in Berkeley, California. He has been influenced by a fifteen-year study of the analytical psychology of Carl Jung and a twenty-five-year practice of Taoist martial arts.
Ninja Movement Exercises and Vertical Bone Alignment

By Tsuguo Hirata, Certified Advanced Rolfer™, Rolf Movement® Practitioner

ABSTRACT The author, Tsuguo Hirata, studies ninja movement arts from a teacher of that form who also exemplifies in his movement the goals of Rolfing® Structural Integration (SI). He shares with us the importance of proper alignment of vertical bones, which allows gravity to transmitting through the bones, which in turn allows soft-tissue tensions to relax. He introduces three bone-alignment exercises from his ninja teacher, expanded with his commentary.

How I Met the Ninja Sensei

I met him, the ninja sensei, Go Murasame Sensei, five years ago. (Sensei is the Japanese honorific for a teacher, and a ninja is a practitioner of martial arts dating back centuries.) He made a presentation to the Japanese Rolfing® Association (JRA) at the annual meeting in March 2013, where he demonstrated his martial arts for the group. I didn’t attend this meeting, but afterwards heard that his demonstration amazed all the Japanese Rolfers in attendance. So, I checked out the video of his demonstration on YouTube, and thought I had better meet this person and see his movement abilities with my own eyes. By the summer of 2013, I had started taking his workshops.

It is always easier to show unique movement than to describe it with words, so I hope readers of this article will take the opportunity to see Go Murasame Sensei in action. The link here takes you to the JRA video, which the host Mr. Tachibana, and the ninja sensei himself, kindly gave permission to share: https://bit.ly/2tFNHhD.

What amazes me most about his demonstration is how he embodies the goals of Rolfing SI to a very high degree. I attended workshops and trainings with French Rolf and Rolf Movement instructor Hubert Godard from 2003 to 2011. Other than Hubert, I have not met a great movement teacher like the ninja sensei. He teaches a new, higher perspective on movement, but is also a skillful movement artist in his own right.

The Ninja Sensei’s Background

When I first met Go Murasame Sensei in 2013 he was thirty-two years old. He wears black upper and lower dogi similar to a judo uniform. He calls his curriculum Nin Tai Shinsou Jutsu, which translates as the Art of Ninja Based Control of Body and Mind. He has tackled various martial arts since the upper grades of elementary school, including Shorinji...
Perspectives

Kempo, aikido, karate and judo, aiming to become a master.

First, what is a ninja? Historically they were spies in service of the shogun or other leaders of samurai. Disguised as ordinary tradesmen, their mission was to obtain tactical information from and spread disinformation among their enemies. Through their physical training, they developed skills of stealth and fortitude in movement. In present day Japan, there are almost no ninjas in the traditional sense, but the training and traditions continue among a small number of people who work as martial arts instructors or as performers.

Go Murasame Sensei refers to himself as a ‘ninja’ partly because he belongs to the Musashi Ichizoku, one of the ninja schools, and partly because 1) a ninja is a very skilled martial and movement artist; 2) a ninja can engage movement without holding tension in his body or joints; and 3) a ninja always thinks tactically of how to avoid conflict and yet succeed in all situations. On this latter point, a ninja is not aiming at just winning a match or striking down opponents: a ninja aims to favorably handle any situation around him and to survive those situations. As such, the surrounding situation is always a ‘match’, and he is not limited by any rules of competition or style in order to succeed or survive. In the course of becoming a master of martial arts, Go Murasame Sensei has explored and developed the most effective body use for his aims. This has developed into a full curriculum for becoming able bodied, of which I will share only a small portion.

The Ninja Sensei’s Goals

In short, the ninja sensei is adamant that we employ his insights into body movement so as to use our bodies effectively. These insights demand movement with gravity and enhance our agility. We as Rolfers share the same goals.

Watching, experiencing, and comparing the ninja sensei’s movements directly with my own, I could not help but feel the very agile movements, but I could neither follow nor imitate his movements.

He used to poke fun at us students, jokingly saying, “What the heck, you Rolfers cannot move! You always maintain you should move in accordance with gravity.” What he said was right. I had learned the SI work, and I teach my clients Rolf Movement work. However, I couldn’t realize the goals of Rolfing SI in my own body. So, I started observing Go Murasame Sensei’s movements carefully, checking the differences between his and my own. I monitored the changes that happened to my body after repeating his exercises.

The ninja sensei shows us his movements, and he teaches us various exercises, but he doesn’t sum up his theories in words. He doesn’t like verbalizing the end goals in detail. Once we start to chase the verbalized feelings, we tend to make a fake ideal in our minds. He dislikes this attitude in learning, and instructs us instead to sincerely practice and compare our body sensations each time to make distinctions. He checks our progress by having us do some regular martial-arts-like movements, and correcting them by example; his method is to just say, “That’s bad – look, do it like this,” or “That’s better” to indicate we are coming closer.

So, to conceptualize his work, I needed to construct my own ideas, using a Rolfer’s viewpoint and finding the elements of body transformation. One of the big ideas I got from him is bone alignment.

Bone Alignment

What is bone alignment? When two neighboring (vertical) bones are aligning well end to end, movement and weight forces transfer easily through their juncture with the least loss of energy. When two neighboring bones align poorly, the contact area is less and transmitted forces have to ‘twist’ at that juncture. This causes tension around the joint. Further, for the transferred weight of the body to travel through a misaligned joint, the body must respond by supplying sudden extra support to the weak joint area via muscular tension and ligamentous strain.

So poor bone alignment not only changes structure and posture for the worse, but the constant reliance on tensions in muscles and joints also lowers the efficiency and speed of movement. To our bodies this may seem ‘normal’ and the usual state of affairs, but it is a basis for low performance and an accelerated aging process. In such a state, it’s as if gravity does not pass through our body, bones, and tissues easily or lightly. In actuality as well as theoretically, gravity passes equally through everything on earth. However, tense tissues holding the body in bad bone alignment also oppose the flow of gravity. Nerves, arteries, veins, viscera, and tissue fluid all function better with nice vertical bone alignment as well.

When the bones are restored to good alignment, tissues cooperate with gravity, and gravity flows through tissues evenly, healing them like fresh water irrigating withered fields.

We Rolfers should remember the famous saying of Dr. Rolf that “The wonders of Rolfing occur because of gravity. Gravity is the therapist. Rolfers direct the flow of gravity as if it were an electric wire, so that gravity can flow through unimpeded.” This states the supreme principle of Rolfing SI. However, this is not foremost in a lot of actual Rolfing work if the Rolfer is overly preoccupied with releasing fascia and restoring fascial integration. Ideally, connective tissues and fascia heal and integrate themselves in the presence of good bone alignment, when the connective tissues can cooperate with gravity flow. From this viewpoint, bone alignment is primary and fascial integration follows as a matter of course. (Or, we may need to do fascial integration work in preparation for bone alignment.) We need bone alignment and the subjective feeling of bone connections. When we feel the bones, we also feel consciously the objective work of the ligaments.

These days I’m using a ‘gravity-line touch’. I use my touch to ‘put’ a gravity line – a kind of short plumb line or midline floating in a tissue pool – in a chosen local tissue. This is what I am experimenting with; I use my index finger to contact and give a vertical axis through the tissues toward the center of the earth, enhancing gravity so that the tissue can respond to that. My aim is to awaken the tissues to help the body to sense a clear axis that organizes shape and movement. If this is successful, the tissues around a gravity line respond by aligning and transforming, and transmitting their changed status to the brain via sensory nerves. It works. I remember Hubert Godard demonstrating during a workshop how he was trying to
align the client’s body to midline, gravity flow even in a demo of session one. With just a bit of feeling of midline, gravity flow changes our walk and movement immediately. Gravitational flow on earth affects bone density in particular. This is true for anyone, but consider astronauts as an extreme example; as you know, astronauts returning from space-station duty have a loss of bone density from being out of the earth’s gravitational field.

I also remember a conversation with the late Peter Melchior, one of the first Rolfing instructors appointed by Ida Rolf, in Boulder in 2003. I asked Peter, “Tai chi master Cheng Man-ch’ing writes that our bones become flexible and stronger through tai chi exercises, that bone marrow will change its quality. He said that the body should feel like cotton wrapped around steel bones if the tai chi practitioner succeeds in circulating chi fully in the entire body, including in the bones. Is it possible to do the same thing by giving Rolfing work?” Peter, who was a student of one of Cheng Man-ch’ing’s disciples, said, “Yes.”

Other than bone alignment, I need to mention another important piece for body optimization: that is coordination involving sensory and motor nerves. When we alternate between sensory nerves and motor nerves, we can set up a type of feedback loop, and when we focus on this feedback loop while doing movement or exercise, we can notice slight differences between repetitions, such as which body parts are employing extra tension.

We can also use split attention to coordinate various movements together. For example, trying to move our hands and elbows while at the same time focusing on the brachial plexus by lengthening the lower neck and simultaneously focusing on dynamic scapular movement. We want the arms and hands to have a sense of hanging from the back of the neck around C7-T1, with the scapulae as a moveable station that is supportive but also responsive to the dynamics of the whole spine and pelvis and able to slide on the rib cage. Or, trying to move feet and knees while at the same time focusing on the lumbosacral plexus by pushing the sacrum posterior and also feeling for opening and closing of the sacroiliac (SI) joint. (The average person’s sacrum is a bit anterior or stiff between the SI joints and cannot rotate or glide as a rotational axis of the spine. It needs to be able to move anterior/posterior and rotate with each ilium, and also be able to move at the SI joints. This is the basis of a lot of the walking practices in martial arts, to begin to refine these sensations.) These kinds of attentive movement coordination take mental focus, so the brain tires more easily than the muscles. In this way, bone-alignment exercises not only change body structure but also improve neural coordination. Coordination requires attention and observation of the feedback process by the person doing the movement. This starts an ‘upgrade’ of the human being, and the result is a body that feels lighter and more agile.

As a matter of practicality, in preparation we first need to align the bones of the limbs and spine in a step-by-step manner. We can do this through various exercises, giving our weight directly into the bones, allowing the weight to flow down to the ‘end’ point of contact to earth or floor through the hand, foot, or sit bones. As we become more accustomed to aligning our bones, the ligaments and tendons fluidly adjust to gravity as well and we get optimum inside-bone weight transmission. Doing this well requires awareness of our tendency to tense muscles/ligaments. Ligaments quickly respond with contractile tension to weight shifts in movement, acting as a brake on bone-to-bone transmission. Therefore, it is necessary to repeatedly practice aligning the bones involved in these exercises and to actively inhibit this tendency to constrict the ligaments.

Three Bone-Alignment Exercises

I will now share three exercises, adding additional modifications and ‘translations’ from what I have learned from the ninja sensei as well as yoga postures. In his actual classes, Go Murasame Sensei teaches us many exercises, such as two-person partner moves like in karate and aikido where each exercise has a purpose of developing some bone alignment and necessary muscle output in a coordinated way, and each execution of the exercise functions as a check on how we are developing the bone alignment. As it would be too complicated to explain these partner

![Figure 1: Shoulder/Elbow Alignment Exercise. A – preparing for shoulder and elbow alignment. B – the full pose for establishing shoulder and elbow alignment.](image-url)
exercises and moves in writing, I will share three solo exercises.

Shoulder/Elbow Alignment Exercise

Superficially, the Shoulder/Elbow Alignment Exercise resembles a relaxed reverse plank, but the goal is to develop bone alignment in a relaxed and felt way. Muscle-wise, the exercise should be relaxed, but may be difficult to do without muscle tension at first. Focusing on bone alignment will get you there, but this focus requires a shift of mind that demands a lot from the brain.

The first part of the exercise is shown on in Figure 1 (A). Sit on the floor extending both legs forward. With hands on the floor, fingers facing in the same direction as the top of your head, straighten your elbow completely. Receive the entire weight of your upper body through your humerus and radius, clearly extending the bones of the five fingers and the carpals. Let your face look up as you drape your head and neck back in a relaxed manner. The viscera of the anterior cervical area – the pharynx, esophagus, aorta, etc. – lengthen and relax. Engage both scapulae by drawing them together and open the area between the deep shoulder (true glenohumeral joint) and upper lateral edge of scapula to receive the whole weight of the upper body, which awakens the ‘bone sense’ of the hands, arms, and scapulae to transmit weight through bones without muscle tension along the spine; this is to allow the bones to function as a pillar of support, as we would see in a quadruped.

Once settled into this position, bring the whole body off the floor slowly with toes pointed down, supported by the heels, as shown in Figure 1 (B). The whole weight of the upper body is now relaxed and supported only by the scapulae ‘saucers’ over and the bone alignment of the arms, forearms, and wrists. Allowing a similarly nice bone alignment of the lumbars, pelvis, femur, tibia, and calcaneus, causes the lower body to feel lighter as well.

The Heel-Scrubbing Exercise

The Heel-Scrubbing Exercise begins as single leg extension with alternating dorsiflexion / plantar flexion of the ankle. Sit on the floor and extend one leg using the opposite-side hand to push the knee down to the floor so it doesn’t come up when you move the heel. The other hand holds the toes and ball of the foot in dorsiflexion. Then move your heel forward and backwards in a straight line as if the back of the heel is scrubbing against the floor but without letting toe flexion/ extension dominate (see Figure 2 A and B). The hamstring tendons at the back of your knee will move strongly.

After scrubbing the back of your heel several times, try standing and walk around to notice the changes. The leg you worked should be better aligned, straightened, and more able to feel stronger support from the floor. This is because you were able to fully lengthen and straighten the Achilles tendon, as well as the plantar fascia, while getting full extension of the knee simultaneously with the heel touching the floor. This pose looks like the maha veda or maha bandha poses of yoga.

Modern people generally have weak and stiff Achilles tendons, and therefore less movable heels, tilted calcanei, poor foot tone, and tight long plantar ligaments. If you do this exercise every day, the soles of your feet will be more flexible and will be able to catch more clearly minor moves in your center of gravity when standing and moving.

Rear Stretch

This is a deep hamstring stretch accomplished with the tibias aligned vertically toward the center of the earth, but it involves the back side of the femurs, the tibias, the pelvis, and the back of the entire body. So, the ‘rear stretch’ means lengthening the back of the entire body, soft tissues and bone. Most people tend to use the quads in standing and walking, which results in tight and strong tendons and ligaments on the front and sides of the knees and body weight that is transmitted more in the front of the femur. Thus, the quads not only take on a bigger role in supporting body weight, but also tend to stop transmission through the inside of the femur because of their tension. Observing people who use their quads this way, we notice that their knees and patellae appear to be protruding and their sacrums want to go forward on the ilia, tending to get ‘stuck’.

By the way, I have personally confirmed through palpation that Go Murasame Sensei’s knee joints (femurs on tibial plateaus) are loose and sliding even while he is standing. I have also palpated the tissues around his sit bones while he is seated in seiza, and those tissues felt ‘melted’, exposing the contour of the bones.

In our daily lives we usually don’t take postures that allow most of our weight to load the tendons attaching to the sit bones, or to load the deep layer of the gluteals either. This stretch lengthens and tenses these less-used tendons/ligaments and fascias, which are potentially the
strongest soft tissues available for ‘uprighting’ the entire body. This stretch awakens an important functional region and brings a big structural change with even the first attempt. Don’t take my word for it – try it yourself.

Stand with your feet shoulder width apart, toes facing forward. Make fists and strike your greater trochanters with the ulnar side of your fists a few times. Again make fists but this time stick out your middle fingers and strike the center of each greater trochanter with the tip of the respective-side middle finger a few times, visualizing your greater trochanter, the neck of the femur, and the revolving axis of your pelvis as you do so. Now bend your knees 15°-30° degrees keeping the tibias vertical to the floor, sticking your buttocks as far back as possible, maintaining contact with your greater trochanters with the tips of your middle fingers; see Figure 3 (A). The important points here are that 1) you must keep your tibias vertical to the floor with your body weight equally and evenly distributed between the right and left tibia, and 2) your knees go neither forward nor backward even as you stick your buttocks back. This forces a release in the muscles around your knees and stops the tendency of putting the knees forward to support your weight on your quads. Instead you are stretching ligaments at the SI joints and tendons at the ischia. From this exercise, you cultivate the tendency of supporting your weight more on the hamstring tendons and SI joint areas as well as on the vertical tibias and feet.

Going further, droop your back, neck, and hands forward down to the floor maintaining the position of the tibias and greater trochanter. Relax your neck and let your head and neck hang. Relax your SI joints and lumbosacral region so that the lumbosacral region lengthens and makes a flat back as shown in see Figure 3 (B).

Once here, push your buttocks and the tendons around the ischia back and up. At the same time, shift your tibias slightly back, feeling the lengthening of the deep layer of hamstrings closer to the ischia; see Figure 3 (C). Maintain this lengthening position and tension for five seconds. Return to the tibias-vertical position and note the alignment and weight transmission through the tibias. Note that you are coming back to the preparatory position in which almost all of your weight is supported by the vertical tibias. In contrast, in the position of pushing your buttocks and the tendons around the ischia back and up, all of your weight is supported by the lengthened hamstrings and back of the knee in maximum tension, and at the same time all the tension of the body to hold this position is gathered/concentrated at the junction area around the ischia and the SI joints. Repeat this stretch lengthening the deeper hamstring layer several times.

After doing this exercise you’ll feel more upright when standing. When you ‘catch’ the subtle difference of bone alignment before and after the exercise you’ve made big progress. Noting that the bone alignment between femur andibia has changed and your sacrum has a new position, keep this feeling fresh in daily standing and walking.

**Conclusion**

The effect of the bone-alignment exercises on gravity flow through the bones refreshes tissue quality, a realization that is very important. These three exercises, done in a manner that maximizes bone alignment and relaxation, will help all manner of people find and develop their central body axis (midline). I hope many Rolfers try to execute these exercises themselves, and taste the effects in the body so they may help their clients do them in their sessions as well. The realization found through bone-alignment exercises and movement changes the goals and the feeling of our structural work.

**Author note:** I created this article with the encouragement of the Journal’s Editor-in-Chief, Anne Hoff. I would like to thank her, and I also appreciate the kind cooperation of editor Matt Walker who helped me turn my English draft into this final version.

Tsuguo Hirata is a Certified Advanced Rolf and Rolf Movement practitioner living in Yokohama and practicing in Tokyo, Japan. He incorporates ninja movements, yoga movements, and other martial arts into Rolf Movement and Rolfig practice. In addition, Tsuguo’s interests have led him to study osteopathic biodynamics, Somatic Experiencing®, and the Barral Institute’s curriculum of visceral, cranial, peripheral nerve, and vascular articulation work, all of which he draws upon. Tsuguo’s concern lies in how to change the quality and shape of our body – including skin, muscles, tendons, bones – towards a fluidic nature, in other words, full of life force. He would like to continue to introduce other excellent Japanese-origin bodywork techniques and ideas to Rolfers worldwide.
A Tribute to Rosemary Feitis

By Pedro Prado, PhD, Basic and Advanced Rolfing® and Rolf Movement® Instructor

ABSTRACT The late Rosemary Feitis was an early and influential publicist of Rolfing Structural Integration (SI). She was instrumental in getting Ida Rolf’s books published, in the management of the early school, and in the foundation of the Rolf Institute®. She was also a Rolfing practitioner, homeopath, osteopath, and author. We are indebted to her – and we will miss her.

On July 5, 2018, the Rolfing community lost the amazing presence of Dr. Rosemary Feitis. One of Dr. Ida Rolf’s early followers, Rosemary was a pioneer who devoted her formidable talents and boundless energy to establish Ida’s work.

Rosemary met Ida at Esalen Institute in 1968, a time when her own professional focus was fine arts. Enthralled by Ida’s insights and personality, Rosemary soon became her friend, secretary, travel companion, and confidante. Having accompanied Ida to her early classes, lectures, and presentations, Rosemary eventually administered trainings from the back of her Volvo station wagon – in which she also secured the material trappings of what would become the Rolf Institute®.

With acumen and foresight, Rosemary recognized that for SI to gain a foothold in the culture at large, generally accessible information about the work had to be published. And she made that happen. First, Rosemary transcribed and edited

Rosemary Feitis and Dr. Rolf in 1977, ready to fly in a small plane from Sky Ranch to LA. Photo courtesy of Joy Beluzzi.
Ida’s dictation into *Rolfing: The Integration of Human Structures*, (Rolf 1977). This text became the ‘bible’ for practitioners of Rolfing SI, as well as the authoritative layperson’s reference about the nature of Ida’s work.

Rosemary then compiled and edited *Ida Rolf Talks about Rolfing and Physical Reality* (Rolf 1978). This collection, with its informal feel, consists of extracts from one of Ida’s trainings. The book is divided into three sections: an introduction to Ida Rolf and the creation of SI, as well as a general description of the work, followed by a section for the general public and a section for practitioners. It was, and remains, a classic of its genre: easy and enjoyable to read, it carried Ida’s voice, her style, and her direct and deep approach to life, the body/mind, and the work.

Rosemary also helped to launch the *Bulletin for Structural Integration*, a periodical sponsored by the nascent Rolf Institute, in which the first peer-authored materials on the work were published. The *Bulletin* became a forum for recent graduates and young practitioners to share results from their practices and hypotheses about the work.

Much later, in 1996, she collaborated with fellow practitioner Louis Shultz in yet another pioneer publication: *The Endless Web – Fascial Anatomy and Physical Reality* (Schultz and Feitis 1996). Presenting for the first time a coherent account of the unity of the connective-tissue system, this work opened the way for the now-burgeoning research and scholarship on the key role of the fascia in human function. In the same year, to honor Ida’s 100th birthday, the Rolf Institute promoted another collaboration between Rosemary and Louis – *Remembering Ida Rolf* (Feitis and Schultz 1996), a collection of the fond remembrances of from early practitioners and friends.

Rosemary’s efforts were instrumental to the 1971 founding of the Rolf Institute as a container for the work as well as to development of the school. Ida’s vision included multiple schools of Rolfing SI, each with a different emphasis: one psychological, another metaphysical, and a third biomechanical. While no formal division occurred, these three lines of inquiry remain critical to the work, and many instructors and practitioners favor one over the others even today.

Rosemary put considerable energy into bringing Rolfing trainings to New York, where she had established her practice on the Upper West Side. Regardless of which emphasis would prevail, she rolled up her sleeves and, together with Louis Schultz and Owen James, organized the first New York training in 1981. I graduated from that training – and it was there that Rosemary and I began our friendship of many years. Rosemary hosted countless visitors in her New York home, which was a beacon and a gathering place for Rolfers native to the East Coast, as well as those visiting New York.

After several years of Rolfing practice, Rosemary continued her studies and became a doctor of osteopathy and a homeopath. She practiced for over forty years.

Rosemary’s life of service to Rolfing SI is an enduring legacy for our community. She will be missed by her countless friends throughout the world. I am proud and grateful to count myself among them; and in the name of the entire Rolfing community, I honor and thank Rosemary for her sojourn on this planet!

**References**


Pedro Prado, PhD, is an instructor for the Rolf Institute’s Advanced Training and Rolf Movement training. He also teaches Somatic Experiencing® throughout the world for the Foundation of Human Enrichment. He is a clinical psychologist and a former professor of somatic psychology, and is currently exploring the psychobiological dimension of SI in his practice, teaching, and research. Pedro has maintained a clinical practice in São Paulo, Brazil since 1981.
Memories of Vivian Jaye

Rolf Movement® Instructor Emeritus and Person Extraordinaire

By Jane Harrington, Emeritus Faculty in Rolfing® SI and Rolf Movement Integration with contributions from Pedro Prado and Libby Eason, Rolfing Faculty.

Abstract To honor Vivian Jaye’s life and passing, Jane Harrington, her longtime Rolf Movement partner and good friend, was asked to write about Vivian’s contribution to the Rolf Institute® (RISI), now the Dr Ida Rolf Institute® (DIRI). She, in turn, asked DIRI faculty Pedro Prado and Libby Eason to share their experiences with Vivian.

Vivian Jaye was the only member of the Rolf Institute who was not a Certified Rolf®. She focused her passion and brilliance on the movement work. One of her quotes, my favorite, is particularly famous in our community, and exemplary of the work: “The way you walk across a room is the way you walk through life.”

With Vivian’s death, I lost my best friend and teaching partner of almost thirty years. We met in 1979 at RISI’s first movement admissions class, and were members of the first group to be certified as movement practitioners.

We began teaching because we wanted to spend more time together and explore the work more deeply. We were like a song-writing team: Vivian did the lyrics, and I created the melody – and sometimes we reversed roles. In writing about Vivian’s contributions to the movement work, I find I can’t separate her contributions from ours as a team. When we were creating new curriculum, Vivian began pacing and I wrote. I would capture the ideas we were exploring, and then about 80% of our brilliance would be discarded as we clarified the class material (Figure 1).

Vivian was a dynamic, charismatic teacher; her work often appeared to be magic, and there was that magical touch! It was the hours of discovery as we worked together, clarifying, discarding, and organizing that created this magic.

Going back to our training. It was the perfect format: our mornings were spent in a Basic Rolfing Structural Integration class with Peter Melchoir, and in the afternoon we took the concepts and understanding of each of the ten sessions back to the movement group. Our movement instructors were Heather Starsong and Megan James (who is no longer with us). This format gave us a very clear understanding of the conceptual and structural/functional aspect of the basic series.

At that time, the movement work was in its beginnings – being built around what
is often called Ida’s Yoga. These five to seven movement sequences can be used while working with the client and are also something the client can work with and explore as ‘homework’. Wanting more than mechanics, Vivian and I took these basic sequences and expanded them into a full exploration of how it feels to live within a body.

The authentic intimacy of our friendship gave depth and texture to our teaching. Our relationship showed in our work; it was never flat, always inviting depth and a richness. Our work was holistic, including all aspects of the person.

Vivian adapted the Lakota Indian medicine wheel for our purpose. It became The Circle of Being – who we are is a mix of our beliefs, emotions, structure, and spirit so any pattern we are dealing with will reflect all aspects of the person.

We began teaching the movement certification classes in 1988. In the early 1990s, the Advanced Faculty created the Principles of Intervention, which took us out of techniques and into concepts, allowing the movement work to integrate more fully into the Rolfing training.

Over the years working, Vivian and I created key concepts that defined our work. These concepts hold the base, values, and focus of our work. Here are a few:

1. Given a choice, all human beings will move towards ease and balance.

2. People will not change until they have a ground in current reality.

3. All learned or habitual patterns serve a purpose – adaptation or survival was part of why they were acquired.

As many of you know, Vivian was born without a hip socket on one side of her body. This lifelong physical issue highlighted the adaptation principle.

When working with a client, she was always probing to find the purpose of a given pattern and then looking for options. This gave her a passion for the work and the tenacity to stay with a client and his/her experience until the client understood.

For both of us, presence and depth in the work was essential. For the client to embody, it requires a felt sense of the pattern and how it is serving the person – or not. This inner knowing comes before options for change.

In a session, we usually began with analysis while the client was walking – asking questions and inviting awareness. Often, we did the body of the session with the client on the table, calling for movement as we used indirect touch to ‘remap’ the habitual movement patterns. This was then taken into sitting, standing, and walking with cues taken from the client’s language as s/he integrated into activity.

Vivian and I created essential aspects of the movement work, and it was through our work that movement became a part of the curriculum. We developed the ‘Principles

Libby Eason’s Thoughts

Vivian Jaye was a brilliant, intense holder of the transformational power of movement work. She brought many years of study and inquiry into what it means to be human, to share one’s humanity, and to be profoundly present to others in their process of change.

She was a shaman, a healer, a teacher, and held many other roles. Her presence was always an inspiration to look deeper into the nature of reality and our role with the ‘other’ in our practices. She was a living testament to the power of personal work, spiritual work, and bringing one’s total self into the process of the work.

Together with Jane Harrington, she created the movement series as a way to elicit all of the goals of the structural work but using movement. There was integrity in the inquiry that led them both to work many long hours and produce a body of movement work that formed a foundation for the work we know today as Rolf Movement Integration. I am forever grateful for the impact she had on the community, and on me, personally, in the process of studying movement – in awareness, in practice, in teaching.

Vivian and Jane were a spectacular teaching team. Jane perhaps more practical and straightforward with her teaching while Vivian was more focused in the metaphysical – though both brought magic to the work, and awareness and meaning.

I especially appreciated watching Jane work once, during my movement training. In a profound moment, I understood that intimacy and boundaries are both equally and coequally possible, and even required, for a powerful, transformative process to take place. It is the essential alchemical element in any therapeutic process. When I am open to the client, as much as s/he is open to me, it erases any possibility of improper power dynamic. I feel, am empathetically attuned to, the client, partly by my availability to be equally open in my humanness, for the client to sense my authentic presence and willingness to be vulnerable. This I learned from the dynamic duo: Vivian and Jane.

Thank you, Vivian, and thank you, Jane.
Pedro Prado’s Thoughts

I had the privilege of being Vivian Jaye’s personal friend and a working colleague. The movement work was a natural fit to the Brazilian way of seeing the work. We were members of the RISI faculty at the same time and shared the same anxiety: to have the movement work survive the tendency of the structural work to undervalue its nature.

We needed to bring its value to the perception of all and then to be able to launch projects that involved the movement work. One of them happened in Brazil, where we had the vision of Rolfing as a methodology that had structure and movement as one thing, not two discriminated methodologies. We believed that a good professional should have the understanding of Rolfing in a way that encompassed both approaches and not be specialized in one or the other.

With this point of view, we dreamed that they should be taught simultaneously. A first attempt had already happened with the Combined Studies program, but there, the two techniques were simply juxtaposed, not integrated. Our dream was to train a professional who could weave them according to the needs of the client. Therefore, the creation of the ‘Principles Week’ (Rolf Movement lead-in week) to Basic Training was based in this vision, which ‘opened the show’.

Vivian dove into the creation of this approach. The curriculum in Brazil evolved to carry these approaches in the same program. We proposed to teach and form the students to be able to carry a process based exclusively in movement sessions, or exclusively using the classical ‘Recipe’, and also interweaving approaches. Of course, each one tempered with the vision of the other and adapted to the needs of the client. Vivian made many trips and generously gave her time and knowledge to this job. We’d experiment and put shape to the curriculum.

The adventure would continue in Boulder where we worked with the whole Rolfing Faculty, explaining, gaining the space for this pilot project (the Brazilian Educational Project – a dual certification), and facing the resistances. Vivian had actually moved to Boulder because she had this mission – to hold high the baton of the Rolf Movement work and to see the changes through.

Our friendship deepened, we enjoyed meeting and spending time together, sharing our spirit, creating in the work – and most of all enjoying each other’s company! The way you walk across a room is the way you walk through life.

- Vivian Jaye

Jane Harrington is Emeritus faculty for DIRI after being on faculty since 1986. She was certified in Rolf Movement Integration in 1980 after years in the movement field. Jane taught Basic Rolfing Training and Rolf Movement Certification courses. Her passion is linking the movement work with Ida’s vision of our work. She is currently teaching a limited number of continuing education workshops.

Libby Eason graduated from RISI in March 1992, completed Rolf Movement training in 1994, and Advanced Training in 1997. She became an assistant instructor in 1998 and taught her first class in 2004. Among a variety of other continuing education endeavors, she completed a four-year training in the Feldenkrais Method in 2016. Libby was president of the Ida P. Rolf Research Foundation from 2012-2019 and was on the IASI board for ten years, including being board president for over two years. Libby maintains a full-time practice in Atlanta, Georgia and is in the process of preparing to teach the full Rolfing Basic Training in Atlanta beginning in September 2019.

Pedro Prado, PhD, is an instructor for the Advanced Training and Rolf Movement training. He also teaches Somatic Experiencing® throughout the world for the Foundation of Human Enrichment. He is a clinical psychologist and a former professor of somatic psychology, and is currently exploring the psychobiological dimension of structural integration in his practice, teaching, and research. Pedro has maintained a clinical practice in São Paulo, Brazil since 1981.
It’s not how deep you go, it’s how you go deep.

Dr. Ida Rolf, Founder
Dear Members,

Two members of the DIRI Ethics Committee, Les Kertay and Robin Graber, worked for a year to revise and update the Code of Ethics for the Institute. The new Code of Ethics is centered around the concepts of restorative justice. The DIRI model strives toward a balanced approach for ethical accountability with its primary goals focused on healing all aggrieved parties of misconduct in an effort to prevent further ethical infractions. Such infractions are viewed as harm against another person and the community, and encourage the participation of both the accused, aggrieved, and the community in determining appropriate discipline throughout the restorative process. By engaging the community's input in the process of coming to a resolution, DIRI hopes to promote accountability, reinforce ethical standards, and cultivate competency in members so they may become better practitioners.

The table below compares at a high level a restorative model and a more traditional model based on retribution.
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