

The Journal of Shiatsu & Oriental Body Therapy



Issue 1

Summer 1994

Editorial

This is the prototype and first edition of the new Journal of Shiatsu and Oriental Body Therapy. Like the Shiatsu Society News, which continues in its old format, it is published and distributed by the Shiatsu Society. But whereas the focus of the newsletter is on internal networking, information and in-house debate, the Journal faces outward, hopefully making Shiatsu and its sister therapies more widely respected by the outer world and building bridges between worldwide professions.

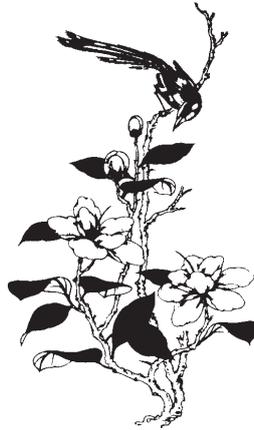
The concept of a Journal is not new and was first suggested by Clifford Andrews in 1985. He was ahead of his time then but we are in debt to his vision. I hope that now the time is ripe for the idea to bear fruit. The proposal is that the Newsletter will start to concentrate more on internal news and will also contain the shorter, chattier articles. The Journal will provide a forum for three things:

Firstly research. Philip Harris, a senior lecturer in Psychology and Shiatsu practitioner has volunteered to coordinate research within the Shiatsu community. He has written a call for ideas in this issue. It is by formulating our experience in a way that is comprehensible to the rest of the world that we will gain their respect. This is especially true of doctors and the health service who are just starting to realise the value of complementary approaches. As yet the majority of doctors who are open to complementary therapies are mainly aware of acupuncture, osteopathy and homeopathy. I feel it is through some form of published research that they and other bodies, will start to respect Shiatsu and other forms of oriental body therapy. There are two articles in this issue about the relationship of complementary therapies to the establishment.

The next area which the Journal should encourage is the writing of higher quality, well thought out articles which are of general interest to Oriental Body Therapists. Because of the larger format of the Journal, there is space for longer and more elaborate discussion than was possible in the Newsletter. In this issue the question of what meridians are is explored in three articles. This question is also one of the defining similarities between different forms of Oriental Body Therapy so should be of interest to a wider audience than the community of Shiatsu practitioners.

We are also encouraging practitioners to write articles about other forms of Oriental Bodywork such as Shen Tao and Anma. Nicola Pooley's article on cultural theft will be interesting to anyone practising a healing form originating in another culture.

A third opportunity which the Journal provides is for the publication of final year dissertations. Mike Craske, a Shiatsu practitioner in the Midlands, has been energetically hunting for the nuggets of gold which are often hidden in the back files of Shiatsu schools. There are many examples of certain obscure or diffuse areas of learning being creatively pulled together in a final year project; often in a way that would be of great use to future students. We feel that these



should see the light of day and encourage any graduate who is proud of their dissertation to contact Mike. In this issue Elizabeth Marshall makes delightful connections between the Chinese Five Element theory and the world of Winnie the Pooh.

Finally, we hope that the Journal will become an organ of international communication. We have received interest from many members of the Association of Oriental Bodywork Therapies in America (AOBTA), from Shiatsu practitioners in Australia and from Europe. There is a growing movement towards inter-relationship, both internationally amongst the Shiatsu organisations and between therapies based on similar principles. The formation of the European Shiatsu Federation is a sign of the former connection and the birth of the AOBTA three years ago in America is a prime example of the latter. A Journal having a potentially international circulation would be a good forum for this networking to be discussed.

The Shiatsu Society is not in a position to instantly set up an international magazine but I think that if we grow according to demand, evolving as we get more subscribers and advertisers, then this modest beginning could grow into a respected institution in the coming years.

Bill Palmer

CONTENTS

<i>Editorial</i>	<i>page 3</i>
<i>Call For Research by Philip Harris</i>	<i>page 4</i>
<i>Call for Dissertations by Mike Craske</i>	<i>page 4</i>
<i>Letters</i>	<i>page 5</i>
<i>The BMA Report by Philip Harris</i>	<i>page 6</i>
<i>Complementary Therapy & the Law</i> <i>by Bill Palmer</i>	<i>page 8</i>
<i>What is a Meridian?</i> <i>by Daverick Leggett</i>	<i>page 9</i>
<i>Meridians & Patterns</i> <i>by Bill Palmer</i>	<i>page 11</i>
<i>Meridians , a walk through the Subway</i> <i>by Ken Waight</i>	<i>page 15</i>
<i>Cultural Theft by Nicola Pooley</i>	<i>page 17</i>
<i>Winnie the Pooh and the Five Elements</i> <i>by Elizabeth Marshall</i>	<i>page 18</i>

A Call for Research Ideas

by Philip Harris

First, let me declare my intent: I am particularly interested in opening up a channel of communication about research in Shiatsu and other complementary therapies. I believe there is a need for a broad forum to explore different types of research. I speak both as a Shiatsu practitioner myself of the need for confirmation that I am doing good and as a teacher and researcher of the need to provide evidence of the health benefits of complementary therapies.

Not everyone agrees about the need for research, some suggest that the benefits of Shiatsu are self-evident. On the other hand, it is arguable that all therapies require evaluation to identify the hazards as well as the benefits. It is also sometimes said that complementary therapies cannot be evaluated by conventional methods. While I am in sympathy with the problems presented by such a task, all therapies which aim to achieve particular outcomes are testable even if this is easier for some than others. In negotiating the fine line between the chasms of logic and credulity, I believe that research has an important part to play.

I am very keen to take a lead in supporting and co-ordinating the research section of the new Journal of Shiatsu and Oriental Body Therapy. Let me emphasize that there are many types of research ranging from case studies to randomised controlled trials, all of them have their uses and limitations. In my role as Senior Lecturer in Psychology at the Cardiff Institute of Higher Education, I teach mainly health psychology and research methods to a range of health care practitioners including nurses, dieticians, and speech and language therapists at both degree and post-graduate levels. I am familiar with some of the difficulties of conducting research in these areas

It is difficult, at this stage, to judge the size of the task. I think we need to start gradually and aim to develop more ambitious projects in the long term. A first step is to identify research interests. For example, I am particularly interested in evaluating work with disabled people, other areas of interest may include:

- * the elderly
- * HIV and AIDS
- * eating problems such as Anorexia Nervosa
- * chronic pain
- * chronic fatigue syndrome (ME)

I am sure there are others. If you would like to write to me and state your interest I will try to identify themes and on the basis of this perhaps we can set up working groups to discuss how to go about research in these areas. Another idea may be to include in the research section critiques of books and articles with some research content.

You may have different ideas about what the research content of the Journal should include. If so, please let me know what they are. I find the prospects exciting and challenging and I am sure it will take time, effort and co-operation to develop a strategy that is broad but also integrated and coherent.

Philip Harris, School of Human Sciences, Faculty of Community Health Sciences
Cardiff Institute of Higher Education, Llandaff Centre, Western Avenue, Cardiff, CF5 2YB
Fax: 0222 578084

A Call for Dissertations

by Mike Craske

A lot of work is often put into final year dissertations which could be a valuable resource for future students and other practitioners. We have already been offered excellent pieces of work which discuss whether Shiatsu can help some of the big health issues of our time such as AIDS and ME. Works like these that pull together the known facts about a certain subject and add some practical experience of the application of Shiatsu, or other Oriental Body Therapies, would be of wide interest to the practitioner community and we feel that they should have a chance of being published.

Every issue of the Journal will carry one such dissertation. It does not have to be serious in tone as Elizabeth Marshall's linkage of Winnie the Pooh and the Five Elements demonstrates in this issue.

If you would like your hard work to be published instead of languishing in the old files of your training establishment, contact me and discuss how it could be adapted to be published in the Journal.

My address is: Mike Craske, 77 Peel St, Derby, DE22 3GJ. Telephone: 0332 349849

Letters

Dear Shiatsu Practitioners

I am an acupuncturist who also works part time in medical education at the confederation of east London Colleges, which comprises St Bartholemews Medical College, the London Hospital Medical College and Queen Mary & Westfield College.

The General Medical Council, at the present time, is encouraging medical schools to both widen the traditional curriculum and promote self study within the student body. In response to this the three colleges are planning to run four week "special study modules" for final year medical students on a range of topics including complementary medicine and the future of medicine. I am organising both of these courses, and the complementary medicine module may run repeatedly as it is proving, as a subject area, very popular with the student. I want these courses to give the doctors of the future both a positive attitude towards complementary medicine and some useful information about what we do.

I would like to hear from members of the Shiatsu Society about what you feel it would be appropriate to include in such a course and am also looking for people to teach on these modules, provide practice visits (if you practice in London) and assistance with course materials. The Modules will run between September - December in four week blocks and are only now being planned so there is plenty of opportunity to be able to influence and take part in this venture in however small a way.

Please contact me about either of the above at St. Bartholemews Medical College on Mondays or Tuesdays on 071 982 6104 or write to me at: The Enterprise Team, 2nd Floor, The New Science Building, St. Bartholemews Medical College, Charterhouse Square, London EC1M 6BQ

European Shiatsu Federation

- *Promoting exchange*
- *Harmonising standards*
- *Creating a European profession*
- *Lobbying the EC*

1994 Congress in GEX, France 29-31 July
1995 Congress from 3rd - 6th August

within UK contact Karin Melbye
81 Poppleton Rd, Leytonstone, London E11 1LF.
Tel: 081 530 2288
or: ESF, Via P.Custodi 14, 20136 Milano, Italy

International **Journal of Alternative & Complementary Medicine**

JACM offers a unique monthly blend and synthesis of topics which are of particular importance to shiatsu practitioners. There are regular features and reports on aspects of Chinese Medicine - including bodywork - as well as on Western nutrition, herbal medicine, specific clinical conditions and energy medicine.

As well as this JACM covers the news influencing complementary health care world-wide, and carries a unique Update section which reviews orthodox and unorthodox journals for new and important information.

All written in a style which does not seek to overwhelm with scientific jargon, mainly by practitioners/therapists for practitioners/therapists.

Contact: JACM, Green Library, Homewood NHS Trust(DHQ), Guildford Rd, Chertsey, Surrey KT16 0QA or telephone 0932 874333

The BMA Report on Complementary Medicine

by Philip Harris

In June 1993, the BMA published its latest report on complementary medicine (BMA, 1993). The report acknowledges the widespread demand for alternative therapies and suggests a more tolerant attitude than previously evinced. It is primarily concerned with principles of good practice and does not attempt to assess efficacy or validity. It also examines the prevalence of different therapies and compares the situation in the UK to other EC countries.

The report clearly indicates that "the EC is unlikely to exert significant central control on the diverse practices of different countries" (BMA, 1993:3). In the main, it seems that the individual member countries will continue to be the most important influence on the regulation of complementary therapies, although European legislation is likely to effect the availability of homeopathic and herbal medicines.

Contrary to the title of the report, the BMA reject the terms 'complementary' and 'alternative' in favour of 'non-conventional therapy'. This is defined as "those forms of treatment which are not widely used by the orthodox health-care professions, and the skills of which are not taught as part of the undergraduate curriculum of orthodox medical and paramedical health-care courses" (BMA, 1993:8). The report further argues that there is no common principle linking the different non-conventional therapies. In marked contrast, Fulder (1988) concluded that complementary medicine is the most accurate and reasonable umbrella description of the therapies, whereas terms such as 'unorthodox' or 'unconventional' are based on an out-of-date view of the therapies and place them in a rather alienated light. Furthermore, Fulder argued that these therapies are united by a common factor, ie they all attempt to make use of the natural healing capacity of the body.

The use of complementary therapies

The BMA report is enlightening regarding the widespread use of complementary medicine and the figures, albeit imprecise, indicate a considerable and growing number of people consulting non-conventional therapists. The patterns of consultation appear to differ from conventional medicine. Individuals seeking complementary therapy appear to suffer from chronic, mild, musculoskeletal and stress-related conditions rather than acute, malignant or infectious diseases. There is evidence that General Practitioners are becoming increasingly interested especially younger and women doctors. It seems that GP's are delegating care to non-conventional therapists, most commonly for hypnosis, manipulation, homeopathy and acupuncture (although the extent of this is not clear). The report makes a clear distinction between 'delegation' and 'referral of care' and emphasises

that doctors who delegate the care of a patient are responsible for ensuring that the delegee is competent in the therapy practised. This is more straightforward when the therapy is subject to statutory regulation but problems arise when there is no central register for a particular therapy and no single accrediting body for training and qualification.

The BMA suggest that the crucial issue in the delegation of care involves establishing the competence of the therapist. It is asserted that practitioners of non-conventional therapies should be trained to know the jurisdiction of their practice and its limitations. A competent therapist should know which conditions and individuals they will be unable to treat successfully and be able to identify when the patient should be directed to medically qualified practitioners. The report emphasises that therapists should not countermand the instructions or prescriptions given by a doctor. Furthermore, a regulatory body should provide explicit guidance on contra-indications to a particular therapy.

Doctors, on the other hand, would benefit from a greater awareness of the basic principles and application of the various therapies. They should also ask patients about their use of non-conventional therapies whenever they obtain a medical history. The report argues that foundation courses on the methods and principles of key complementary therapies should be available to medical practitioners. Doctors and therapists need to understand each other and the report calls for improved communication between the two spheres of influence.

The need for research

The need for research is emphasised to enhance communication between fellow practitioners as well as to validate the efficacy of therapies. The BMA refutes the two assertions often made about efficacy research and complementary therapies. The first is that they are self-evidently effective, the BMA argue that all therapies require formal evaluation to identify hazards as well as benefits. The second assertion is that non-conventional therapies cannot be investigated through randomized clinical trials. It is pointed out that all therapies aim to achieve particular objectives which can be measured even if this is easier for some than others. However, the applicability of clinical trials for therapies in which treatment programmes and projected outcomes may vary between individuals continues to be hotly debated even among the more 'conventional' therapies (eg Howard, 1986).

The report acknowledges that the question of efficacy remains a difficult one in need of properly funded research. Self-report health and quality-of-life measures may play a useful part in evaluating complementary

THE BMA REPORT

therapies. Another important area of research concerns the effect of combining different therapeutic treatments on a patient. Organisations such as the Research Council for Complementary Medicine will continue to provide advice on research methodology.

The regulation debate

Central to the report is the regulation debate. It is argued that the value of any treatment depends on the balance between benefit and harmful effects. Even the most innocuous of practices may be harmful if they prevent the patient from seeking other, more appropriate treatment. It is evident that no single method of control will be suitable for all forms of therapy. Main attention is given to therapies which pose a relatively higher risk or potential harm to the patient.

Osteopathy, acupuncture, herbalism and chiropractic are classified as discrete clinical disciplines and make up the most common therapies used in the UK. They are identified as the more established therapies with the most potential for use in conjunction with orthodox health care. The report also suggests that these therapies have the greatest potential to do harm. Osteopathy has been the first of these therapies to come under statutory regulation. The BMA suggest that the regulation of osteopathy may well provide a useful model for other therapies which reach a similar stage of development.

Not all non-conventional therapies require regulation by statute. For the majority, the adoption of a code of practice, training structures and voluntary registration would be sufficient. Currently there is very little information on the practice and control of non-conventional therapies in the UK.

Good practice

The report recommends that a single registering body is established for all non-conventional therapies. Therapies involving invasive or potentially harmful techniques should be subject to a statutory register of members. Each body, statutory or voluntary, should determine the appropriate educational and training needs of members as conditions of registration. The register should be open to public scrutiny.

The registering body should be responsible for establishing levels of competence, including limits of competence and contra-indications to treatment. A binding code of ethics is recommended, linked to an effective disciplinary procedure. As well as an accessible mechanism for patient complaints.

It is recommended that all non-conventional therapies have appropriate training structures. The regulatory body for a given therapy should assume responsibility for the accreditation of training establishments and a rigorous assessment programme should ensure that each training establishment is externally monitored. All training courses should include a foundation in the basic medical sciences. The training should also enable therapists to

recognise the limits of their competence and to identify patients suffering from conditions not amenable to treatment. Provision for continuing education is recommended and professional development and research are encouraged.

At present, anybody is free to practise any non-conventional therapy (with the exception of osteopathy) regardless of their training or experience. The BMA also recommends that medically qualified practitioners wishing to practise any form of non-conventional therapy should only do so after undertaking approved training and registering with the appropriate regulatory body.

Conclusion

This is a very welcome report, it provides clear and practical guidelines for the important issues of self-regulation and regulation by statute of complementary therapies. The usefulness of 'non-conventional' as an umbrella term is, however, debatable. There are a number of therapies currently available within the NHS which do not fit with the working definition of non-conventional, eg music therapy, art therapy. Arguably, the term 'complementary' is more widely used and has the advantage of implying that these therapies can work in conjunction with orthodox medicine.

Although the efficacy of the therapies was not a main focus of the report, the BMA did emphasise the need for research for all types of practices. The appropriateness of randomised clinical trials has not been demonstrated beyond doubt. There is considerable scope for exploring the methodology and where necessary developing new methods of evaluation. Quality-of-life measures (Bowling, 1991) may prove to be useful in this respect.

Finally, the report did not explore the theoretical foundations of complementary practices. There is a wide variation in the level of theory underlying individual therapies. Some appear to have little or no theoretical basis whereas others are supported by well developed theories. For example, the theory of Chinese Medicine (the foundation of acupuncture and Chinese herbalism) is very well developed (Maciocia, 1989), and the reliability and validity of the diagnostic procedures identified provide a further opportunity for future research.

References

- Bowling A** (1991) *Measuring Health: a review of quality of life measurement scales*. Milton Keynes: Open University Press
- British Medical Association** (1993) *Complementary Medicine: new approaches to good practice*. Oxford: Oxford University Press
- Fulder S** (1988) *The Handbook of Complementary Medicine* (2nd edition). Oxford: Oxford University Press
- Howard D** (1986) Beyond randomised controlled trials: the case for effective case studies of the effects of treatment in aphasia, *British Journal of Disorders of Communication*, 21, 89-102
- Maciocia G** (1989) *The Foundations of Chinese Medicine: a comprehensive text for acupuncturists and herbalists*. Edinburgh: Churchill Livingstone

Complementary Therapy & the Law

by Bill Palmer

Back in the eighties we started to worry about 1992. This was the year of European 'harmonization'; at that time, the rumour went, all countries would be forced to adopt a standard set of laws regulating alternative therapies. Acupuncturists and osteopaths would probably be respected by these laws because of their high academic standing but what about Shiatsu and the other more intuitive therapies?

Much of the "professionalisation" of the complementary therapies has been driven by this worry. The idea being that if our houses were in order by 1992 then government would give us a smile of approval and not legislate us out of existence. As I approve of the sense of self value and the clarity that has resulted from this process I won't complain too loudly; but I would like to dispel some of the fear surrounding the future of Complementary Therapies. The rumours are not true!

A few months ago I was able to read the relevant European Council Directives. These are clear that Member States have the option to regulate any particular profession or not, regardless of the actions of other countries. They are required to take foreign qualifying procedures into account **only if they decide to regulate a profession through law.**

So what about the British Government, what are their policies and plans? On November 11th 1988 the House of Lords held an unusual debate. It was remarkable because so many of the speakers actively supported Complementary Therapies and was also an occasion for the Government, to formally declare its policies. In short, this was to encourage the therapies' professional bodies to get their own houses in order and not to legislate on a particular therapy until requested to by the individual therapy concerned. **This was an important statement since one of the fears surrounding regulation has always been that a blanket law would be made, regulating all complementary therapies.**

In 1991 another law was passed onto the Statute books, the Local Government Act. Buried in this vast piece of legislation were procedures by which Local Government could define those Complementary Therapies which could be considered as "respectable professions" and powers to license practitioners not governed by a proper 'profession'. In practice the license costs quite a lot, £250 a year, so this is a clear monetary encouragement for therapies to organize themselves into professions.

The definition of a profession is quite reasonable, for instance the Shiatsu Society is accepted as one. There has to be a register, an assessment procedure, a Code of Conduct and a disciplinary procedure for registered practitioners.

In spite of this open house policy, a few professions would prefer to be regulated by law. Why is this? It is not clear that they will become more employable than unregistered therapists within the NHS. Maybe it is the undoubted desire for professionals to feel respected by society. A profession which is regulated by law has certainly reached the big time.

However, there is no policy within the NHS to only

employ state registered therapists. The reforms that the government has been delineating for the Health Services have one big advantage for Complementary Therapists. Any GP can now employ any Complementary Therapist to offer NHS treatment within his practice so long as the GP remains clinically responsible for the patient. The Department of Health puts the responsibility on the GP to judge whether the therapy is likely to be helpful and whether the particular therapist is competent. State registered physiotherapists can practice within the NHS in their own right and this status might become applicable to registered osteopaths and acupuncturists but for the vast majority of complementary therapies, making good contact with the local GP will be more valuable than a host of unrecognized qualifications.

Becoming regulated by law is a very expensive process. The Acupuncturists' register pays a lobbyist £10,000 a year to work towards getting an acupuncture act through parliament. This is only the tip of an iceberg which is filled with lawyers time (for writing the act), and the development of hundreds of pages of regulations, procedures and definitions. For Shiatsu and for most other Oriental Body Therapies, this option is beyond our pocket and so our route into official respectability must lie through GPs.

Dr Craig Brown, writing in *Open Channels*, describes the way this can be best achieved through the newly introduced Health Promotion Clinics. These are set up by the GP, usually with a specific aim such as Stop Smoking Clinics, Menopause Clinics, Dietary Advice Clinics. We are presently talking to local GPs about setting up preventative clinics such as Back Clinics and Arthritis Clinics using Movement Shiatsu to help people prevent injury or to move in a way that harmonizes intention and action.

Not only are many GPs interested in seeing how holistic therapies could help intractable chronic conditions but, if the therapy is introduced into a Health Promotion Clinic then the GP gets paid £45 for each clinic held and can pass on some of this to the practitioner while keeping some to cover costs.

SUMMARY

The European Community does not require any country to legislate about complementary therapies. Great Britain, in particular, is not going to make laws for any therapy until a professional body asks to be State Registered. The Government is, instead, encouraging the growth of proper professional bodies to self-regulate the therapies. Local Government has the job of licensing the practice of therapies not regulated by a professional body. Therapists registered with a professional body such as the Shiatsu Society do not need to be licensed. In any case, all complementary therapists can equally be employed within the NHS by GPs. The best way of doing this is through Health Promotion Clinics. *A copy of Dr Brown's article on starting Clinics is available from BHMA Office, 179 Gloucester Place, London NW1 6DX. Price 50p including postage.*

What is a Meridian?

by Daverick Leggett

When I was four years old I took a tape-measure to the chimney, measured its width, turned to my parents and declared that I no longer believed in Father Christmas. When I was thirty-four I tested my belief in meridians in a similar way and came to the opposite conclusion. This article explores the nature of meridians with a variety of tape-measures. My intention is both to inform and to encourage you to ask questions. I begin with a look at recent scientific research.

Meridians Under the Microscope

Amongst the usual array of arms dealers, crooks and spies that President Nixon took to China were a group of doctors. They were impressed enough by what they saw in the Chinese hospitals to arrange an exchange visit. As a result, the first demonstration of acupuncture anaesthesia in the West took place in California and the western scientists scurried off to their laboratories.

The first wave of experiments sought understandably to explain, or explain away, acupuncture in terms of other known systems. So the needle was at first deemed to work via the nervous system by jamming the action of nerve bundles, or the hormonal system by stimulating the release of endorphins. Meanwhile, the Chinese sought anatomical evidence for meridians. The skin layers were found to be thinner along meridians and the end part of nerves that occur along the route were found to be expanded and connected to a mast cell. Further research showed that meridians have lowered resistance to both electric current and infrasound.

But the search for a definitive structure remained elusive and no new bits of tubing appeared beneath the microscope. A path, however, need not be a structure and meridians have successfully been described as a set of observable and measurable characteristics. Some of the most interesting research comes from China where the phenomenon of PSC (Propagated Sensation in Channels), the feeling induced in a meridian by the application of electrical stimulus to an acupoint, has been investigated on a huge scale. These are a few of their findings:

- The average speed of PSC is around 20 cm/sec but may vary from a few seconds to an hour to experience the whole course of a meridian. The variation may depend upon obstruction by Phlegm, Cold or tension.

- PSC can be blocked by the application of perpendicular pressure. This suggests a cellular mechanism for transmitting the action of an acupoint and reminds me of Masunaga's suggestion that meridians are routes for the movement of protoplasm through the body.

- PSC in the arms and legs corresponds well to the classical maps but there are considerable variations in the trunk and head, suggesting a need for partial redrawing of the map.

- PSC proceeds with natural smooth curves rather than abrupt twists, confirming the experience of Shiatsu practitioners.¹

As to where the meridians are, most current research points to the meridians being located in the superficial fascia of the connective tissues. The connective tissues are able to conduct electricity and all parts of the body are connected by

fascia. The perineural cells are sometimes postulated as the vehicles of transmission. Nagahama, a Japanese acupuncturist, has coined the term 'connective tissue therapy' to describe acupuncture.²

The following extract from Deane Juhan's book 'Job's Body' describes the fascia. Try reading it as a definition of the meridian network and draw your own conclusions. The fascia "binds specific cells into tissues, tissues into organs, organs into systems, cements muscle to bones, ties bones into joints, wraps every nerve and every vessel, laces all internal structures firmly into place, and envelops the body as a whole. In all of these wrappings, cables and moorings it is a continuous substance, and every single part of the body is connected to every other part by virtue of its network."³

Another Japanese acupuncturist, Motoyama, suggests that the flow of Qi in the meridians is best described at the physical level by the flow of electrons. The interstitial fluids of the fascia, which feed in and out of the lymph and capillary systems, may also be seen as part of the flow of Qi through the body. Motoyama suggests that the movement of interstitial fluids is what the medical texts mean by 'Luo', the myriad small vessels that branch from the main meridians.

Meridian Evolution

So how do meridians evolve? One answer lies in embryology. In the early stages of embryonic development the ectoderm, endoderm and mesoderm take different routes of development. Masunaga saw these as 'structural specializations of three basic modes of function which exist in most primitive single-celled organisms'⁴. He elaborates these functions into the six meridian pairs in his book 'Zen Shiatsu'. The meridians become structural expressions of basic life functions e.g. the ectoderm takes on responsibility for exchange, elimination, circulation and protection and is expressed by the Lung, Colon, Heart Protector and Triple Heater respectively.

Another view lies in field theory. Geomagnetic fields have been shown to profoundly influence the developing embryo. As magnetic fields will induce electrical currents, it has been suggested that the meridian network evolved in the womb as a response to the earth's magnetic field, creating a primitive electrical ordering of the body that predates the nervous system. If we view meridians as electromagnetic in nature, then we can imagine that their circuitry will interact with surrounding fields. This is expressed in the Ling Shu which states that the meridians interact with forces exerted by the earth, stars and planets.

In biology, the information which governs our growth and development is contained within the DNA, the macrocosm within the microcosm. In field theory it's the other way round. This information is held within the field. The biologist Rupert Sheldrake⁵ suggests that we grow within a morphogenetic field, an organising principle that provides a kind of template for our growth. The field exists before 'we' do. In oriental philosophy Qi is the organizing principle behind form: "The Great Void consists of Qi. Qi condenses to become the myriad things." The meridians may thus be viewed as being part of the template around which our form develops.

Meridians & Patterns

by Bill Palmer

The Jesuits used to say “*Give us the child for seven years and we will give you the man*”. By this they recognised that our patterns are probably fixed by early training and are difficult to change once we grow up.

Freud’s great contribution was to emphasise the importance of very early stages of development. The way we learn certain basic skills in early childhood predisposes the way in which later traits develop. Erik Erikson evolved these ideas further in his work on the socialisation of children.

Melanie Klein also expanded Freud’s ideas to include the effect of emotional experience in infancy and Frank Lake went one stage further to include the experience of the foetus. Many physical patterns as well as psychological ones are rooted in this early period. However, it seems that many therapies find it difficult to influence patterns originating in infancy.

The difficulty is that the experience of the infant is of such a radically different nature to that of the adult that it is very difficult for an adult to remember and reprocess that early era. In particular, experiences recalled through words will inevitably be only an approximation to direct recall since the infant has no words in her world.

Janov’s primal therapy accessed infantile experience but had no systemised way of dealing with what arose. The early primal therapists such as Janov and Lake relied principally on the belief that by stimulating a physical recall of infancy one could trigger a cathartic release which would allow any traumas suppressed at the time to release and resolve. The basic idea has an ancient lineage stretching back to Shamanic Healing and refined into healing systems throughout the world such as Seitai in Japan and Shaktipat in India.

All of the cathartic systems, however, start from the premise that the neurotic or uncomfortable patterns of adulthood are ways of suppressing energy which needs to be released and brought into the present to be liberated. In the language of Oriental Medicine these systems are focused on releasing the excess. This is valuable but, as Oriental Philosophy would certainly suggest, for real transformation to take place, this process should be combined with complementary work which fills in a deficiency.

In this view the signs of excess energy are apparent because there is a lack of support or containment and, unless you address the lack of support, the imbalance still remains.

Therapies which focus on building up missing faculties as well as stimulating release have an oriental flavour even if they are not from the east. Body Mind Centering is a well known example. They usually are also effective for patterns that are not caused by trauma. Trauma usually makes us miss out a stage of development because it is associated with pain. However, there are other reasons for missing out a stage which we will discuss later.

Most of an infant’s way of integrating her experience is through movement and most of these therapies use movement

to re-introduce people to a missing stage of infant development.

This concept has roots in the work of Dr and Mrs Bobarth with children with brain damage and has been developed much further by Bonnie Bainbridge Cohen and others such as Colwyn Trevarthen.

Bonnie Cohen’s view of the first year of life is:

“This is when the relation of the perceptual process (the way one sees) and the motor process (the way one acts in the world) is established. This is the baseline for how you will be processing activity, either in receiving or expressing, throughout your life.”

In her view, uncomfortable patterns do not only arise through reaction to trauma. They may simply arise as a compensation for movement faculties that the infant does not discover. Since movement is the medium through which infants make sense of the world and their bodies, this can have repercussions for the mental and physical health of the adult.

In this article we discuss how an understanding of the role of meridians in child development can provide methods for helping adults to access the faculties that they missed out on as an infant. Before exploring an example of this in detail, it is necessary to look more closely at how the process of infant movement development is linked to their growth as people.

The basic process by which intention and attention are progressively linked to physical action in the baby is unique to humans. A horse is born knowing how to walk. We have to learn how to move and in the process can make mistakes. On the other hand we can also be more creative and have more choice than a horse!

Throughout the first year of life, certain special movements appear called the primitive reflexes. These are not under the control of the baby’s growing consciousness but provide ready made components to be used in conscious movement. For instance, the **Rooting Reflex** is present in the newborn and is stimulated by a touch on the face. The baby’s mouth automatically moves towards the touch which allows her to find the nipple with her mouth. However, the muscle groups activated by this reflex are the same used to turn the head. Later, when the baby’s interest is attracted to something that moves, her nervous system can use the experience of the rooting reflex to turn the head with the intent to track the object. If the reflex did not appear, the baby would have no body memory of how to turn the head and learning to do this movement would be very difficult.

Bonnie Cohen calls the primitive reflexes the “Alphabet of Movement”. This graphically describes how they are components which combine into more sophisticated movements in the process of learning to inhabit the body. She also shows the reflexes to be the basis for life skills which would normally be seen as unrelated to movement.

For instance, the **Tonic Labyrinthine Reflex** is stimulated by the semi-circular canals in the inner ear and

increases the tone of the muscles on the underside of the body. This causes the body to curl into the ground and in Bonnie Cohen's words "Through this reflex we embrace Mother Earth." It is through this reflex that we learn to relate to the ground, to learn trust, to cuddle and to relate to other people.

The activity of relating is also founded on a more general neo-natal pattern called **Physiological Flexion**. In this pattern the baby learns to actively cuddle into something and to gather-in through total body flexion. Without this, the body is collapsed and cannot relate to the ground or anything else. This in turn means that the baby cannot receive support and either collapses into the ground or extends away from it in a compensatory reaction.

To Oriental Medicine this language sounds very familiar. It recalls the contribution of the Earth Element to our energy. The ability to gather in, to be grounded, to receive support and to trust are all included in the Earth Element. Even the process of physical digestion, another role of the Earth in Oriental Medicine, is linked to Physiological Flexion. To quote Bonnie Cohen again "*Physiological Flexion appears to be an outer manifestation of digestive organ activity*". That is, if one is faulty, so is the other. Babies with low flexion tone tend to have more immature digestive tracts.

This correspondence made me wonder how the meridians are linked to infant development and whether I could discover a way of working with them to access developmental stages that have been missed. My students and I have been engaged in this particular research for the last eight years with the result that we can understand 10 out of the 12 organ meridians in terms of their function in movement development. The Large and Small Intestine meridians have so far eluded our understanding.

One view is that meridians already exist at birth and simply orchestrate and provide a focus for the integration of the reflexes. Another is that they are actually formed by the process of movement development. In this view they trace in the body, maybe within the fascia, the pathways of connection involved in a particular developmental theme. I prefer the second view since it can explain why meridians run where tradition says, but I cannot produce experimental evidence to support my preference.

The rest of this article is devoted to explaining the Stomach Meridian in these terms and presenting some clinical experience of how this research has been used to introduce missing developmental stages in babies and in adults.

Our research suggests that the Stomach meridian is divided into four parts which orchestrate the development of different aspects of movement. Each of these themes influences how the baby relates to the ground, receives nourishment and support and learns the foundations of trust and relaxation.

Grounding & the Push Patterns: St13 - St34

This section of the meridian traces exactly the locus of maximal muscular tone in an infant pushing into the ground in order to progressively lift the head (ST13-ST20), the thorax and upper abdomen (St21 - St30) and the lower abdomen and pelvis (St31 - St34). This process develops in the first three months of life.

One can experimentally confirm this by lying prone and, only using the hands to balance, increase the flexor tone until a clear push into the ground is experienced. Slowly push into the ground with the chest to raise the head, with the abdomen to raise the thorax and with the pelvis and upper legs to raise the abdomen (in this last stage make sure the buttocks are relaxed). The line of strongest sensation of contact with the ground usually follows the Stomach Meridian.

The increased flexor tone originates in the Tonic Labyrinthine Reflex and prepares the skeleto-muscular system for the action of pushing down. If it is missing then the action of raising the head and body has to be accomplished by the extensor muscles alone or else the body collapses. The reach into space is unsupported by a push into the ground. This results in patterns of hyperextension and high back tension or, conversely, patterns of collapse.

I believe this deficiency also contributes towards a way of experiencing the outer world as unresponsive; in which all activity has to be done by the self. No-one else can help.

We would expect that it would be possible to work with this section of the meridian to help a person access their ability to push into the ground and, due to the support received from the ground, be able to let go of the high extensor tone. However, working with the meridian in

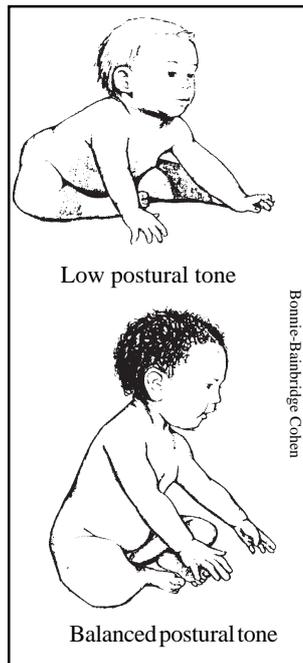
the usual supine position does not seem to specifically effect this pattern. We have found that if one works with the meridian from underneath, while the body is in prone position then this awakens the Tonic Labyrinthine reflex and initiates re-patterning of the extensor muscles. I have used this technique with success in both adults and babies.

Standing on the Ground: St35 - St45

In terms of movement, this section of the meridian does not seem to do much for the first five months of life and doesn't reach its full potential until the baby starts to walk.

Essentially, its role in movement is to focus the flow of weight down through the knee, through the tibia, down the curve of the talus and into the ball of the foot. Babies (and adults) who have the hyper extensive patterns tend to stand and walk on their heels, leaning slightly backwards. This locks the muscles in the back and back of legs, making movement stiff and ungainly and putting strain on the sacral joints. This results in excess tone along this section of the Stomach meridian and forward motion is inhibited.

If a person with this posture is taught to bring their weight forward then naturally the knees tend to unlock, the back muscles relax and the body is poised for forward movement. *One can experimentally confirm this by experiencing the*



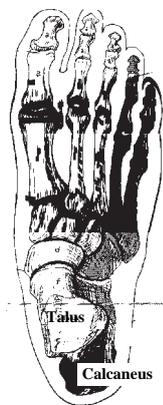
result of leaning slowly backwards from the ankles and then leaning forwards again.

This backward leaning posture is especially apparent in babies who learn to walk too fast, before they have developed the ability to let go of their weight into the ground discussed in the last section. This may be because parents push the child to develop too fast, or maybe the child has to develop fast because she does not get her needs met. More simply, it can be caused by the baby simply not discovering the push patterns through not spending enough time on her front. I have noticed that in the last two years many babies have been placed on their backs most of the time due to medical advice about avoiding cot death. Anything unknown is often frightening and a newborn who only experiences the supine position will often grow into an infant who dislikes the prone position and so does not easily learn the push and grounding patterns.

The key features of this pattern are stiffness and instability due to the back muscles being tense and the longitudinal arch of the foot not being efficiently involved in weight bearing.

We have found that two techniques originating from Body Mind Centering are helpful in facilitating the flow of weight down the front of the legs and into the ball of the foot. One is to harmonize the movement of the menisci with the femur by flexing and extending the knee holding both "Eyes of the Knee" (St35). This allows the weight to flow efficiently through the knee even when it is slightly flexed. The other technique is to articulate the talus on the calcaneus and to use St41 to help the talus slip under the tibia during dorsiflexion.

As the illustration shows, the foot is divided into two parts. Developmentally, the one connected to the calcaneus (shaded) is mainly involved in initiating rotation. The other, connected to the talus, is mainly involved in weight bearing and pushing into the ground. If the posture is rigid, it is common for both halves of the foot be locked together and for their functions to be confused. Articulating the talus on the calcaneus helps the neuromuscular system to proprioceptively perceive movement choices in which the two parts of the foot can function separately.



In energy terms, the 'talus foot' is connected to the Earth Element, to the Stomach and Spleen meridians and to the front of the body. If weight flows down the Stomach meridian into this part of the foot then the body feels grounded, one can relax. The 'calcaneus foot' on the other hand, is related to the Bladder Meridian, to the back of the body and to transmitting impulses into movements of the whole body. Patterns which confuse these two parts relate to a deeper functional confusion between the front and the back of the body. The third section of the Stomach Meridian gives more insight into the nature of this confusion and a complementary way to work with it.

Organ Support & Muscular Tension: St5 - St12

This section of the Stomach meridian seems to be associated with patterns of jaw movement. As we will see, these effect the movement of the atlanto-occipital joint at the top of the neck. They also relate to the relaxation of the muscles attached to the hyoid bone which, in turn, facilitate the flow of energy into the internal organ system. Before

describing how the jaw patterns influence the hyoid and what this has to do with the stomach meridian, let me first explain the last statement.

Bonnie Cohen, John Upledger and Patricia Bardi all describe how the tone of internal organ system provides an internal support for the body structure. If this tone is low or if the organ system is pulled upwards then the weight cannot flow through the soft tissues. Effectively the body has to act as though it was an empty shell rather than solid. This means that the muscular system has to spend a lot of extra energy in holding the skeleton up and the blood flow is directed to the skeletal muscles rather than to the organs. The physical pattern associated with this state is the flight and fight mobilisation coordinated by the sympathetic nervous system - the muscles are in continual high tone and adrenaline is keeping the heart rate up and the brain in high (beta wave) activity.

If, however, the organ system has good tone and the internal tissues are being allowed to settle earthwards then the body can sense internal support and the muscles can relax. This is associated with activation of the Parasympathetic Nervous System.

Relaxation is not collapsing but resting on internal support. Consciously one feels that one can just BE, one doesn't have to DO all the time.

If you examine the illustration of the musculature attached to the hyoid you will see that if the muscles attaching the hyoid to the skull are tense then the hyoid is pulled up and that this pulls up the pharynx. This has the effect of pulling up on both the whole digestive tract and the lungs, decreasing their effectiveness as internal supports.

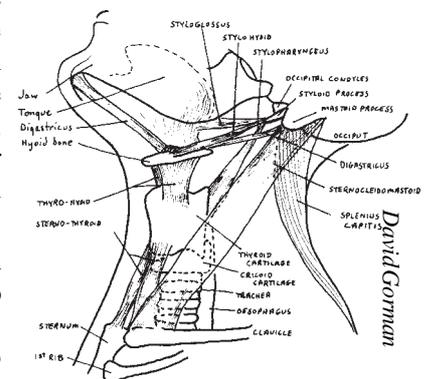
How is the stomach meridian related to these patterns?

The key point to understand is that the masseter and temporalis muscles act as antagonists for two totally different actions and thus provide a bridge between the front and the back of the body across which cooperation or conflict can flow.

One of these is the opening of the jaw; these two muscles have to yield before the jaw can open. The other action is the movement of the head on the atlanto-occipital joint. If the masseter/temporalis pair are tense then backward movement of the skull on the neck pulls up on the hyoid and the throat. The preceding discussion shows that this means that the movement of the neck is pulling up the weight of the organ system. This means that, instead of the small sub-occipital muscles being sufficient to subtly balance the head, the big muscles such as the trapezius need to be engaged throwing the front and back of the neck into conflict.

This pattern is the principal one that the Alexander Technique aims to re-educate by encouraging the neck to lengthen and the head to move forward and up.

According to our analysis, however, this will only be effective if the masseter/temporalis pair can yield easily.



This is where we have found the Stomach meridian to help. **St 8, 7 and 6** are located close to the origins and insertions of this muscle group. One can stimulate the proprioceptive fibres in the muscles (thus helping them to yield) by connecting ST8, 7, 6 and 5. This suggests that the energy flow within the meridian orchestrates the part these muscles have to play in allowing the weight to flow into the organ system. The flow can be helped further through the hyoid and into the organs by connecting through ST9, 10, 11, 12.

The Reach Patterns: St1-St4

This last branch of the stomach meridian seems to be related developmentally to the transition from the orally centred state of the newborn to the visually centred state of the 6 month infant. This transition is co-dependent on the development of consciousness of the outer world and to the development of reach patterns which move outside the baby's kinesphere (*the space around that you can touch without moving the whole body through space*). Oral reach patterns are still contained within the kinesphere.

If this connection is not made then the person is either too internally centred or continually reaching outside themselves. In babies we have facilitated this connection by initially stimulating the rooting reflex and then stroking up the stomach meridian leading the reach into the eyes. Continuing the movement away from the baby with a visually interesting object (preferably shiny and moving) transfers the oral reaching into the visual consciousness and leads the baby to reach outside their kinesphere.

Most babies are only too eager to reach into the outer world and don't need help to do it. However, some people haven't developed this skill. Two extreme examples are autistic people and blind people, but, to a lesser extent, the same pattern can be observed in many others. The same theme of stimulating oral reaching and using the stomach meridian to help that energy transfer into outer reaching can be used even if the eyes are not engaged.

As long as there is an inner experience of REACH, that naturally moves outwards and the energy can then more easily grasp a stimulus from the outer world.

These reach patterns are dependent on the prior development of push patterns and start developing later. The visual reflexes coordinated by the superior colliculi in the mid-brain do not fully appear until the third to sixth month.

When both push and reach patterns have developed the infant enters a new phase of moving about in the world - combining the energy reach towards an outer object with the ability to move the body in the direction of the reach through pushing. This development is coordinated by the Bladder Meridian which will be the subject of a future article.

Conclusion

Although some of the preceding discussion is quite technical the essential points are simple. The energetic function manifested in the Stomach meridian coordinates downward flow, gathering in, digestion and grounding. This is similar to the functioning of the parasympathetic nervous system (PNS), which takes blood away from the skeletal muscles and sends it to the organs, helping digestion and relaxation.

Patterns of hyperextension and rigid posture can be seen as an excess of muscular tone and Sympathetic Nervous

System activity. They can equally be seen as originating in a deficiency of organ tone and low parasympathetic activity.

Whereas cathartic systems aim at releasing the muscles, this approach aims at building up grounding and inner support by re-contacting the stages of development in which these faculties are learnt. Both approaches are valuable.

Our work pulls together the various components of this developmental theme and sees them as orchestrated by the Stomach Meridian.

We have described how working with the this meridian in certain ways can re-stimulate these developmental stages to build up the missing faculties of reaching out, gathering in, grounding and relaxation.

Future Research

There are two groups of people that I feel could particularly benefit from this approach to working with the Earth Element. One group are autistic children and the other group are babies with cerebral palsy.

Autistic children find it difficult to reach out. This doesn't define autism and is only one of the features of their condition but I feel that it is a fundamental body-mind skill that can be introduced through the body when the mind is hard to contact. I have only a little experience of working with autistic people but Linda Hartley has worked with some success using the similar approach of Body Mind Centering.

I have more experience of working with cerebral palsy (CP), often characterised by spastic hyper-extension patterns growing more fixed during childhood. The spastic patterns appear because some of the primitive reflexes are missing, through brain damage, which would otherwise modulate the extension.

One problem is that cerebral palsy is often not diagnosed until the patterns become obvious, by which time they are well established. At this stage I find that the work helps relaxation but the progress towards greater mobility is still difficult.

I feel that parents of children who were anoxic at birth could be taught how to observe their baby's development and how to encourage organ support if they observe that the flexion reflexes and push patterns are not appearing.

Possibly the spastic patterns could be avoided by this education of parents whose child might have CP. My experience suggests that a young enough baby, with the aid of frequent parental patterning, can find other ways of developing flexion and pushing without access to the reflexes which normal induce them.

Abbreviated Bibliographic notes:

Sigmund Freud: Collected Works

Erik Erikson: Childhood and Society

Melanie Klein: Envy & Gratitude + other writings

Arthur Janov: The Primal Scream

Frank Lake: Birth Trauma, Claustrophobia and LSD Therapy

David Boadella: Lifestreams, an introduction to biosynthesis

Bonnie Bainbridge Cohen: Sensing, Feeling and Action

Colwyn Trevarthen: Various writings and demonstrations.

Dr J. Upledger & Others: Visceral Manipulation

Linda Hartley: Dancing with the autistic child. Developmental Movement Therapy with Autistic Children. Human Potential 9/85

David Gorman: The Body Moveable

Meridians & a Walk Through the Subway

by Ken Waight

Ken Waight is the principal of the British School of Oriental Therapy and Movement and a leading teacher of Kitaiso

The world of energy, movement and form as it is expressed through the human body embodies the paradoxes of life. This evolving, moving, changing life power that we are given gives us the potential to create, to give shape or form, to bring a meaning into our own life. Healing, Shiatsu, movement meditation, dance and art are some of the ways we seek to materialise this urge. In another sense they become rituals through which we rediscover the universal, the unformed, the hidden world of energy. That deep urge is often lost sight of through lack of inner connections. Disrupted by the constant surface flow of distracting noise and external images that has become part of our body mind, the window which was once ours becomes a wall. Dogmatic systems of fixed explanations have often grown up in place of the original spontaneous insights.

It seems that trying to fix and capture that which is ever-changing causes so much sadness and suffering for us. Thinking about this my thoughts returned to the way Ki, energy, was explained at the acupuncture or herb courses that I attended. Those nice neat diagrams with arrows pointing in various directions, the lines that ran over the body in an orderly fashion reminded me of the plans of electrical circuits. In some books the syndrome diagrams looked even more elaborate than the maps of the London Underground. I wondered how we had arrived at this way of viewing energy. Living systems were now presented in neat orderly parcels of information. In itself very fine for learning and rather good for answers in future exams. But it all seemed quite remote from the world of movement, breath and energy.

A lot of this way of learning originates in our own modern systems of education, but there seems also to be a fashionable desire to put things into neat parcels of information for convenience. So that we can get the feeling of understanding something quickly and easily without having gone through the personal work involved in developing understanding through experience. At the seminars it was interesting to note the lack of certitude when I asked, for example, "can you show the Yuan Qi. What does it feel like when this energy is intact, streaming, alive"? Information and body experience seemed far apart.

Perhaps the teachers of old were wise in expressing their understanding through sacred rituals, poems and such like. These metaphors required another way to access them. They knew very well the tendency of the mind to pigeon hole and create an intellectual understanding in place of knowledge.

The Evolving Body

The body has evolved through its natural ability to change and adapt. As modern systems science has shown its inherent self-organising capacity, interdependence and

sympiotic functions all work to create a flexible system that is constantly responding, learning and changing. It is open to fluctuations moving towards dynamic disequilibrium, amplifying what often at first seem extreme changes in order to leap and grow.

We are a record of these leaps in an ever increasingly complex formation of universal energies. This natural ability to be open to the changing environment, to the flux and flow of life ensured our survival. It is this evolution and development of human life that formed what we call meridians.

I see the meridians as kind of primary hues emerging from the complexity of our essential body schema. Access to meridian energy is one way to initiate change although I think that the shift in energy needs to be integrated with our experiences for that change to take place deeply. I believe that meridians are intrinsically complex yet simple functions that form the interface of our inner and outer lives. Our own perceptions, constructed reality, illusions all project out into the world through the meridians, which energetically give shape to them. They do not exist separately but are all interdependent. Perhaps any meridian can be seen as a hologram of the others and working with ki allows us access the whole being through them.

Ki and Body Images

This way of seeing meridians can be compared with body image. Our body image arises directly out of our contact and experiences with the world. This image is developed at an early age, being deeply influenced by our early experiences and development. It becomes a kind of screen on which are projected our disturbed emotions, fears, anxieties, as well as positive experiences of ourselves. The disturbed body image disconnects us from feeling integrated, we shut off and dissociate parts. Our inner and outer boundaries are lost.

In energetic terms the field of Ki, its flow, connection, direction is disrupted, distorted, particularly the internal external flow. Disturbed images create tension and distortion in our musculature and of course our Ki.

The Yin Yang of Posture

Our body works through yin yang patterns, for example in the muscles one set relaxes whilst another contracts, held tension, bound energy, obstructs flow of Ki, denying deep natural movement to us. The interplay of yin and yang is directly affects our posture. Posture is one primary source of body image. A dynamic changing posture with deep centre of gravity is the pivot through which core movement and our expression outward into the world takes place. It is the way in which we orientate ourselves in the world, the way we adjust to space and gravity.

Inflexible, held muscles will create limited postural adaptability. We lose our flexibility in life and our choices become limited. Disturbed body image and posture can produce a kind of flickering, psychosomatic, ill-at-ease state with disconnected body parts, unintegrated breathing, loss of internal balance and flow.

Internal-External Musubi (Connected Flow)

The way in which we conceive space like ki also has great influence on how we integrate and use our body. Space seems an abstract quality about us, yet something which we really make empty and full. Empty in the sense that through dual perception we see ourselves as separate from space, the universe. There is the world space and there is ourself. Full in the context of it being frozen, filled up with our projections, concepts and ideas of what should and should not be.

I see this empty but full space that surrounds us acting as a filter, a block to any real deep universal exchange. This can be likened to the distorting effect on our consciousness of unbalanced meridians. In this sense the energy of the meridians is projected into the space about us. It leads us to predestined avenues of life patterns.

When we become preoccupied with connecting the flow of ki within the body without developing the external connection we lose sight of this essential dynamic which allows us to reconnect with space and the universal within us.

In Kitaiso we call this the great cycle connection: *Seiten O Idaku*. When the internal-external connection is made, reorchestration and flow become greatly enhanced. What we call meridians, open up, allowing interplay to happen, a clearer pathway is created. It is this interplay that is often mentioned in oriental philosophy. In fact I believe that unless the Great Universal Cycle is completed deep internal connection is not possible. It is through this process that we can constantly enrich our whole body energy. We reconnect with the deep impulse from within and to the unbounded self. When this movement of energy is working well we feel more transparent, lighter, clearer, we feel at ease.

Mushin of the body

The above state might be described as the mushin of the body. A state of no accumulation or congestion of energy, neither attracted to nor stuck to any condition. Mushin has often been given as an example of one of the states that a practitioner should try to attain, which in itself is a paradox, however, The way *mushin* is often described is misleading. If we say mushin is “empty mind” it would lead people into seeking empty space in their minds. It is not the natural condition for the mind to be empty. Mushin includes everything but does not hold on to anything, abundance within emptiness.

This I feel is the same state the body arrives at when that deep external internal connection of ki is attained, meridians cleared with a deep sense of one's own centre connected to the universal. In the movement system I practice we call it *Shinjitsunintai*, true universal whole body.

Whatever system we do wish to utilise to open this exchange, the appropriate depth of breathing with movement, spontaneity, rhythm and form will help us glimpse into this

A walk through the subway

world. Our bodies act as a window through which change enters. Reorchestration of energy and structure will naturally follow.

From my own experience it is interesting to see that particular movements lend themselves to open whole areas of the body, meridians, in one gesture. In this sense I think movement does offer great potential for releasing and clearing meridians in an active, self motivated context without getting stuck within definition.

Connections

Movement, therapy, Tao, all overlap and yet have different directions or purposes. The old texts of the philosophy of Taoism refer to the formation of substance or mass through the condensation and interplay of Ten Ki. This may be a poetic metaphor but within its expression lie universals that are not perhaps understandable using logic or reason. For me this is where the realm of the body lies in revealing these mysterious truths. As practitioners of shiatsu and body work we all come to accept universal meridians but what about the universal body that we live through? It is the universal body so often alluded to in the teachings of the Tao that gives us the space and vision to transcend conceptual barriers that block direct experience of something whole.

Disease of Self

Thinking about this has led me to wonder if perhaps the source of disease is conditioned by the concepts and habits prevalent at that time. The problems we have created are conditioned by the way we relate to and see the world. For example, in a self obsessed age, an indication of neurotic domination, we have created many diseases purely because we have become too occupied with ourselves. There are plenty of examples between pre and post industrialised societies to indicate that the diseases prevalent in one era have changed their nature in another.

I remember many years ago when I was in Tokyo one of the disciples of Haruchika Noguchi the founder of Seitei said to me. “*What effects us so much is the lack of expression in life, this unexpressed energy turns in on us*”. Not living fully, too much preoccupied with ourselves, stagnated internalised energy turns into obsessive thoughts, fears worries. This affects our health, our spirit.

I think this all erodes the Yuan Qi. We lose sight and faith in the transcendental vision that belongs to us in our primary connections to the the Universal Self. We create a world of little faith with much presentation. The internal power that we could build is never realised. In Japan it is said that this internal power, *yoriki*, leads to external power or faith, *kariki*. In the Huan Nan zi there are several phrases that come to mind to illustrate the relaxed movement, free of obsessive tendencies. “It is because the vital spirit is not keeping watch. If it is carried away by small things it is not present for the Great thing. If it is inside it is absent from the outside, if above it cannot be below”. “Pass through without disturbance”.

Zen Shiatsu

Perhaps when Masunaga gave the name “Zen Shiatsu” to his system he was referring to some of these conditions. In his writings he often mentions loss of self, not doing, oneness with practice. Maybe it was another ideal that was set up, however, he did seem to hold these qualities very high.

Shiatsu, certainly gives those that want to go into it a chance to work directly with energy, to feel and to express through the body what we understand. Yet also it is vulnerable to being converted into another system of organised material with locked in structures. Like qi and meridians we cannot separate a thread from the fabric whilst feeling the breadth and width.

Which way is it?

As some body therapies have become rapidly popular they have necessarily needed to formulate coherent,

convenient systems in order to cope with the upturn in demand for structure. In order to educate growing numbers of students, streamlined efficient packages are needed to keep a level and effective method of ensuring repeatable quality. But something can be lost with these conditions.

What might have been convenient pathways can become fixed landmarks which eventually become permanent horizons, just like the meridian diagrams. What can be lost is the original gaze that lead people to look beyond to new horizons. Our fixing becomes much stronger than our finding, the outcome over a period of time is the evolution of institutionalised systems. It happened with Zen in Japan!

It is an exciting age for development in the body mind therapies, which I believe will find new dimensions relevant to our modern cross-cultural world. I hope this development will allow for upheavals and not become too fixed as well as forming flexible systems of understanding which can be passed on to other people.

Cultural Theft

by Nicola Pooley

Nicola Pooley is a Shiatsu Teacher living in Bristol and is Chair of the Shiatsu Society.

Just lately I've been aware of a lot about cultural theft in the 'new age' media. This is something that has bothered me since I fell over and landed on my bum when I was pretentiously wearing a Hakama. It has also bothered me when friends of mine go on courses to become Native American Adepts.

Yet there are aspects of Native American healing which I use. I 'smudge' my room when I feel that it needs cleaning after a difficult day's work. I've since discovered using smoke to cleanse people and things is also a tradition, admittedly a lost tradition, here in Europe. Part of my worry is when is it cultural theft and when is it legitimate cultural import? As usual the extremes are clear to see. For me, some of the recent fashion for Native American culture, particularly when taught by people who have little knowledge of Native Americans, is one extreme while acupuncture is at the other.

I doubt if anyone would accuse an acupuncturist of being a cultural thief. The meridian system, the herbs and the medicine are part of an unbroken system of knowledge which is well respected. It doesn't seem as if it can be stolen, only learnt. So am I a cultural thief as a Shiatsu Practitioner? I don't feel like one and part of that is I'm sure my knowledge and my work does nothing to belittle the people in Japan and some of the people who taught me Shiatsu.

The meridian system was, in turn, imported by the Japanese from China. I wonder if they were considered cultural thieves? A similar case is the chakra system which was developed from Ayurvedic Medicine. Now this, to me, is getting into less certain ground. People from the Indian subcontinent are often subject to racism. The British Empire

did steal their land. But does this mean I am being a racist when I do yoga? I doubt it. Though maybe the issue should be if the people of that subcontinent themselves feel belittled by the way we do yoga in the west. I know that when I did yoga with Indar-Sri, he was proud to be teaching us part of his religion and culture.

One of the factors is that we did have an energetic system of medicine which can be gleaned from some of the old herbals such as the Leech book of Bald. All this knowledge was lost with the with-hunts in the dark ages. Maybe using our cultural imports is a way for us to regain some of our lost past.

I believe that knowledge of information should be freely available and that such knowledge can't be stolen. So I don't feel guilty smudging, doing yoga or giving Shiatsu.

Though I've been tempted to be “Japanese” and dress up and bow to my clients, I feel that I lose some of my integrity. I am not Japanese. Others can do this with respect. There are many martial artists who wear their Gi and bow as they enter the Dojo. If I wore a Gi to practice aikido. My teacher wore a hakama and they didn't fall over. They had been awarded theirs.

So another issue is the one of respect and this is also what respect is given to the original country. Japan is a rich and powerful country. Native Americans don't have a country any more so it is very important that whatever is taken is taken with respect and without further belittling of the people from whom the knowledge came.

So where does that leave me? I believe that if I act with respect for the wishes of the people who gave me the information and with integrity then I can practise my foreign Shiatsu without feeling like a cultural thief.

Winnie the Pooh & the Five Elements

by Elizabeth Marshall

One regular feature in Journal, we hope, will be a third year dissertation from a recent graduate. If you have a dissertation that you think might be of general interest or amusement, please write to Mike Craske through the Journal.

INTRODUCTION

You see the main point here is THE TITLE; “Winnie the Pooh and the Five Elements” not “The Five Elements and Winnie the Pooh”, or any other variation that you may care to think of. There is a wide range of books available for those interested in the Five Elements and the characteristics associated with them. However, to my knowledge there is not one discussing Pooh Bear. I would like, not to re-iterate the correspondences of the Five Elements but to use the theory as a model and explore the ways that it can be applied to Winnie the Pooh and his friends.

I chose Pooh Bear because he is an old friend, but I’ve been surprised at how wide a circle of friends he has besides me. Chatting to people I discover that families used the names to denote characteristics; Grandpa was Eeyore, Mum was Kanga and Dad was Christopher Robin; within a circle of friends too – the round easy going one was Pooh, the one who wouldn’t sit still was Tigger and so on.

Everyone has a point of reference that they employ to a greater or lesser extent when meeting people for the first time, not as a judgement but a starting point. The advertising men use class and money to define which group (they consider) we belong to. In this way the right goods can be targeted at the right class of people. Personally I find their approach insulting, try watching the advertisements in the afternoon to see what I mean.

Another framework for identifying a category of person is the Five Element or Five Phase Theory which is used by Acupuncturists and Shiatsu Therapists. Chris Jarney explains that the Five Elements can be used to “enhance accurate physical diagnosis; provide a comprehensive model for understanding and treating the patient on an emotional level; and deepen philosophical insight”.

The more I thought of the Five Element cycle the more I considered one of my occasional points of reference, Pooh Bear. I don’t upon meeting someone think, aha! there is a real Owl type or there goes someone with Eeyore tendencies but these occasional judgements do creep in.

It is not possible to attribute all the correspondences of the Five Elements to Pooh (Earth), Eeyore (Metal), Tigger (Fire), Rabbit (Wood) and Piglet (Water), besides which as I have already said there are numerous books which set out a full list. Instead I would like to highlight certain ideas and examine the different relationships and possible parallels that can be drawn and hopefully provide a different point of view.

INTERLUDE

I’ve just put the kettle on and looking at my watch it shouldn’t be long before – ah yes here he is winding his way up the garden path now. I swear you could set your watch by Pooh Bear’s Stomach clock. Its 5 minutes to 11 now and time for a smackerel of something.

“I wouldn’t put that honey pot there Pooh – its just that, well yes, these are important notes, they’re for my dissertation” “Is it catching?” asked Pooh retrieving his honey pot. “No not catching in that sense” I reply, “but I hope it might catch on”. There was a pause while Pooh digested this and began balancing on the chair to get at his honey. “So if its not catching, what does it do?” Now it was my turn to pause while I searched for a response; “I was looking at an idea Pooh and trying to fit it into a theory”.

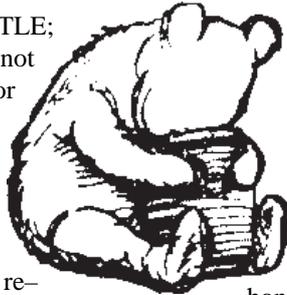
“Sounds painful to me” said Pooh from the depths of his honey pot, and actually I am inclined to agree with him. The idea won’t fit into the theory or vice versa, something has to give – all one can do is look for another angle, a bit more light.

Pooh has re-arranged my papers with his sticky paws and wants to know what the Five Elements are so maybe a little background is in order here then we all know where we’re starting from.

“It’s like this Pooh” I say. “You’re very you – that is to say Winnie the Pooh, but you also have some characteristics of your friends for instance like Rabbit you’re sometimes good at organising – you did it beautifully on Eeyore’s birthday and like Piglet you can be frightened sometimes – such as when you were looking for Woozles and Heffalumps. But you do these things such as organising, in a very Poohish way not a Rabbit sort of way at all which is what makes you, you” Pooh is beginning to look confused, “we’ll come back to this later Pooh”.

BACKGROUND

The Five Element cycle or Phases can be used to describe many things: The passage of time through the day marked by the hours, dawn (wood), midday (fire), afternoon (earth), evening (metal) and nighttime (water); The passage of time through the year marked by seasons, Winter (water), Spring (wood), Summer (Fire), Late Summer (Earth) and Autumn (metal); Our passage through life marked by the years, birth to teenage years (wood), 20s and 30s (fire), middle age (earth), old age (metal) and death (water); The growth of a tree, stems and leaves (wood), flowers (fire), berries (earth), seeds (metal) and roots (water); and they also represent the balance and movement between Yin and Yang.



“Though Yin and Yang gives us a facility for working and thinking about vital Chi'i Energy, it is the Five Elements which give us a framework more closely connected with daily life”. (Connelly)

When looking at the symptoms that a client brings they fall, not only within different elements but also into categories of excess and deficiency, Yin and Yang. If someone is manifesting symptoms of deficiency then you would look at the relationships of the elements within the Shen cycle – the cycle of nourishment and support. Wood burns to create Fire, the ashes of Fire decompose to create Earth, the Earth contains the ores to make metal, metal can change to a liquid state, and Water nourishes Wood.

In the same way if a client is manifesting symptoms of excess then you would look at the possible relationships in the Ko cycle, that of control and restraint. Wood is cut by Metal, Fire is extinguished by Water, Earth is penetrated by Wood, Metal is melted by Fire and Water is channelled by Earth.

The cycle is yet more detailed still as each element comprises specific organ networks eg. Liver and Gall-bladder are the organs associated with Wood, and they have their own particular characteristics. If we were to look at Rabbit we would see that he has a tendency to be more Liverish. The Nei Ching describes Liver as having “the functions of a military leader who excels in his strategic planning”.

A. A. Milne describes the beginning of one of Rabbit's days thus; “It was going to be one of Rabbit's busy days It was just the day for Organising Something, or for Writing a Notice Signed Rabbit, or for Seeing What Everybody Else thought about it”.

However, for the purposes of this essay I shall be sticking to generalisations about the Elements as opposed to specific diagnoses based on the Organ networks.

SOME FIVE ELEMENT CHARACTERISTICS

WOOD – RABBIT

Rabbit is rarely still and his energy is very upright and thrusting. He can usually be found making decisions, organising someone else and looking generally busy.

“Anyhow”, he went on importantly, “I promised Christopher Robin I'd Organise a Search.

Emotion – Frustration

I have a feeling that he often finds himself frustrated by the inaction and lethargy of those around him,

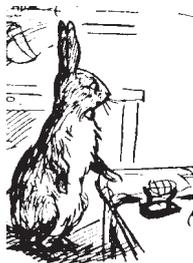
Power – capacity for control

Rabbit definitely likes to be in control!

“Ah! said Rabbit, who never let things come to him but always went and fetched them.”

Organs associated with Wood

See quote above



Sound of Voice – Shouting

I can't recall any specific incidents when Rabbit shouts, but I'm left with the feeling that he has a tendency to shout when speaking to others and explaining things to persons with little or no Brain.

Colour

Rabbit's are particularly fond of green stems and leaves so I am presuming this to be Rabbit's favourite colour.

One of the major problems of Wood is getting stuck, Ki stagnation. Whilst talking to Owl one day Rabbit is unable explain himself in more than one way, perhaps indicating a tendency towards Liver Ki stagnation;

“Owl looked at him, and wondered whether to push him off the tree; but, feeling that he could always do it afterwards, he tried once more to find out what they were talking about”.

FIRE – TIGGER

I always think of Tigger as loud and bouncy in a joyous and fiery sort of way. Someone who is slightly out of control with a tendency towards irrationality.

“Tigger who had been hiding behind trees and jumping out on Pooh's shadow when it wasn't looking, said that Tigger's were only bouncy before breakfast”. He is a very flighty character and usually does something else best, actually usually anything better than whatever it is that he is doing at the moment ie. eating haycorns or climbing trees which might indicate a lack of concentration or a disturbance of Shen.

Emotion – Joy

Sense Organ – Tongue

“Tigger came closer, and he leant over the back of Roo's chair, and suddenly he put out his tongue, and took one large golollop”

EARTH – WINNIE THE POOH

Of all the animals in the 100 Acre Wood I think Pooh best represents his element. The others contain more of a mixture of each other – which is more true to real life.

Time of Day – 9.00 – 11.00 is Stomach time and 11.00 – 1300 Spleen

Pooh “was beginning to feel a little eleven o'clockish. And he found a small tin of condensed milk, and something seemed to tell him that Tiggers didn't like this, so he took it into a corner by itself, and went with it to see that nobody interrupted it”.

Sound of Voice – Singing

Pooh is always making up songs, poems and hums to sing to himself. “he had made up a little hum that morning as he was doing his stoutness exercises in front of the glass”.

Shape – Roundness

The previous quote indicates two other Earth characteristics – stoutness and general roundness indicate the Earth element, as does a problem with exercising.

|

CONCLUSION

“WHY?”... I kept quiet hoping I hadn't heard that noise. “I said WHY, quite distinctly, and you said nothing”.

“Yes well, quite Pooh, but WHY what?”.

Pooh extracted himself from the cupboard where he had been supervising the honey pots and sat down carefully at the table. He began licking the odd bit of honey from between his paws where it had attached itself from where he had been counting. “WHY all these questions and quotes from people and lists?”

“Well”, I said, lets take you Pooh as you are sitting here. Suppose you're not very well and you go to Christopher Robin for a little something, “you mean honey”, “no, I mean to make you better”. Pooh looked as if he was about to say something but sat on it instead. “Yes well, if you went to Christopher Robin with a sore tummy he would ask you questions about how you were feeling, what sort of sore tummy and what had you eaten, apart from honey and things like that. Well if Christopher Robin knew about Traditional Chinese Medicine, he would ask those questions and more, he would ask you how you felt today, he would listen to the sound of your voice, he might look at your tongue, in other words he would look at the whole of you, not just the symptom ie. your tummy, so that he can make a diagnosis and decide how he is going to treat you.

“Ask me something then” asked Pooh looking important. “OK, what's your favourite colour?” “Yellow, the colour of honey”. What's your favourite time?” “Oh, about now, five to eleven ish”. “OK and your favourite time of the year” “easy, September, when the bees are busiest”.

“So Pooh, this tells me that Earth is your strongest element, and if I was going to treat you for Stomach

problems knowing this would help me to decide how I was going to approach it or to look at the Shen and Ko cycle and decide what else to work on to harmonise your energy”.

“Is harmonising energy the same as harmonising songs? Because Piglet and I are going to be singing a new hum together this afternoon”. “Well, I guess it is Pooh, I never thought of that, and here is Piglet now. Well, its been nice talking with you I'll see you after your walk with Piglet”.

The window was open and I sat there thinking about models and theories and how well they can be applied. If a model is universal it should be possible to apply it to any situation. It may not be quite perfect – the balloon may have to be burst in order to fit it into the jar – but in essence its the same balloon just a different shape. Anyway, while I was wondering all this I could hear Pooh and Piglet talking as they wandered down the garden path, and their conversation (as always) seemed to put things into perspective;

“When you wake up in the morning, Pooh”, said Piglet, “what's the first thing you say to yourself?” “What's for breakfast said Pooh. “What do you say Piglet?” “I say, I wonder what's going to happen exciting to-day” said Piglet. Pooh nodded thoughtfully. “It's the same thing”, he said.

BIBLIOGRAPHY

“Between Heaven and Earth” Harriet Beinfield and Effrem Korngold

“Traditional Acupuncture: The Law of the Five Elements” Diane Connelly

“The Tao of Pooh” Benjamin Hoff

“Shiatsu – The Complete Guide” Chris Jarmey and Gabriel Mojay

“The House at Pooh Corner” & “Winnie The Pooh” A. A. Milne



*The Journal of Shiatsu &
Oriental Body Therapy*

