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

Jan Sultan

Ellen Freed

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 trails 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 heck" 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 lata 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 lata 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.

To affect a shape change, we have to affect the tonic function of very deeply embedded, old brain postural patterning.

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 spinous 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 spinous processes. As the client rolled upright, the facets would return to neutral and stack back up. The behavior of the spinous processes is the visual marker of articular 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 we actually touch. The third session involves the lateral line going through the sides of the body as a projection of the central line.

Whatever the structure of the individual — a very anterior pelvis and an exhalation rib cage, or an inhalation rib cage and posterior pelvis — we followed the Recipe, we did the exact same strokes, and we put that line in there. "Just do the line," she would say, "don't think."

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 horizontals 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."

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 the third session moves the work from the superficial layers into the core. By this, I mean the old Rolfing definition of 'core', not the yogi core, or the gym-rat core, but the intrinsic 'core' function unfolding that IPR saw as a hallmark of her work.

An important element of session three, the way Ida taught it, was that if you were going to stop working with someone, after three was the place to stop or to pause. Three is typically the first integration point in the Ten Series. So, for example, if a client is going out of town, we suggest to stop at three, and pick up beginning with the fourth session later.

I have extended this idea of a mini-closure at the third session in my own practice. When a client is going through the Ten Series, I allow them an exit point at three. I literally say, "If this isn't money well spent for you, if you're not sure this is your cup of tea, this is the place to stop the process. You want to come back to it at some point, then we'll do a Fourth Session." People appreciate this. This acknowledges the client and reaffirms the commitment. Or, this shows them the logical place to exit. Now if the client has said yes, let's continue, the next session is the fourth, and we let them know that we are going into different and deeper territory.

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."

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.

As we work up from the foot and through the knee, pretty soon we find quadriceps and the sartorius in the front, and big hamstrings in the back, and right there in the middle are those adductors. And the

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 provide possibility for easier and more efficient movement. Many people report being able to run faster and with more ease and agility after this session.

There is an important functional division where the femur comes into the pelvis. Outside the ramus, we find the deep underside surface of the hip joint. Inside the ramus, we are in the territory of the pelvic floor. These are necessary distinctions to make with our perception and with our client's perception – most people do not clearly sense the distinction between the inside of the leg and the genitals or have not understood this lesson in anatomy. As this work proceeds, it is educational for the client to make these finer gradients of self-awareness to open new possibility in their lives.

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 flexed forward and extended back, IPR focused around the thoracolumbar junction, working so the client can move more freely through this area. The work here is to teach the client to use the feet to engage the spine more intentionally. This work was getting the spine to be part of the back of the body, so that the prevertebral connection of the legs, through the psoas, into the front of the thoracolumbar junction could begin to function better.

IPR put a lot of emphasis on that function at the thoracolumbar junction. This is where I first noticed she worked differently on wide backs versus narrow backs. She would grab the edges of the erectors in a wide back and move medially. With a narrow back, where the spine was held deeper, she'd get into the spinal groove encouraging the tissues of the back to spread out. The tonic erectors are the muscles of postural form; if we want to change shape, we must affect the erectors, and IPR adapted her work towards this goal.

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.

By responding with different approaches to different structures, the Recipe also had elements that responded to various structural themes and body types. Some schools that get their inspiration from IPR's work insist that the Recipe is a very specific formula. Indeed, the unfolding of function as the Recipe is followed precisely does have a somewhat predictable outcome. Even so, those of us who worked with her often found ourselves wondering about the differences in individual sessions that IPR would demonstrate. Not all fourth sessions looked the same!

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 lumbars 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

peritoneum was the internal front/back boundary.

When we learned our now-famous psoas work, IPR did not make these anatomical distinctions around the peritoneum. When students would ask what happened to the guts when working directly on the psoas, she would explain that things are quite slick and moveable, and that if we moved our fingers correctly, the intestines would move out of the way so that we could reach through the mesenteries and get a good hold of the front of the psoas.

IPR also did not make distinctions between the psoas being partly tonic and partly phasic, and that the distribution of the phasic/tonic function can be quite different in one individual to another. In sedentary individuals it is highly probable that the psoas is tonic, similar to the erectors, making it the job of this psoas to be postural. In athletes and active individuals, it is probable we find lot of phasic fibers in the psoas, making the job of this psoas more dynamic. Again, I thank Robert Schleip for his work to bring these distinctions to the work.

Fifth-Hour back work brings along what the fourth-session back work began; trying to build structure/function, and to encourage and teach awareness and ability to move through this junction from the ventral part of the high lumbars into the dorsum, like a wave in motion. When we look at the side view, the psoas ends at the thoracolumbar junction. The work should flow from prevertebral to postvertebral right through there, into the erectors. The erectors take over the lifting function, and this is the very root of Rolf's postural foundation, right there at the thoracolumbar junction. Someone asked Rolf that if she were confined to working on only one part of the body, what would it be? She responded, "the twelfth rib." That took years to figure out and I'm still wondering.

One of Ida's riddles was around the relationships within the geometry of the psoas, rectus abdominis, and diaphragm. She described this as a triangle, with the diaphragm as the base, and the apex at the pubes. Frankly, through all these years I struggled with that riddle, and I never made much real sense of it. It was, again, geometry imposed upon very intricate anatomy. I tried to think about it. I tried to teach it. 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.

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. Wow.

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 tonus 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 rhomboids, 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 Rolfer 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. If we waited 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 sensoy 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.