

The 'Recipe' in History and Considerations for the Future

By Jeffery Burch, Certified Advanced Rolfer



Jeffery Burch

ABSTRACT *The author shares his understanding of the history of the 'Recipe' (Ten Series) as a teaching tool; his own professional development using the Recipe and then moving in new directions with the incorporation of osteopathic assessment; and his own view of the best future course for teaching and practice.*

Introduction

In the Roling® Structural Integration (SI) community the place of the 'Recipe' in Dr. Rolf's vision of her work is a long-standing and frequently heated controversy. Some practitioners learned in their Basic Training that Rolf intended the Ten Series as a central guiding principle in her work, something for each practitioner to use and hone throughout their career. Others were taught in their Basic Training that Rolf intended the Recipe only as a guide for beginning practitioners in the early years of their practice, giving them enough experience to be able to really see what would serve each client best. Different teachers taught differently. Some teachers taught differently at different phases of their careers. Rolf has been described as teaching differently to different students even in the same class. The fidelity of each practitioner to what they were taught in the diversity of their Basic Training ensures that the controversy will continue.

I respect both paths. On the one hand the Recipe is an elegant and effective guide to organizing sessions, a path with

which a practitioner can continue to grow throughout a long career. On the other hand, it is possible to move beyond the Recipe to serve clients very well, addressing their uniqueness in the moment. While this article focuses more on the later path, I invite the reader to respect the beauty and strength of both paths.

In this article I recount my developmental history with the SI series starting with my Basic Training in 1977, through the intervening decades of work and study, and concluding with what I consider to be the best future for the Recipe. Interwoven with my history are aspects of the origins and early development Roling SI in general and the Recipe in particular, as I learned them along the way. As salient elements of this history I recount my interactions with Peter Melchior, Emmett Hutchins, Richard Demmerle, DC, and Jean-Pierre Barral, DO, particularly as they relate to the Recipe.

I do not always write positively of Rolf and of the Recipe, rather I present in a balanced way the truth as I know it. As stories representing life will, this one depicts areas lit with sunshine, darker valleys, and areas half in shadow. It concludes with a direction for the future.

My originally intended article was longer and was titled “The Recipe – Past, Present, and Future.” It had more history than the present article, there was a middle section describing variations in the Recipe among SI schools, and a concluding section similar to this article. The last issue of this journal (March 2019) featured several articles on the Recipe, some of which covered much of what I would have written, allowing this article to be briefer.

The History as Told by Peter Melchior

This story begins with my experiences with Melchior during my Basic Training. For those who trained in later years, under other training models, I will describe the format of the training at the time I trained in 1977. There was no Unit 1 as there is today; instead, training applicants had to demonstrate knowledge of anatomy and physiology by transcripts and admissions essays. There were other substantial admissions criteria. Once admitted to training we each took the same six-week training twice, but each time in different roles. In the first training phase called Auditing we attended lectures, participated in discussions, watched instructor demonstrations, and watched more advanced students do sessions on each other and models. Then after an interval of months we took the same class again, usually with a different instructor, only now we were in the student-practitioner role, doing sessions under supervision, with a new class of auditors watching. This phase was called Practitioning. Also, just prior to the practitioner phase we got one week of instruction in fascial anatomy from Louis Schultz, and one week of movement training from Judith Aston.

Farther back in history Rolf’s classes were originally two weeks long, then soon three weeks. In the beginning the Recipe had fewer sessions. In time, with the addition of more sessions and other material, the class became six weeks long. The next step was for students to take the same six-week class twice, as it was when I trained. Most recently the Rolf Institute® developed the Units 1, 2, and 3 training model. The length of Rolf’s early classes is relevant to the developmental history of the Recipe.

In my Practitioning class in 1977, our teacher Peter Melchior clearly and

repeatedly stated Rolf’s intent for the Recipe. This was no passing remark: it was repeated, with emphasis, and illustrated with teaching stories. Melchior also described elements of the origin and early development of the Recipe. Melchior told us that in the beginning, in the 1940s, Rolf’s work was non-formulaic – that is, it did not follow a recipe, rather she did what she perceived would best improve the structure of each person. She worked in isolation for four to five years and then began to teach her work. Melchior repeatedly told us that Rolf developed the Recipe as a teaching tool. Her idea was that it takes time and experience to develop the vision to see what would be most useful for each person at each moment. The Recipe was intended to allow people to do good enough work until they developed that vision, to be able to stay in the game so they could develop the necessary vision. She anticipated that this development of ability to see and to reason out what needed to be done would take a practitioner about five years – roughly the length of time she worked before beginning to teach.

Melchior taught us that during every session we must constantly ask the question, “In this moment where can I work on this client that will make the most positive change for the whole person?” This question was to be our constant companion as we worked. Discussing the Recipe, Melchior told us to become chefs who can improvise in the moment rather than cooks who use recipes.

Melchior stated that the Recipe is not the best way to work. He described it instead as a good beginner’s tool. Student chefs use recipes in the beginning. As another metaphor he told the story of a remote Pacific island where there were fine wood carvers, traditionally working with stone tools. When the carvers got their first metal tools, use of the new tools led to a great flowering of the carvers’ art. But that flowering withered as the next generation of carvers came up, because that new generation started with metal tools rather than fragile stone tools and did not develop the finesse required with stone tools. Starting with metal tools, the quality of their work remained mediocre.

Melchior told us that Rolf first taught her work during summers in the late 1940s. Her first venue in the late 1940s into the early 1950s was at the European School of Osteopathy in Kent, in the United Kingdom. (Interestingly, this is the same

school from which both Barral, creator of visceral manipulation, and Paul Chauffour, DO, creator of Mechanical Link, would graduate.) He told us that after a few years Rolf became disaffected with the osteopaths who took her classes, feeling that too many of them were not really doing her work, but only using the fact that they had trained with her as a way to get clients. She then shifted to teaching through the Gurdjieff association in London.

Melchior taught us that the Recipe evolved over time during the first ten years or so of Rolf’s teaching, in the late 1940s to late 1950s. In the beginning there were six sessions more or less recognizable as the first six sessions we have today. Her early classes were two weeks long teaching three sessions in each week. This was soon expanded to three weeks long, teaching two of the six sessions in each week. Soon she added one more session, which although it was the seventh in this early series was essentially the Tenth Hour as we know it today.

Melchior told a story of how an opera singer came to Rolf complaining that when he sang his mouth pulled over to one side, which did not look good on stage. Could Dr. Rolf help him? She went to work on his mouth and successfully centered it. In the process she was impressed with how much this improved the spatial relationships of his head and neck. The Seventh Hour as we know it today was born, to be placed in the series after session six. What had been in seventh place as the last session in the series now became session eight. Continuing to teach, Rolf was unsatisfied with the integration students achieved with these eight sessions, so she put in two more clean-up sessions which became sessions eight and nine as we know them today with the earlier eighth session bumped to tenth place. Now the series was at ten sessions.

The March 2019 issue of this journal presented notes taken by Byron Gentry, DC, in a 1955 class. These notes support the idea that the Recipe underwent a period of development before arriving at its final form, but seem to describe a path of recipe development differing somewhat from Melchior’s description. In Gentry’s notes there were ten sessions, but not yet a head and neck session as we know the Seventh Hour today. There was an upper-limb session that was apparently later dropped, and other important differences from our current

recipe. I hope that in time further archival material emerges, shedding light on the development of the Recipe.

The History as Told by Richard Demmerle

Skipping ahead thirty-one years from my Basic Training to the summer of 2008, Rolf's elder son Richard Demmerle, DC invited me to spend three weeks at his home in Meisterschwanden, Switzerland, where he had long lived with his Swiss wife Brigitte. Demmerle was the first person Rolf trained to do her work, by an apprenticeship during his late teen years. At his mother's insistence, Demmerle then earned dual doctorates in chiropractic and naturopathy. He was later a Rolfing teacher, and for a time faculty chair.

I welcomed an opportunity to learn more about the origins and early development of Rolfing SI, including the Recipe. I also had some trepidation. Demmerle had a reputation as a curmudgeon, an impression supported by my conversations with him at the first Fascia Research Conference in Boston the previous year. Worse, I remembered the 1979 notices in the Rolf Institute newsletter saying the ethics committee had removed Demmerle from the membership roll of the Institute for serious ethics violations (but left him residual rights to practice in Switzerland and France). My wish to learn the history of our profession was great enough that I was willing to brave some storms. I accepted the invitation.

During those three weeks in Switzerland I had extensive conversations with Demmerle about his mother and her work. Demmerle and I worked on each other. I observed his work on clients. While I was there a film crew came from Australia to interview Demmerle on camera for a mini documentary about his life and work.

When I asked Demmerle about Melchior's description of the development of the Ten Series, recounted above, he said it was substantially correct. He showed notes taken by Isabelle Biddle, DO in Dr. Rolf's 1954 Los Angeles class (also attended by Gentry), where Demmerle assisted with the teaching. Compared to Gentry's notes, Biddle's notes are more similar to the Ten Series we have today, including the Seventh Hour. I note the discrepancy between Biddle's notes and Gentry's notes and hope that in time more archival material will surface illuminating this period.

On the one hand the Recipe is an elegant and effective guide to organizing sessions, a path with which a practitioner can continue to grow throughout a long career. On the other hand, it is possible to move beyond the Recipe to serve clients very well, addressing their uniqueness in the moment.

In response to my question, Demmerle confirmed that Rolf had intended the Recipe as a teaching tool, and that she did not in fact regularly use the Recipe in her practice unless working with students.

Demmerle described Rolf studying with several osteopaths during the early 1940s, including Kenneth Little and Amy Cochrane. Demmerle told a story of the road trip with his mother and younger brother in 1944 to attend a course of study with Cochrane in Los Angeles; he, as a preteen, several times grabbed the steering wheel to prevent a crash when Rolf had fallen asleep at the wheel on the long days of driving from New York City to Los Angeles. He stated that it was immediately after her return to New York that Rolf began to practice her work.

(Related to Cochrane, decades later Cochrane's lineage holder, Ida Thomas, published books on Cochrane's work, which is called Physio-synthesis. Reading Thomas' book, I saw the strong resemblance to Rolfing SI and suspected Thomas had plagiarized Rolf's previously published book. I talked with Thomas on the phone several times. She asserted the shoe was on the other foot, that Rolf had in fact taken Cochrane's work wholesale to incorporate into her own developing work. While I do not know the truth of the matter, and while I did see resemblances to Rolfing SI, I also note that Thomas' book does not describe a recipe; that, at least, is Rolf's work. Without my asking about the Cochrane issue, Demmerle volunteered an opinion, loudly accusing his mother of using so much of Cochrane's work without giving adequate credit.)

Demmerle said Rolf used two means to determine what to do next for each client: 1) visual inspection of alignment and 2)

intuition. In teaching she taught visual inspection of alignment. Intuition has a reputation for being harder to teach. It is understandable that Rolf would focus her efforts on teaching 'seeing'. By the time she was teaching at Esalen in the 1960s her vision was poor (she was legally blind), due at least in part to her diabetes. Melchior said Rolf seemed to 'see' structure best when her glasses were really dirty.

Another Primary Source

Over the years I took a number of continuing education (CE) classes with Emmett Hutchins. The last of those, in 1989, was a class Hutchins and Melchior co-taught. This was the first CE class the two had taught together and the last class either would teach for the Rolf Institute before they departed to establish the Guild for Structural Integration. During that class I asked Hutchins if it was true that Rolf intended the Recipe as a teaching tool for beginning Rolfers. After a pause, he said that was true, then moved away to talk to someone else. When Melchior and Hutchins establish the Guild, it seems they changed their story about the Recipe. My understanding is they no longer taught that the Recipe was a teaching tool for beginning practitioners; rather they described it as an essential centerpiece of SI. I continue to puzzle over their apparent apostasy.

Osteopathic Input Takes Me Beyond the Recipe

I will now return to the story of my own journey with the Recipe. Within a few months of completing my Basic Training in 1977, I had the good fortune to step into a

Melchior taught us that during every session we must constantly ask the question “In this moment where can I work on this client that will make the most positive change for the whole person?”

busy practice, taking over where another Rolfer had departed. For the next many years, I used the Recipe consistently in my practice, making only modest adaptations to best serve clients with particular situations. Examples of adaptations were 1) recognizing that a client had serious base-of-support problems, so doing two Second Hours before moving on to the Third Hour; or 2) seeing that there was little to do in the Fourth Hour so merging sessions four and five.

The version of the Recipe I learned from Melchior was largely defined by goals, much less by anatomic territory, and unlike Gentry's notes, certainly not by specific moves. In fact, Melchior ridiculed versions of the Recipe that specified specific moves.

During these early years of using the Recipe I continued to cultivate my ability to see what would best serve each client in each moment. Melchior had taught us that after five years of such discipline, we should be skilled enough to be able to serve each client best without the Recipe, having become chefs instead of cooks. My ability to see did continue to improve, yet after five years I was nowhere near being able to move beyond the Recipe. I felt like a dunce. I had failed Melchior's mandate. Talking with colleagues who had been working as long or longer than I, I learned that not one of them had been able to see beyond the Recipe. Heartened, I continued my busy practice working with a wide diversity of clients and trying daily to improve my ability to see what I could best do for each person. Five years turned into ten, then fifteen, and twenty. I continued to seek the grail of vision beyond the Recipe that Melchior had mandated.

In 1998 I began to take classes in visceral manipulation with Jean-Pierre Barral and his team of teachers. These classes offered assessment methods that were new to me. In the classes Barral said, “In each moment we want to find what we can work on that will make the most positive change for the whole person.” I was struck by the similarity of this statement to

what Melchior had told us we must seek in each moment. Barral offered assessment methods that quickly and reliably found the best place to work. He had a name for that best place of the moment – the ‘primary restriction’. This location in the body was ephemeral, since our bodies are ever and rapidly changing, yet for each moment it is easy to find.

Barral and Melchior's statements of where we should work were nearly identical, but sometimes two people using the same words don't quite mean the same thing. I wondered – if I were to use Barral's assessment methods to find a succession of primary restrictions to work on, to what extent would this process produce the goals of Rolfing SI? As an experiment I tried this out in my practice. During a session I would find a succession of primary restrictions using Barral's assessment methods, and one at a time release them. The hallmarks of SI nicely appeared; not in the same sequence as when using the Recipe, but keeping the end goals in mind, they all appeared, and in good time. Achieving the end goals by this method required a lot less physical effort than following the Recipe, which I attribute to the following. In working on Barral's primary restrictions, the effect of the intervention is more likely to spread out beneficially to many areas of the body, compared to working on areas found by visual inspection of body alignment. In effect, working on primary restrictions gives better leverage on the whole system.

Over about a three-year period I gradually developed more skill with Barral's assessment and treatment methods. The hallmarks of SI appeared in my clients well – most of the time. Occasionally some change occurred but did not go as far as I might like, and in response I made an adaptation to the assessment method that allowed me to fully achieve any residual SI goals with ease.

What Makes It Rolfing SI?

Barral also taught treatment methods to change tissue which I found to be efficient and effective. I gradually incorporated

these methods and set aside the high-force use of knuckles and elbows that I had learned in my Basic Training. In the decades before I met Barral I had always tried to use the least force that would get the job done, and I had made good progress in this efficiency. I was always dedicated to getting the job done, but wanted to do it in the way that was most comfortable for the client, and least effortful for me. Incorporation of Barral's treatment methods improved my efficiency a quantum level. As I worked in this way clients would comment on my having moved on from Rolfing SI, to which I would reply – quoting Melchior – “Rolfing is defined only by its goals, not by any particular method.” I would relate a story told by Melchior (and later confirmed with Hutchins) that once when Rolf was at Hutchins' home in Boulder for dinner, Hutchins asked her, “If we saw a particular situation at a client's hip and if we knew that this situation could be solved by releasing the periosteum at the hip, then if we could get the periosteum to release by saying a few magic words or by whistling Yankee Doodle, would that be Rolfing?” Rolf replied, “What do you think?” Hutchins said, “I think it would.” Rolf then said, “I think so too.” As I see it, Rolf's agreement with Hutchins' proposition leaves wide open the field of what methods can be used to create the change we associate with Rolfing SI, and still call it ‘Rolfing’.

Today the diversity of methods used by Rolfing practitioners is wide. Over the years I developed several more assessment methods that integrated nicely with Barral's methods. The additional data from these allowed verification and extension of what Barral's methods showed so that I could achieve results even more easily.

During these transitional years I would use the new methods until I encountered a situation where I could not get it done that way, at which point I would revert to what I knew from my Rolfing training. Over time I phased out both the Recipe and the forceful use of knuckles and elbows, replacing them with the new assessment methods and new treatment methods.

After I had been doing the work entirely with the new methods for about a year and a half, I tried another experiment. Now that I had at long last moved beyond the Recipe, as Melchior had directed, what would it be like to use the Recipe again? With the next two new clients who came in, I worked following the Recipe, but this experiment lasted a very short time. The clients did not like it as well, experiencing more discomfort during the sessions and poorer results. I myself was dissatisfied with the results and did not enjoy having to work harder.

After a few more years of practice I began to teach what I had learned and developed. Initially I taught ten assessment methods and ten treatment methods. In the years since then this has incrementally increased to nineteen assessment methods and twenty treatment methods as I continued to learn and to innovate. It takes a little time to learn the component skills, but from these basics, skills can continue to grow with practice for a long time. I have taught this set of skills to many structural integrators, as well as to other practitioners.

Conclusion: My Assessment of the Recipe

After the experiences described here, and more, over the past forty-two years, my considered opinions about the Recipe are:

1. The Recipe has high success in allowing beginning practitioners to do good work after the relatively brief initial training offered for structural integrators. [Here I refer to the current Dr. Ida Rolf Institute® (DIRI) training comprising 731 hours of classroom instruction, contrasted with 1,260 hours for a dental hygienist or 3,390 hours for a physical therapist.]
2. The Recipe has substantially less success in its intended purpose of leading practitioners to see what each person really needs. Most practitioners using the Recipe alone do not learn to see the path beyond the Recipe. I believe one reason for poor performance in this second dimension is success in #1. The Recipe lets people do decent work, so they feel less need to move beyond it. Lack of practitioner motivation to move beyond the Recipe is also provided by some teachers having
3. ceased to tell students that the Recipe is only a teaching tool. (It is my understanding that the Rolf Institute's current Advanced Training teaches nonformulaic work to help practitioners make this leap. However, I cannot comment on it firsthand, as my own Advanced Training in 1990 was when a recipe model was still in use.)
4. It is easy to teach the skills to determine the best thing to do in each moment (i.e., to find the primary restriction). In my teaching, I observe that some students who do not have knowledge the Recipe seem to learn these new assessment skills more easily than some who do have training in the Recipe. Along these lines, I have also taught some of the component skills to children as young as nine. Sample size is small, but so far children have all learned more quickly than adults, I believe because their cups are less full.
5. The Recipe has much strength. A practitioner can continue to grow with the Recipe for a whole career. It is a good path. At the same time, in my opinion, it is not the best path. It is not the quickest, surest way to be able to see what is the best thing a practitioner can do for each client at each moment.
6. If I were running an SI school, I would replace teaching the Recipe with teaching the set of assessment methods taught by Barral, with some additions I have developed. With this assessment skill set, practitioners would develop greater skill sooner in their practices. The profession would soon enjoy more esteem due to practitioners doing even better work. The profession would be recognized for continuing to move forward.
7. DIRI recently began to refer to the Recipe as its signature feature. I see this as problematic in a number of ways. First, the Recipe is not distinctive to DIRI, as all other SI schools teach similar recipes. Second, improving people's relationship to gravity is more central to what we as Rolfers do than is the Recipe. As described in the DIRI Standards of Practice, Rolfing SI is described by its goals, not by any particular method.
8. The best place for the Recipe in the future is in history books. It should be well documented and recorded for posterity. In their time steam power and flint knapping served humankind very well, but both are little used today. We have moved on to other technologies that serve us even better. So it is with the Recipe, an excellent process that is on the cusp of being superseded.

When I have spoken and written these opinions elsewhere, some colleagues have considered them to represent hubris and/or other folly on my part. I know them rather as the fruits of a lifelong search for truth, and I share them out of a desire to contribute to the profession.

Jeffrey Burch was born in Eugene, Oregon in 1949 and grew up there except for part of his teen years in Munich, Germany. He was educated at the University of Oregon, Portland State University, and the University of Pavia, Italy, earning bachelor's degrees in biology and psychology and a master's degree in counseling. Jeffrey received his Rolfing certification in 1977 and his advanced Rolfing certification in 1990. He trained extensively in cranial manipulation with French etiopath Alain Gehin, and in craniosacral therapy with the Upledger Institute. Jeffrey trained to the instructor level in visceral manipulation under Jean-Pierre Barral and his associates. He has made substantial innovations in visceral manipulation, particularly for the thorax. Jeffrey has also developed groundbreaking new joint-mobilization techniques. He practices in Eugene, Oregon and offers continuing education classes in Eugene and other locations. For more details see www.jeffreyburch.com/biography.