

The Deeper Truth of The Ten Series

By Karl E. Humiston, MD, Certified Rolfer®



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ABSTRACT *The author believes that the core of Rolfing SI, as conveyed to us by Ida Rolf in her classic Ten Series, is a restoration of a person's being to that 'blueprint of perfection' that has always been in us. In this article, based on his presentation at the April 2018 IASI Symposium, Karl Humiston shares his view that restoring the entire body to its proper organization supports 'healing' better than any of the 'fix-it' or 'release' approaches typical of the medical or massage world. Proper Rolfing® Structural Integration (SI) training restores this pattern in the Rolfer, who can then convey it to his/her clients.*

In today's 'fix-it' culture, it is all too easy to fixate on isolated problems and ignore their context. That quantitative science wields such an incontrovertible authority in modern medicine only exacerbates this trend of reductive analysis. In a presentation that I gave in April 2018 at the symposium of the International Association of Structural Integrators (IASI), I attempted to convey what makes Rolfing SI different. The things that most need to be said are often the most difficult to put into words, but I will attempt to express the uniqueness of Rolfing SI in the following axiom: *Rolfing SI is basically a process of restoring a person's body and functioning to that 'blueprint of perfection' that was given to us in the beginning and still is within us.* I was trained by Ida Rolf in 1971. I never heard her use such

words regarding her work, but, to me, she conveyed them in her teaching. I cannot make sense of the classic Ten Series of Rolfing SI without this concept.

It is clear to me that the remarkable capability of the Rolfing Ten Series to restore health to persons with serious chronic pain and disability is best explained as follows: wherever the symptoms or structural aberration may be, *the strongest and most permanent healing of them comes from restoring the entire rest of the body to its proper organization.* As a retired medical doctor, I know that such a concept is entirely foreign to the world of medical science, education, and practice. But the healing of my own foot can hardly be explained on any other basis.

In my IASI presentation, I took off my shoes and socks so that all present could see my seriously deformed right foot. Apparently, a tick-borne Lyme disease infection in my foot during childhood had prevented further normal development. For years I had suffered pain from a downwardly displaced third metatarsal bone that pressed into the floor. But about two months before the IASI conference, that bone moved itself up enough to enable nearly normal walking, which continues to improve further now, at age eighty-eight. My firm belief is that the ground was prepared for this unlikely healing of my foot by the combined result of two things I have been doing for decades: my own continued active Rolfig work on clients (always based on the Ten-Series formula), and my years of attending my wife’s weekly Feldenkrais classes, which connect everything to everything in my body. A Rolfer whose practice focuses on the basic ‘blueprint of perfection’ of the Ten Series will inevitably be helping to restore his own body to its blueprint, even as he works to restore that of his clients.

I will illustrate this principle with another story from my own experience. This one reminds me of Ida’s emphatic statement to us: “Follow the ‘Recipe!’” As a practicing psychiatrist in about 1978 in Oklahoma City, I had a woman admitted to the hospital under my care. In addition to her mental problem, she had severe pain in her feet from old injuries. I decided to shortcut the Recipe and start right away with session two on her feet. It was a disaster, making her pain much worse. The next day I did session one, and most of the pain was immediately gone. We continued the Series with good results. This fits with what another presenter at the IASI symposium described, in relating an experience in which Ida Rolf told her, “The sequence determines the outcome” (she had put the coffee in Ida’s cup before the cream, and Ida tasted the difference). I know now that the sequence contained in the ten sessions is fundamental to its effectiveness.

Throughout my schooling of 1947-1962 (Stanford degree in biological sciences, MD from Harvard Medical School, internship and psychiatric residency training at Universities of Washington and Glasgow), I had a growing awareness that my progressively deepening desire to assist people to heal, to actually become well, was not supported in that realm. The first teacher I found whose work actually guided people to mental health was

Virginia Satir, and I learned family therapy from her. She urged us to go to Esalen, where I met Fritz Perls and learned Gestalt therapy. By then I saw that the basis of true mental health is in being fully connected to our physical, sensory bodies, which I needed just as much as my patients did, so in 1968 came an Esalen workshop in Body Awareness by Ed Maupin. The excitement I felt when he talked about his recent training with Ida Rolf would be hard to put into words. That excitement re-emerged the following year, as I received my Ten Series from Ed; again, what happened to me was profound, and outside the realm of my formal education and of the medical science I knew.

During the first seven years of my life, my grandfather, a Chicago surgeon, was a member of the American Medical Association’s Council on Medical Education and Hospitals and served as its chairman. His passion was to shift the focus of American medical schools from the apprentice style of learning from a skilled practitioner to the impersonal focus of training based on science and the laboratory. He succeeded. Our state medical licensing laws today generally define the practice of medicine as ‘the diagnosis and treatment of disease’. The FDA approves drugs based on statistically supported conclusions that a particular drug is ‘proven effective in the treatment of [specific diseases]’. ‘Proven effective’ is an utterly statistical concept with no regard for the personal relation between the physician and the patient, and notions such as ‘healing’ or truly helping a person have no place in this world. There is also the question of experimental design and corporate funding, and how those may impact findings. Personally, I cringe when I hear fellow Rolfers saying we should seek validation of our work from medical science. I do not see the conventional medical model as relevant to our work, especially to the deeply personal basis of Ida Rolf’s Ten Series.

Science generally has remarkable power to tell us how things behave, like how the laws of gravity operate, with unchanging mathematical precision. This is what science was developed to do, and it has proven its ability in this respect. Nevertheless, the same science that can calculate the behavior of things with supreme precision has no power to tell us what the nature of those things actually is, how they came to be, or why they came to

behave in the way that they do in the first place. This viewpoint came to me from my conversations with the eminent British biological scientist Rupert Sheldrake (see his fine book *Morphic Resonance*). When Ida Rolf personally showed me how to restore a client’s body to its proper organization, I never heard her say where that proper organization came from in the beginning, but it was clear that she did not claim to have invented it; rather she had spent years searching for how she could use her hands to obey it. I assume that she simply saw it in us, I know she was a *seer* in the classical sense, able to see into the essence of individual human beings, in function, form, and soul.

I personally believe that we came to have this ‘blueprint of perfection’ in the beginning from divine beings who *organized* us in their own likeness and image, male and female, directed and empowered by their *desire* that it be so. Even if this is not your own belief, I think it’s true that for a Rolfer to successfully organize a client in accord with that client’s ‘blueprint’, the Rolfer’s work must flow from his or her own inward picture of that blueprint as well as the deeply driving desire that it be so, rather than just mechanically following a recipe without such clear and compelling personal intention. A Rolfer may be very good at such things as releasing a frozen joint, but when this is done without inwardly seeking (at least partially) a restoration of the client’s entire ‘blueprint’, it is not Rolfig SI that is being done. The Rolfer’s own inward picture of the client’s ‘blueprint’ cannot be the same as Ida Rolf’s inward picture, but will be that which was formed within him during his Rolfig training if it was properly done, and will further evolve and deepen through the years if he continues to practice with true intent.

Karl E. Humiston was trained in Rolfig SI in 1971 by Ida Rolf, PhD. He has an undergraduate degree from Stanford and an MD degree from Harvard. He practiced psychiatry and founded several holistic health centers. Retired now from medical practice, he still practices Rolfig SI, working with his hands to restore people’s bodies to their original design, as they were created to be. For those Rolfig clients who may need help with addictions or other difficulties in functioning, his holistic approach is most helpful.