



Lu Mueller-Kaul



Eric Jacobson

# The Rest of Us Have to Do It for Years

## Dr. Eric Jacobson's History with Dr. Rolf and the Work

By Lu Mueller-Kaul, Certified Advanced Rolfer®, and Eric Jacobson, PhD, Certified Advanced Rolfer®

**ABSTRACT** *Eric Jacobson, PhD, has the unique point of view of being a Certified Advanced Rolfer who trained directly with Rolf. In this interview, Jacobson recounts his first meeting with Ida Rolf, PhD, in 1973 and his acceptance into her training to become a Rolfer. He reflects on the influences Rolf spoke about and his application of the Rolting® Ten Series throughout his fifty-year career.*

*Structural Integration (SI) is a system of manual therapy and sensorimotor education that purports to improve human biomechanical functioning as a whole rather than to treat particular symptoms.*

– Eric Jacobson, PhD (2011, 755).

**Lu Mueller-Kaul:** Hello, Eric. Thank you for meeting with me to discuss your career path in the structural integration profession. What was your life like when you first heard about Ida Rolf [PhD, (1896-1979)] and structural integration?

**Eric Jacobson:** Hi Lu, nice to see you. And let's get right into it. I was a hippie in Delaware, running one of those drug abuse counseling centers run by hippies.

And to support myself, I was doing really boring jobs, like working in a liquor store and a lumber yard. In the course of running that drug abuse program, we hired William Swartley [PhD, (1927-1979) American psychologist] who had the Center for the Whole Person in Philadelphia, Pennsylvania, to teach us to do encounter groups with Reichian bodywork. That was my first encounter with massage, and it turned out to be a wild experience. It was a naked cathartic massage in a body temperature pool with colored strobe lights and moody blues playing.

During my time in Boston, Massachusetts, I heard about group development programs at a training center called 'Associates of Human Resources', created by Boston University graduates

in psychology and human relations. The Navy had contracted them; there were internships available and you could study new therapies. Practitioners of various modalities were invited for demonstrations of their methods. That was maybe 1972 or 1973, and there was a lot of curiosity and openness to these kinds of experiments. William Schutz, PhD was invited to show us what was then simply called Rolfing.<sup>1</sup>

## Gestalt Training then Rolfing Training

**EJ:** It was amazing; you could see the person's body change right away. I was already learning Gestalt therapy (Perls, Hefferline, and Goodman 1951), so I decided to apply for the Rolfing training. There weren't many classes at the time, no formal school, and I had little time to prepare. I drove for thirty hours to get from Boston to Florida, and arrived completely exhausted. I had to immediately go to the selection committee with Dr. Rolf and her team.

**LMK:** Oh, wow.

**EJ:** It was a bad mistake, and then I made the next one. She asked, "Why are you interested in Rolfing?" I said, "Well, I'm learning Gestalt therapy, and I think they'd go together really great." And she said very sternly, "Mister Jacobson! We are not interested in being in adjunctive therapy!"

So I staggered out. Rolf Paul Jacobs, who was a friend of mine, followed soon after and told me, "Dr. Rolf thinks you're not a good prospect because you have no energy." And I said, "I just drove for thirty hours without sleeping." He said, "Oh." And he went back in, came back out, and reported, "She said okay." So that's how I got into the training.

**LMK:** That's remarkable. When did you finish the program?

**EJ:** I graduated in 1974. So I might have started in 1973. My first class, the *auditing phase*, was in upper central Florida, and my second class, the *practitioning phase*, was in Big Sur, California.<sup>2</sup> The former was taught by Dr. Rolf and the latter was taught by her son, Richard Demmerle (1932-2015).

Once I was a Rolfer, I didn't do much training for a long time. I was very isolated from the rest of the community. Yet, there were a few Rolfers in the Boston area, so we would meet and talk. I became friends with the well-known Rolfer Rosemary Feitis (1937-2018), who was Ida's secretary at the time. I had to go through Rosemary to even get invited to the selection committee in Florida. She also had edited Dr. Rolf's book (1978).

**LMK:** I like how she tells stories in *Remembering Ida Rolf* (Feitis and Schultz 1996). So the class in Big Sur was your *practitioning phase*? Nowadays we have 'Phase II' and 'Phase III' where students

are taught the Ten Series; there, they first learn the manual work with classmates, then work on outside clients. Did you practice on strangers right away?

**EJ:** Almost! As I mentioned, our practicing class was taught by Richard Demmerle and the assistant was Robert Pritchard. They discussed each session in a morning lecture, demonstrated, and we'd work on each other to try it out, and then we had a client come in for that session we just learned. So before we even talked about 'Second Hour', we already had a community client for 'First Hour'.

The basic class with Ida was quite amazing. I expected her to be a good bodyworker, but she was intellectually very interesting. In her lectures, she would talk about Alfred Korzybski [an American philosopher, (1879-1950)]. She was a member of the Korzybski Institute in New York [now called The Institute of General Semantics]. There are group photos of the Korzybski annual meetings with Dr. Rolf sitting there in the photo.

**LMK:** Remind me what Korzybski focused on.

**EJ:** There was a movement called analytical philosophy that was founded in Europe and Great Britain in the early 1900s. The idea was that if you could just get people to stop misusing language, you could solve almost all the philosophical problems. Proponents of analytical philosophy in England argued that if a term was not directly relatable to sensory phenomena, it was meaningless, which is kind of an extreme point of view.

Korzybski was a Polish philosopher who resettled in New York. He was famous for starting the whole field of general semantics, commonly described as a philosophy of language and meaning. He wrote the book, *Science and Sanity: An Introduction to Non-Aristotelian Systems and General Semantics* (1933). Rolf liked some of the ideas; she often quoted Korzybski's that *the map is not the territory*.

**LMK:** Yes, I like that one. And I identify with some of the ideas, words are critically important.

**EJ:** Words are a mental model of something, they are not the same as the phenomena itself. In Korzybski's book, there was a chapter on fascia. He had really big ideas in the 1920s, the early days of the science of complex systems.

People don't realize that before we had these ideas, the model was: You study

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**EJ:** [Alfred Korzybski] was famous for starting the whole field of general semantics, commonly described as a philosophy of language and meaning. He wrote the book, *Science and Sanity: An Introduction to Non-Aristotelian Systems and General Semantics* (1933). Rolf liked some of the ideas; she often quoted Korzybski's that *the map is not the territory*.

a phenomenon, and you find the cause of the phenomenon. Cause and effect. Korzybski pointed out that's not how phenomena are. There are networks of influences and composites of effects.

**LMK:** That's what I keep saying. During college in Germany, we had introductory courses in many types of supposedly holistic treatments. The instructors were sincere, their anecdotes believable, but sometimes they were in direct opposition from one to the other. I would be sitting there and wondering – okay, I believe – but how can all these different ideas be correct?

And now, twenty-five years later, I keep thinking – there is no root cause. And that's why five completely different diagnoses can be correct, or not. And the resulting treatments can be helpful, for all kinds of reasons, often being very different than the ones the practitioner and client assume. Thinking there's one underlying problem that needs to be fixed seems almost childish.

**EJ:** That's a biomedical model, from a biomedical idea.

**LMK:** That's the irony! Somehow the goal is holistic therapy but a lot of practitioners and physicians talk about linear ideas to describe complex processes, which to me sounds like thinking with blinders on. This is what our brains like to do. It's not entirely bad to do that when giving a treatment. But we have to know that at any one moment, there are at least twenty things we could do to address the situation. And if you're lucky and you

pick one that has enough effect, that one thing might be enough to reduce the obstacles within the client's physical system so that it may take care of itself. They get back into homeostasis and there are no more symptoms. It doesn't mean that the contributing factors are gone, it just means that they don't overwhelm the regulation that keeps everything stable in an unstable environment.

**EJ:** Now, it's called complexity theory (Bogg and Geyer 2007). And Korzybski was among the first to propose these ideas. Nobody talks about general semantics and Korzybski nowadays, but his book was a bestseller in the 1930s. It was a really big deal.

**LMK:** Beautiful. And you say he wrote about fascia?

**EJ:** Yes, he wrote about what you were just saying, that there's not just one cause to our physical problems. He wrote about fascia as the most likely medium in the human body for the communication of many different chains of causation, because it's a colloid and it is pervasive. It seems that influenced Rolf.

**LMK:** We observe how a client walks, stands, and sits, and what are we to do with these findings? In most cases, we do the Ten Series and things start falling into place. We notice it in the body readings, and we help the clients notice the changes so that eventually they become part of natural patterns. We don't know what happened due to which intervention. At least that is where I am now – ten years ago I thought I had it all figured out.

## The Ten Series

**LMK:** In the beginning, working with the Ten Series can be understood as a paint-by-numbers type of instruction. And the Ten Series provides that, but it's not treating what the client may be thinking as 'the alignment problem'.

**EJ:** Dr. Rolf pounded on that idea. She said it over and over and over again – we are not fixing symptoms. She was relentless about that.

**LMK:** It is alluring to think that fixing a symptom means reducing the pain, that if we just reduce the rotation of the femur in the one hip and the torsion on the pelvis, then all the symptoms and every discomfort will be removed.

**EJ:** That's exactly the opposite of what Dr. Rolf was teaching. We really have to repeat these ideas over and over again.

**LMK:** I'm happy to hear you say that, we should know how our profession started, and within Rolf's 'Recipe', there is an underlying philosophy.

**EJ:** The other big influence on Dr. Rolf was osteopathy. Andrew Taylor Still [MD, DO (1828-1917)] had a whole chapter on fascia (1899). He wrote about it as a medium of fluid transfer. This still seems like a new idea, that a large portion of the movement of fluid in the body does not happen through the blood or lymph – it happens by seepage through the fascia, like a swamp.

Dr. Rolf had a very close friend who was an osteopath named Amy Cochran. And Amy would report psychic experiences.

Rolf was interested in this too. More specifically Amy said that she had psychic contact with the spirit of Benjamin Rush — one of the first physicians in the American colonies — who taught her a series of shoulder exercises. Of course, she then taught them to Dr. Rolf, who taught them to us in class one day - How do we know what we know? Sometimes, it is an intuition.

**LMK:** What would you say is the biggest difference between how Dr. Rolf started implementing her ideas compared with how osteopaths practice?

**EJ:** Ida used to go to England to teach at an osteopathy school; she gave them the idea of alignment. Gravity was not in Still's concept at all. His discussions are all about joint movement. Still's basic theory was not even structural. It was that if the joints are free to move, there's better fluid movement through the body. It was all about fluid movement. I have this information from the research I did into Rolf's background and her thinking in order to write my 2011 article, "Structural Integration: Origins and Development" (Jacobson 2011).

Another big influence to consider was the courses on posture given at women's colleges in the 1920s. Young women were taught to stand, walk, and sit.

**LMK:** That idea of walking around with a book on your head and a broomstick behind your elbows.

**EJ:** There were interesting books about this, and they talked a lot about verticality. Dr. Rolf used to cite these books from long ago. Mabel Elsworth Todd (1880-1956) was another person whose work left an impression.<sup>3</sup> Another other important influence for Rolf was her years of practicing and studying hatha yoga with Pierre Bernard (1875-1955).<sup>4</sup> He was the first person to make hatha yoga popular in the United States. He taught classes in hatha yoga, calisthenics, and what he presented as Hindu philosophy at the Tantrik Order of America, in a large mansion on the Hudson that some wealthy New Yorkers had given him. Dr. Rolf used to go up there for classes, so that is likely where she first got the idea of the vertical spine — which is an ideal of hatha yoga and Indian meditation in general. Bernard had a big, but not entirely savory, influence in getting hatha yoga started in the United States (Love 2010).

**LMK:** When you started working as a Rolfer, was that your only occupation?

Was there anything else you did on the side?

**EJ:** For about twelve years, I offered Gestalt therapy sessions. Separately, I offered Rolfig sessions. So, I've had a range of different clientele. I put a lot of effort into becoming a very good Gestalt therapist, and I have taught Gestalt therapy. It gave me observational skills that I still use when I'm doing anthropology. Before COVID-19, I still had one or two Gestalt therapy clients, but COVID-19 wiped that all out.

**LMK:** Can you talk briefly about how your knowledge of Gestalt influences your view on Rolfig Structural Integration?

**EJ:** In Gestalt therapy, you learn to observe people's behavior extremely carefully, especially how they use their eyes. What words do they use or not use? Are there interactions that they avoid? How do they sit?

The basic idea is that we all learn to interrupt our contact in different ways, for different reasons, through childhood and growing up. We learn not to use our senses, not to move in certain ways, and not to use certain kinds of speech. So first, as a Gestalt therapist, you're observing a client carefully, noticing how they interrupt contact. The next stage is — can they become aware of that? Can you experiment with exaggerating it, or reversing it? Then they start to have memories about how they learned to interrupt in those ways, and those often have a lot of emotional content.

**LMK:** That sounds like it links very nicely with somatic approaches. Does this come out of Gestalt?

**EJ:** Gestalt therapists were very influenced by Wilhelm Reich [MD, (1897-1957)]. The best training I had was by one of the people who had been a direct student of Fritz Perls [German-born psychiatrist, and psychoanalyst, who developed Gestalt therapy, (1893-1970)]: Isadore From. Isadore told me that the group around Fritz in New York in the 1950s would drive up to Rangeley, Maine, to study with Reich. They would learn what Reich could see when he looked at a person's body, and they'd learn about where the emotion was stored. Reich's theory was that the key thing was catharsis. Not all therapists see it that way. The Gestalt therapists thought the key thing was undoing the interruptions. And of course, Ida thought the basic thing was structure.

**LMK:** How do you see that idea of emotion being stored in the body?

**EJ:** It's true that the body does store emotion. I don't think anybody knows what's the mechanism. Rolfers will know that sometimes when you do something to the fascia, some people will report emotion. But obviously, it's not just in structural integration, it happens in meditation, acupuncture, and so on.

**LMK:** These days, our profession of structural integration is looking at function as much as Rolf focused on structure. Do you welcome this development?

**EJ:** I didn't have deep exposure to Rolf Movement®. We had to do some of it when we were training but as we've discussed, that was in the early 1970s. And then I didn't have any more contact with it until I did the Advanced Training in 2005 when we had a whole weekend of movement work. With my clients today, it's very basic. I work with their lumbar curve, cross extensor movement in gait, bending over, squatting, and reaching. The suggestion to feel the space behind your ears doesn't seem to connect to the problems of the person in front of me, in my experience.

In Dr. Rolf's day, there was Charlotte Selver [a German music educator, (1901-2003)]. Her work was focused on sensory awareness. That was not what Rolf was into. I'm not saying it doesn't have its value. But here's my thing: I find it hard to believe that if you do a few exercises, it changes anything. I believe that what changes the neuromotor system is first a change in the structure, then it has to be repeated thousands of times. For example, you do tai chi, Tibetan prostrations, running, or you're an equestrian for thousands of days, then that changes your body and your motor pattern. Being in a workshop and doing a few little things, I don't think that changes anything.

## Rolf Stories

**LMK:** Let's go back to your training: Do you have any other anecdotes from that first class in Florida?

**EJ:** Dr. Rolf invited a Hindu hatha yoga expert to come to class and do a demonstration. He was a tiny little man who couldn't have been more than four and a half feet tall. He could get in these incredible contortions. She was very

appreciative and nice to him. She gave him tea, paid him, and thanked him kindly for coming. After he had left, she said, “Did you see every single one of those contortions he achieved by shortening his spine?”

**LMK:** Nice.

**EJ:** She would play videotapes of Fred Astaire and Ginger Rogers dancing, and she would slow them down. There were many dances where they’d be doing the same moves, and they’d be dancing and they’d go from the floor, up to the chairs, over the table and across the piano, back to the floor. You could watch that in everything Fred did, his neck would lengthen, and in everything that Ginger did, her neck would shorten.

Rolf was very explicit. The reason that the head could go up would be adequate support in gravity. She’d say over and over again, “When what’s below goes straight down, what’s above goes straight up.”

If you look at Fred moving, his joints were completely open and free all the way up. Look at what he does with his legs, hips, and feet, he’s completely facile about balance. He could put his foot anywhere and immediately have the support go all the way up his body.

Rolf said one of the criteria of structural integration, and she’d use these words, “The major anatomical masses, the head, thorax, and pelvis, should be lined up on the gravity line.” She’d always list all three, and she’d say that over and over again. In my own thinking now, I add the feet because the feet need to be on that line. That’s the ideal.

Another anecdote I’d like to share was the last time I saw Dr. Rolf. She was teaching an advanced class in Philadelphia. She had invited Rolfers to come and observe, so I went for a weekend, and I got to sit and talk with her for a bit.

Her eyesight was poor at that time. I was sitting about four feet from her and she said, “Come closer so I can see who you are.” I came up to her within a foot of her face and I said, “Well, Dr. Rolf, I’ve met this really skilled cranial osteopath, been working on me for years, and I’m learning a little bit of it and do you think that’s a valid part of Rolfing?” She said, in typical fashion, “Of course it is! The whole point is to get the body lined up in gravity and get the head on top.”

So, we were sitting at the end of a very long room, must have been forty feet long. The door was at the other end. As we were talking, she looked over my shoulder and pointed to the far end. She said, “Who’s that who just came in.” They tell her, and she says, “Somebody fix his third cervical vertebrae. It’s rotated too far right and forward.” But she wasn’t seeing that far.

**LMK:** That is wonderful; it puts a smile on my face.

**EJ:** And then a few minutes later, still in our conversation, all these tables had people working on people. The practitioner the third or fourth table away from her, she called out and said, “It’s not there. It’s further to the right.” So, she had this psychic ability.

**LMK:** That’s amazing. Great to hear your direct experience of her. So, do you think it was really psychic? Or do you think she

saw something like a rough outline of the person’s body that she could see?

**EJ:** She couldn’t see who I was when I was four feet away from her. She was psychic. It’s a whole other topic to explain psychic phenomena, but I can tell you she was very interested in psychics. She had psychic friends. And that’s one reason she could do such fantastic bodywork.

I counted in class once, how many contacts she made during her demonstration. I didn’t do this every time, but I remember this one particular time when she was doing a Second Hour. She worked on nine spots. The person stood up, and they were completely different. She could see what the key spots were.

**LMK:** It’s intuition, not magic.

**EJ:** Intuition was not part of Rolf’s pedagogy. She’d say over and over again, “Do the Ten Series for five years. Then come back and do the Advanced Training.”

With pedagogy, there’s research. I got involved a little bit in studying diagnostic reasoning and read some of the literature. Beginning physicians make more diagnostic mistakes than experienced physicians because they’re just learning the rules. Then, as they learn the rules, they become more efficient. They get better and better, but they’re still going through the algorithm.

What are the key symptoms? Then, we have to test this symptom. Can we rule in or rule out this or that diagnosis? They go through the whole decision tree. But very advanced physicians go through

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what's the presenting symptom, they ask one more question, and then they know the answer. Because they recognize the pattern. This happens for me now, and I've been doing Rolfing [Structural Integration] for five decades.

I still think about Rolf's classic labels: first session, second session, or advanced work. When I'm actually looking at the body, my brain just sees things that are consistent or inconsistent. Doing the Ten Series for so many years has given me that depth. Your brain can't do that unless you learn the algorithm first.

For me, I got out of the basic training a limited repertoire, but it worked. And then I would go have sessions with Emmett Hutchins [cofounder of the Guild for Structural Integration, (1934-2016)]. I would pay attention to how he did what he did and add his methods to my repertoire. Then I'd get sessions with Peter Melchior [cofounder of the Guild for Structural Integration, (1931-2005)], and add those things to my work. Then I would wait and see what happened to different clients between sessions. I didn't have a lot of input other than that, for decades. If you just do the Ten Series, you really do start to see visually what it is you're trying to produce. My most recent decades have had more input from colleagues, and now I'm to the point where I'm inventing things myself.

When I'm talking with new clients about what Rolfing [Structural Integration] is, one of the things I say is that we have this model of the ideal body. And I'm looking at where their structure departs from that ideal. Then I offer more elasticity in the fascia, which will allow it to migrate toward the ideal. A person doesn't develop that way of seeing overnight unless you're Ida. The rest of us have to do it for years.

I've become kind of a heretic because Dr. Rolf's concept was very much bottom-up. And I've had so much cranial work to such benefit that I work both bottom-up and top-down. And I was so influenced by Gestalt therapy, Reichian ideas, and even Freudian concepts, that I do cranial work and sometimes shoulder girdle work quite deep before I get into the pelvis. Because you can change a pelvis a lot, and the person might not be able to tolerate it, and they'll shut it down again. At worst, they'll get very, very, very, very upset because they don't have the expressive means to deal with it.

**EJ:** I look at the person. Sometimes they have so much cranial trauma, physically or emotionally, that I work with their head first. Sometimes they're coming in with really serious knee or ankle problems. So if I don't address those, they're not going to come back.

In the early days, when I was still a student, the senior Rolfers would talk about how many people quit after the 'Fourth Hour'.

**LMK:** A few clients I've had stood up after the tablework of the fourth session and felt like they couldn't walk. Their hips moved too much, or any movement was too much, and they're so uncomfortable with the sensation they rather not walk at all. I imagine that forty years ago it was much harder to convince men they don't all have to walk like John Wayne.

**EJ:** Jim Asher [Rolfing Instructor, Emertius, and Rolf Movement Practitioner] told me at one point in his practice, that he had people sign a contract before they did the Fourth Hour, that they'd come back for the Fifth- and Sixth-Hour. Well, I just don't do the Fourth Hour anymore until I've got other tasks accomplished. In fact, here's how heretical I am, because I think arms are also very important. I do arms and I do head before I do any pelvic work, so people have a chance to feel like they can cope with memories of being assaulted, or whatever might be held there.

In my own case, I'm seventy-six, and when I was seventy, I'd already been doing Rolfing work for forty years. Suddenly after forty years of receiving Rolfing sessions, meditating, and having cranial, something let go in my pelvis. I had this flood of childhood memories. It had a quality of erotic energy. But I think it only happened because the rest of me was able to tolerate it.

**LMK:** Oh, wow. Yes, that makes sense.

**EJ:** I've had dozens of sessions with Emmett, my pelvis was holding onto that and it's not like people didn't work on my pelvis. But my head and arms weren't ready to let it happen, so it's very vivid to me. Especially when I get clients who have histories of trauma that they tell me about, or I can see it in their bodies. Sometimes there's so much pelvic tension that there's clearly an order of work necessary to assist the person. Do I want to explode that before they have room in their heads or their arms? In one way, I'm a little bit Reichian, but I'm not trying to get people to experience catharsis during the session.

Also, I'm interested in what head injuries my client has had. I got knocked out playing hockey, and I woke up eight hours later.

**LMK:** I suppose these are the factors that you consider when you are planning a series for a new client. Is there a general pattern of how you order sessions.

**EJ:** I generally do reorder the sessions. I often start with a 'Third Hour'. I don't think it makes sense to drastically open up the rib cage the first thing. I don't think every body can sustain it. Dr. Rolf said, on more than one occasion, that the First Hour was a marketing device. She said, "It's so dramatic that they'll come back."

**LMK:** Is starting with session three about working with adaptability?

**EJ:** I look at the person. Sometimes they have so much cranial trauma, physically

or emotionally, that I work with their head first. Sometimes they're coming in with really serious knee or ankle problems. So if I don't address those, they're not going to come back. In that case, I do a Second Hour first. If there's not a reason to do one or the other, then I do a Third Hour first, because I'm very much thinking *periphery first, then inward*.

Aside from that, I generally want to do a leg session, an arm session, and a head session before I do number four. Sometimes, if it seems like there's a lot of tension in the abdomen and pelvis, I'll start at the collarbone and down – almost doing a 'Fifth Hour' first.

Let me say it this way, when you get a bigger repertoire, then you can do it all. I have people who come back to me for years, so with them, I get into doing advanced sessions or even inventing sessions. But you can't do that right off the bat.

## The Royal “We”

**LMK:** Any other memories of Dr. Rolf?

**EJ:** She used the royal “we” all the time. That first class was when I was only to observe, so I was standing. She turned, looked at me, and said, “Mr. Jacobson, if you don't stop standing with your arms in front of your chest, we're never going to get you out of the trouble you have there.”

She was a triple Taurus, extremely aggressive in how she spoke to people. When the class started, her lectures were intellectually fascinating. I didn't expect her to be such a mind. She had her doctorate in biochemistry that she earned in the 1910s; it was only in the late 1800s that molecular structure was discovered. In her day, the idea that the structure of biological molecules made a difference – was a new idea. That you could have the same atoms arranged differently to produce a wide range of biological effects.

She loved the word – *structure*. Her idea was that human structure biomechanically made the same kind of difference in human health that understanding molecular structure made with pharmacological treatment. That was a big idea for her.

**LMK:** Do you know how she wanted to be remembered?

**EJ:** She was interested in fame. I heard this from others, but it was evident too.

She wanted to be recognized for having made a major contribution. Her first idea was to try to get people to go further into the yoga postures by working on their fascia. Then she developed this brilliant thing about gravity. Dr. Rolf considered her emphasis on human adaptation to gravity to be her greatest contribution.

**LMK:** Wonderful. I'm so glad we can hear about what you witnessed as her student. How about her wishes for the future of the profession? Or how she thought we should be teaching?

**EJ:** Well, she knew that there would be multiple spinoff schools. She regarded that as a good thing, it would be variety.

I just thought of one more anecdote. When I was in my first class, she'd be watching the practitioners work on us, the auditors, and occasionally she would say, “Let me get in there,” and push the practitioner aside. Well, there I was, I was receiving a Second Hour, she said, “Let me get in there,” and she put the tip of her elbow in the middle of my sternum. It felt like opium. It felt like this golden glow was spreading.

**LMK:** Whoa.

**EJ:** It was an amazing experience. When I think about what that was, I think it's probably electromagnetic. But when it was happening, I didn't know how to describe it. It's real to me now when I put my hand on that spot, it's a part of my conception. Nowadays, I'm much more aware that there's also a whole energetic thing that is happening. Dr. Rolf seemed to natively be aware of all that. She could look at somebody and see the small number of spots to work on that would change – everything.

Yes, she taught it through logic with the Ten Series.

**LMK:** That makes clear where her genius lay – not only did she do powerful work, she found a way to teach it. Thank you so much for sharing about your time with Dr. Rolf and who you are as a Rolfer now. You were right there at the beginning of our profession.

## Endnotes

1. Rolf called her work 'structural integration', yet affectionately, people coined her work 'getting Rolfed', which evolved into the community, and her, calling the work Rolfig® (1978). Once the Rolf Institute® of Structural Integration

(now the Dr. Ida Rolf Institute®; abbreviated as DIRI) registered 'Rolfig' and 'Rolf' as service marks in the late 1970s, this solidified the distinct usage of the terms. (A) The generic term to describe the work of Dr. Rolf is *structural integration*, and there are today, in 2023, twelve schools recognized by the International Association of Structural Integrators (theiasi.net) that teach structural integration. DIRI was the first school, the one Rolf started, yet she is known to have wanted many schools of structural integration so that the profession may thrive. (B) *Rolfing Structural Integration* is the correct term to be used when describing the brand of structural integration taught by DIRI. [*Structural integration is capitalized when used in conjunction with a brand, and it is lowercase when used as a generic descriptor of the profession.*] And since, in the 1970s, there was only one school, “Rolfig” and “structural integration” were used interchangeably.

2. The format of Rolf's education in the 1970s was courses that were weeks in length. Each day would be some variation of lectures, then demonstrations, and working with members of the community in a group learning environment. The students would first enroll in their *auditing phase*, where they would listen to the lectures and watch the work being done in the demonstrations and clinics with the community clients. Then, the student would do a second phase, the *practicing phase*, where they would attend the lectures and participate in demonstrations and do the work with the people from the local community. Rolf and her instructors would then certify the practitioner, and they would become Rolfers and members of DIRI.

3. Mabel Elsworth Todd wrote the book *The Thinking Body* (1937), a study of human physiology, interjected with the psychology of movement.

4. Dr. Rolf's obituary in *The New York Times*, March 21, 1979, mentioned that she “had taken yoga exercises, starting under the instruction of Pierre Bernard, an American, who had a yoga instruction center in Nyack” (Ennis 1979).

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### References

- Bogg, Jan, and Robert Geyer. 2007. *Complexity, science, and society*. New York, NY: Radcliffe Publishing.
- Ennis, Thomas W. March 21, 1979. "Ida P. Rolf, Developer of Rolfing." Available from <https://www.nytimes.com/1979/03/21/archives/ida-p-rolf-developer-of-rolfing-husband-was-a-contractor-html>.
- Feitis, Rosemary, and Louis Schultz. 1996. *Remembering Ida Rolf: A collection of stories about Ida P. Rolf*. Boulder, CO: The Rolf Institute and North Atlantic Books.
- Jacobson, Eric. 2011. Structural Integration: Origins and development. *The Journal of Alternative and Complementary Medicine* 17(9):755-780.
- Korzybski, Alfred. 1933. *Science and sanity: An introduction to non-Aristotelian systems and general semantics*. New York, NY: Institute of General Semantics.
- Love, Robert. 2010. *The great Oom: The improbably birth of yoga in America*. New York, NY: Viking Adult.

Perls, Frederick S., Ralph Hefferline, and Paul Goodman. 1951. *Gestalt therapy: Excitement and growth in the human personality*. Gouldsboro, Maine: The Gestalt Journal Press.

Rolf, Ida P. 1978. *Ida Rolf talks about Rolfing and physical reality*. (Feitis, R. ed.). New York, NY: Harper & Row.

Still, Andrew Taylor. 1899. *Philosophy of osteopathy*. Kirksville, MO: published by the author.

Todd, Mabel Elsworth. 1937. *The Thinking Body*. New York: Dance Horizons.

### Keywords

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