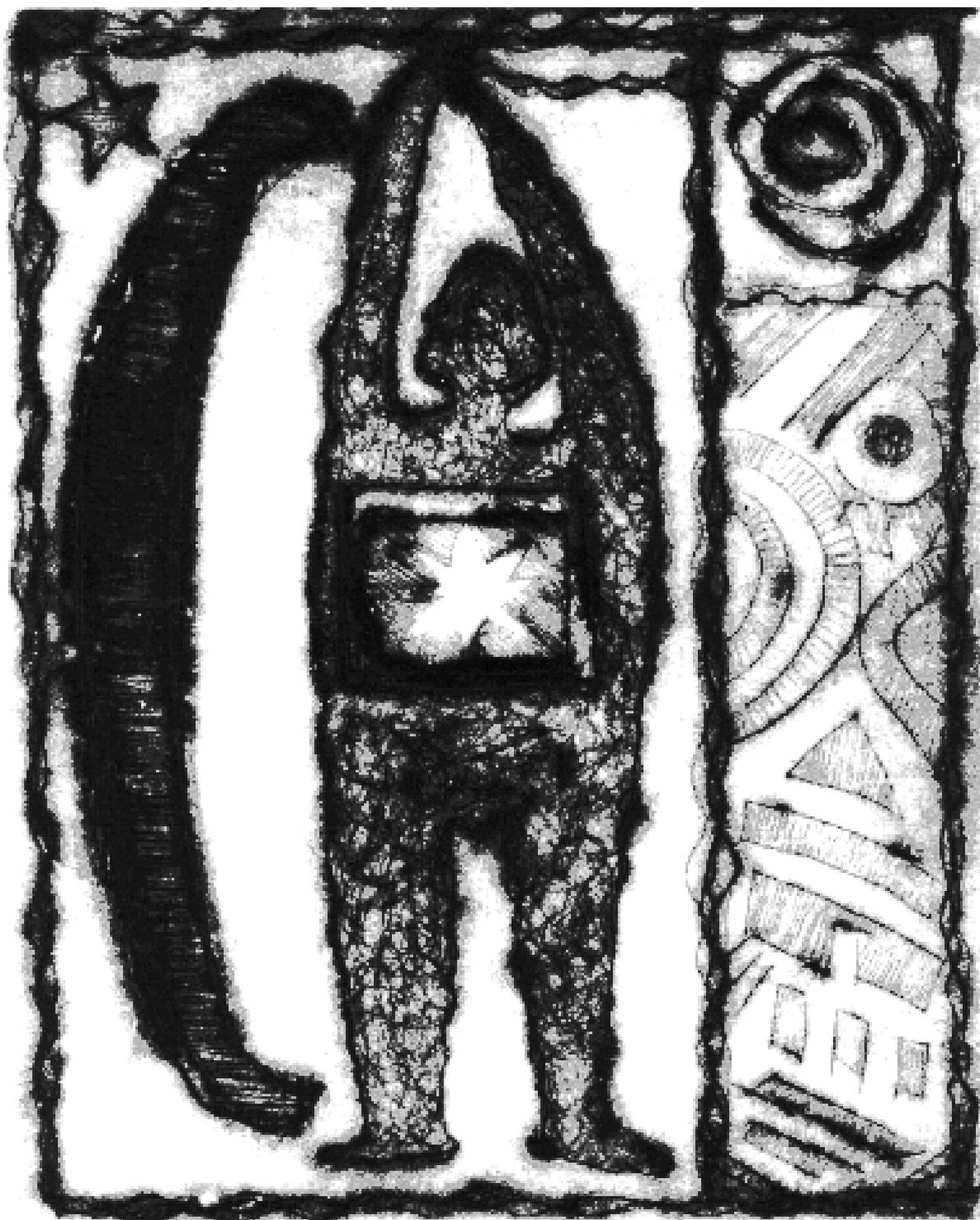


Journal of Shiatsu *& Oriental Body Therapy*



The Fire Within' by Katherine Trenshaw

Issue 3

Summer 1995

Editorial

A theme of this issue is case studies. Controlled research in touch therapies is notoriously difficult to implement. There was one famous experiment where the researchers walked through a public library randomly touching some people and not touching others. All touch was casual and natural and generally unnoticed by the subjects. Afterwards, the people in the library were interviewed about their feelings of wellbeing and health on that day. The surprising result was that the people who had been touched were significantly more likely to be feeling well than those who had not.

This shows that touch is powerful. But it also shows that it is extremely difficult to isolate the effect of technique, or the way in which touch takes place, from the simple fact of being touched at all. Andrea Battermann, in this issue, presents a case history which is significant in that it chronicles the different effect of two different touch based therapies (Shiatsu and Physiotherapy) on the same patient performed by the same therapist. This goes some way to showing that the way in which the patient was touched made a difference, not just the fact he had been touched.

A case history by itself does not prove anything but can stimulate other people to try things out. A body of experience can then build up which can be almost as convincing as controlled scientific research. Phil Harris, in the second of his series on research issues, describes how case histories can be used to conduct and stimulate research.

Another value of case history is to share the development of expertise. Thea Bailey, in her article on working with cancer, summarises her clinical experience and distils certain principles that have worked well for her and her clients. These general principles may help other people in their work. It can sometimes feel a frightening responsibility to attempt to help someone with very serious illness. The fact that someone else, with more experience, has given some guiding principles can go a good way towards relieving this anxiety and that can't but improve the quality of the therapy.

Shiatsu, Acupressure and other Oriental Touch Therapies have now been practised in the West for about twenty years and some practitioners have amassed a large body of clinical experience which clarify traditional theory or may point towards its evolution. We would like to encourage this process of evolution by publishing interesting case histories which either raise questions or contribute towards the growth or confirmation of theory.



If you have some specialist clinical experience which may be interesting to other practitioners, please consider writing it down and sending it to the JSOBT. You do not need to be a good writer. Our editorial team, in collaboration with you, will help you say what you mean to say in a readable way.

Research Groups

Another way in which people are starting to share their experience is within specialist research groups. Two have started up in the last six months. One is a group concerned with compiling an audit of the way in which Shiatsu is actually used, consisting of Philip Harris, Nicola Pooley, Anne Palmer and Katrina Billings. They have just successfully applied to the Research Council for Complementary Medicine in the UK for a grant, which is encouraging for other people wanting to start a research project in this field. The other is the Research Group for Complementary Approaches to Learning Difficulty. This is spread over both Europe and the USA and includes Andrea Battermann, Nick Pole, Bill Palmer, Ana & Sam McClellan, Penelope Nelmes, Suzanne Adamson, Verena Smith. It will publish a newsheet, uses the internet to network internationally (e-mail: rgcald@jsobt.zynet.co.uk), and consists of Shiatsu, Acupressure and Reflexology Practitioners, Physiotherapists, Cranial Osteopaths, Acupuncturists and others involved with exploring new approaches to learning difficulty. The JSOBT is starting to compile a directory of research and similar groups. Please let us know if you are or want to be involved in similar groups.

Interviews

In this issue we start what will be a regular feature: an interview with someone who has interesting views or who has played a distinctive role in the development of Oriental Body Therapy. In this issue we welcome Akinobu Shinmei Kishi who was one of the most influential teachers of Zen Shiatsu during the 1970's and, since then, has developed his own way of Seiki Soho. Is there someone you would like to read an interview of, anywhere in the world? Write to us and put in a request.

Bill Palmer

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It aims to provide an international channel of communication. Articles already published in national newsletters may be republished to reach a wider audience in the JSOBT.

We also encourage the publication of final year student dissertations. As these are usually too long for immediate inclusion, we have a "Dissertations Editor", Mike Craske, who can help people with interesting theses to edit them into a suitable size. Phone him on (+44) 01332 349819

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The Case Study Approach

by Philip Harris

The second in a series about research methods relevant to Complementary Therapies.

Summary of main points

S • a case study aims to solve problems
• it involves a narrative account of the problem, a causal analysis, an intervention and evaluation of its effectiveness

- it combines research with clinical practice
- a conceptual framework may emerge from successive case studies

- conceptual frameworks can be used to guide further analyses and interventions

- the main research limitations of the case study approach is that it does not control for extraneous influences which may affect treatment outcomes

What is the case study approach?

The case study method is defined by Bromley (1986) as “the study of an individual person, usually in a problematic situation, over a relatively short period of time”. It is a scientific procedure for organising information in a meaningful way for the purpose of intervention and evaluation. Case studies usually incorporate a **narrative account** of the person’s actions, experiences, personal qualities and circumstances as well as a **causal analysis** which attempts to explain the events described.

The narrative account would usually include a comprehensive **case history**. For the shiatsu practitioner it would involve details of the individual’s **medical history** as well as any **family history** of illness. Information about **current health status** is also recorded, e.g. symptoms, medication, disruption to healthy life style. The shiatsu practitioner may also include an oriental diagnosis, e.g. symptoms of deficiency-excess, cold-hot and signs of internal-external causes of disharmony. **Socio-demographic** factors may be worth noting such as gender, age, occupation, marital status, number of children. The person’s **beliefs** about health may also be important. For example, does the person believe they can influence the course of their well-being or do they believe that their health is in the hands of medical practitioners or even luck?

By comparing and contrasting cases, a kind of ‘case-law’ can be developed. Case-law provides rules, generalizations and categories which gradually systemize the knowledge gained from the intensive study of individual cases. As successive cases are considered a **conceptual framework** emerges which seems to impose a satisfactory pattern of meaning such that considerations of subsequent events adds little or nothing to the analysis. The conceptual framework can then be used to help analyse further cases (Bromley, 1986).

Case studies have been used in medicine, psychiatry (especially psychoanalysis), neuropsychology, clinical psychology and social work. Case studies are usually retrospective, but can be combined prospectively with representative sampling and standardized assessment procedures.

Case studies can be used in combination with other sources of data (e.g. observations, questionnaires) to confirm particular findings. This is known as **triangulation** and if several sources point to the same conclusion this will add to the confidence that the finding is correct.

Bromley (1986) argues that the case study approach should not be regarded simply as a means of exploring or illustrating a problem, but as an independent scientific method capable of confirming or refuting a theory.

The purpose of case studies

The usual purpose of a case study is to find a solution to a person’s problem. Case studies in education are typically concerned with the evaluation of interventions. In this way, a typical case study would involve a narrative account of the problem in its context, a causal analysis (often without having all the information one would like), an intervention (some course of action) and an evaluation of its effectiveness. Successive cases can lead to the development and application of a conceptual framework.

Case studies can also be used to **illustrate** a range of phenomena, e.g. a particular diagnosis such as spleen-deficiency condition. They are a valuable means of communicating the patterns and range of variation in behaviour as well as revealing the processes and connections not visible in the results and write-up of experiments.

The value of case studies

A case study is a rich source of information as it deals directly with the individual case in its actual context. It is, perhaps, best regarded as a collaborative effort between the individual client and the practitioner. The insight gained as a result of the client-practitioner relationship is a unique strength.

This approach can reveal **unique or outstanding cases** which may be ‘hidden’ in a large group study. The revelation of a rapid recovery promoted by shiatsu may prompt further research with cases presenting similar complaints. The information collected from carefully selected and properly monitored case studies may be pooled, sorted and analysed. For example, multiple case studies of back-pain patients may reveal a particular oriental diagnosis which responds well to shiatsu. Furthermore, one case which appears to be the exception to the rule is sufficient to challenge a theory.

Limitations of case studies

The uniqueness of the case study is a limitation as well as a strength, it is impossible to generalise from a single case study. A single success does not validate a therapy. Most case studies tend to be brief reports or case-vignettes which are short on content; whereas the development of a conceptual framework requires a series of rigorous and detailed case studies and this is time consuming.

Most case studies are retrospective. A medical history

is usually dependent upon the client's memory. Memory is notoriously prone to distortion. The shiatsu practitioner may introduce further **bias** when selecting which information to record about the client. Finally the practitioner may also be biased when choosing case studies she wishes to emphasize. For every case study which shows a successful outcome, we do not know how many clients with similar ailments responded in the same way, i.e. we do not know the success rate.

It has been argued by some (e.g. Bromley 1986, Good & Watts, 1989) that case studies are not only useful at generating hypotheses for research, but with rigorous attention to detail, it is possible to yield conclusions in which researchers can have confidence. However, there are many in the scientific community who argue that the case study approach lacks the control necessary to confidently infer cause and effect. It is important to be aware that any causal analysis drawn from this approach alone may well be treated with scepticism.

Improving the case study approach

The value of **prospective** approaches to case studies may be enhanced by:

1. **Careful sampling:** In order to generalise to other cases, a case needs to be typical of the type being treated. The process of sampling aims to reduce bias when selecting cases, e.g. if five individual cases are selected by diagnosis (before treatment begins) and each case is reported regardless of the outcome then the practitioner is less likely to report only successful outcomes. This may help to improve practice by providing insight into why some cases are successful while others are not.

2. **Systematic collection of information:** The gathering of information about the client can be made more systematic by using semi-structured methods, e.g. check-lists. This will enable the practitioner to monitor the individual client over time and to make more meaningful comparisons between different clients presenting a similar diagnosis. Using the method of triangulation will help to increase confidence in conclusions if several sources of information tend to converge.

3. **Controlling for other influences:** Much evaluative research is concerned with controlling for extraneous factors which may be affecting the treatment outcome. Unless these factors are accounted for it is difficult to attribute a successful outcome to the shiatsu treatment. There is always the possibility that the outcome could have been caused by some other influence. The case study approach does not overcome this problem since it is concerned with collecting naturally occurring events in real situations (rather than manipulating events as in the experimental approach). Similarly, the shiatsu practitioner cannot (and may not wish to) control other influences, however, 'quasi-control' sometimes occurs naturally. For example, a client may have a break in a course of treatment and in this circumstance, the practitioner may ask, do the original presenting symptoms re-occur when treatment stops and do these symptoms subsequently disappear when the treatment is resumed? An affirmative answer to both these questions will increase the practitioners confidence in the effectiveness of her treatment.

Conclusion

While the issue of cause and effect inference in the case study approach remains a contentious one, there is little doubt that this approach is of considerable value to both the student and the experienced shiatsu practitioner. One obvious advantage is that the material for research is the same as their clinical work. There is also the potential for individual practitioners to work together on specific illness-conditions of interest and to compare and contrast their findings. However, the need for rigorous attention to detail must not be overlooked and even with this, the findings from case studies may not be accepted by everyone in the scientific community.

Example Case study of lower-back pain

The following abbreviated and somewhat simplified cases are drawn from my own experience and they are presented primarily to illustrate the use of the case study approach. The three cases were selected because they all involve clients with lower-back pain. They represent a small but complete sample of my clients currently presenting this kind of complaint. It is not sensible to draw firm conclusions on the basis of such a small sample and any causal analysis must be tentative. However, comparing and contrasting cases may give some insight into which ideas and hypotheses could be tested out in future cases.

Aims: to present a comparative analysis and evaluation of three case studies; to identify any generalisations.

Socio-demographic factors: the clients were aged between 34 and 43 years, two were men (JM & KC). The woman (VB) was 40 years old. All three clients were in full-time work and married with two children.

Problems: The three clients presented for shiatsu with lower-back pain as their main problem. All of them complained of stiffness around the neck and shoulders. JM and VB also tended to feel cold in their hands and feet.

In addition, VB had a long history of heavy menstrual periods and her back pain was accompanied by pain down her left leg. KC experienced acute pain down his right leg and JM occasionally had low-pitch tinnitus in his left ear, vertigo, hot flushes and violent headaches.

Diagnosis: *Western* JM had been diagnosed as having Meniere's disease, KC's GP had diagnosed sciatica and VB had had a CT scan which revealed no disc damage, moderate osteo-arthritis adjacent to the 5th lumbar vertebra and inflammation of tissue in the lower lumbar region. The orthopaedist attributed the pain to the swelling from the inflammation interfering with the nervous system.

Oriental all three cases showed signs of Qi depletion and stagnation. Two cases had similarities in their shiatsu diagnosis, JM and KC both showed signs of a wood imbalance and the predominant Hara diagnosis was GB jitsu. JM also showed signs of a water imbalance. VB showed a more variable Hara diagnosis, but her pain persistently followed the line of the BL meridian.

Treatment outcomes: the cases differed in the degree of success of shiatsu treatment. JM responded very well to treatment and is now free from symptoms of backache. There was a dramatic shift in energy following the third treatment the day after which JM experienced a high fever.

JM's vertigo, hot flushes and headaches also responded well to shiatsu. Natural breaks in the treatment process helped to increase confidence in the view that the improvements were a consequence of the shiatsu and not simple due to extraneous factors such as the passage of time. JM's continued monthly treatment seems to be sufficient to maintain his well-being.

In KC's case the shiatsu treatment seemed to provide some immediate relief, but it is difficult to separate the effects of shiatsu from the acupuncture he was receiving. Neither of the treatments was sufficient to prevent an acute phase lasted about a month. KC's back, sacrum and neck problems appeared to be associated with life-style stresses. These life-style factors appeared to outweigh the effects of treatment and, it could be argued, that the treatments simply delayed the onset of the acute phase. Recovery seemed to require rest from work and other pressures. KC felt that the acupuncture was important in removing stagnation and the shiatsu was beneficial in the longer term build up of Qi. He is now free of back pain symptoms.

Shiatsu treatment appeared to do least for VB. Successive treatments have offered little beyond providing some immediate, but short lived relief from pain. Stretching and movement seemed to offer the most benefit which tended to confirm the belief that the problem is associated with stagnant Qi. The stuck Qi manifesting as inflammation of tissue has, so far, been quite resistant to healing and constantly vulnerable to further damage.

Conclusions (and further questions)

- All three cases were in their late thirties/early forties. Are there fundamental Qi changes which occur in the third and fourth decade of life which increase vulnerability to back pain? This may not be an answerable question.

- Similar symptoms were reported, e.g. stiffness and cold. Are there self-report symptoms which predict the onset of lower-back pain.

- Two of the case shared similar oriental diagnoses, especially GB jitsu. Are there particular energy diagnoses related to lower back pain which predict successful treatment outcomes?

Further cases studies may help to identify which, if any, of these questions are valid as well as suggesting new questions. The study of successive cases would hopefully lead to the development of a conceptual framework which will prove a useful guide to the shiatsu diagnosis and treatment of different types of back pain.

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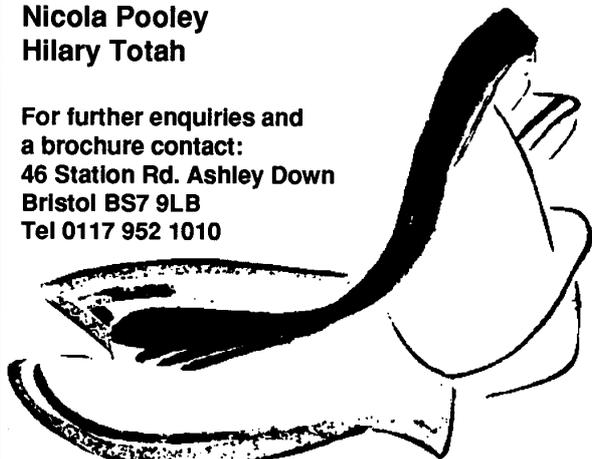
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Shiatsu & Traumatic Brain Injury

by Andrea Battermann. MRSS MCSP SRP

This article is a case study of the use of Shiatsu with a patient who sustained Traumatic Brain Injury (TBI). It does not attempt to show that Shiatsu can do something for such patients that physiotherapy cannot. That would be difficult to test. However, it seems to show that something about the Shiatsu relaxed this patient and made him calmer and more flexible than when physiotherapy was done alone. This suggests that a worthwhile research project might look at whether an orthodox therapeutic procedure may be enhanced or facilitated by prior Shiatsu treatment. This would probably be easier to test than the question of whether Shiatsu is an effective treatment by itself.

I currently work as a part time physiotherapist in general neurology and in the Brain Injury Rehabilitation Service in Astley Ainslie Hospital in Edinburgh. Mainly I use the Bobarth physiotherapy techniques with my patients. Using these methods, recovery of functional ability can be remarkable.

The 22 year old patient I describe, George, was found unconscious and was admitted to hospital after a traffic accident in July 1994. He was found to have a traumatic sub-arachnoid haemorrhage. Surgical intervention was not attempted and he breathed spontaneously through a tracheostomy. He entered our unit for assessment and rehabilitation on 15/10/94, three months after his brain injury. At this point his problems were as summarised in the following table.

Active problems on admission

Diagnosis: Traumatic Brain Injury

Spastic tetraplegia

Fixed contractions in arms, legs and spine

Significant myositis ossificans in shoulder and elbow joints in both arms

Total dependence in all transfers and activities

Incontinence of both bladder and bowels

Communication problems (no speech)

Physiotherapy assessment

Muscle Tone: Severe spasticity in upper and lower limbs and trunk.

Lower Limbs: Slightly active movement in right leg, restricted movement in all joints of both legs

Trunk: No active movement, fixed pelvis and scapulae, flexed posture, no head control

Sitting: No sitting balance

Hearing: Normal response

Reflexes: Increased in both feet

Fed By: Peg Tube

Physiotherapy Treatment Plan

Exercises for trunk and pelvic mobility and control in sitting position

Passive stretches

Adequate seating in wheelchair

Results of Physiotherapy Treatment

At first George became more alert and was sitting in a reclining chair. He gained more head control and had more active movement in his right leg. The upper limbs remained fixed. Single words returned.

However, George complained about pain when his legs were passively stretched and he became increasingly dispirited, resistant and uncooperative to any form of active physiotherapy very soon after his admission. His behaviour problems started with verbal abuse and aggression and he was distressed a lot of times.

Head injured patients can be aggressive in the first stages of their recovery. They may also show inappropriate behaviour, which is usually treated by a behaviour modification programme worked out by the therapist and the psychologist. The patient's attitude to other people around him can change dramatically because of his head injury. Severe personality change can happen from which he might not recover. This is normal, so when patients like George become aggressive this is usually attributed to the head injury.

However, my experience with this patient shows that the aggression may also be an understandable, if extreme, response to the style of treatment received. Physiotherapy is an active and challenging therapy, often painful in cases of spasticity. Shiatsu is more still and receptive. As we shall see, George responded totally differently to Shiatsu even though it was done by the same person who did the physiotherapy (i.e. myself)

Eight weeks later the spasticity had increased and so had his loud and aggressive behaviour. He didn't tolerate any exercises in sitting position. He remained distressed and appeared frightened by paranoid thoughts. A psychiatrist was consulted. Attempts to sit him on bed or take him into the physio gym resulted in kicking, biting and extreme verbal abuse, which increased his spasticity. He would probably strike out if he was physically able.

With the agreement of the consultant I started Shiatsu at this point, 22 weeks after his TBI. I gave him Shiatsu daily for five weeks on the ward and a few sessions are detailed here:

5.1.95

Hara or Back Diagnosis not possible due to his aggression. George was lying on the bed. Started to work generally on shoulder area on TH, SI and LI meridians and on BL, TH and GB meridians on neck. He closed his eyes and started to sigh and to relax deeply. His voice became gentle and softened. He looked peaceful, calmer and rested after the treatment. His shoulders were more relaxed and his chest more open.

6.1.95

Very Low mood. Complained about pain in neck and shoulder area. I repeated the same sequence of Shiatsu from the day before lying on his back. He responded well,

his mood improved and immediately. He said "I feel nice" and started to speak to me. His spasticity had decreased after the treatment in shoulder and neck area.

9.1.95

I tuned in and made contact with him energetically before starting the treatment. I worked on BL- meridian in both legs to draw the energy downwards to the feet. Both legs were much looser and there was less muscle spasm which resulted in an improvement in mobility in hip and knee joints. After Shiatsu he tolerated passive stretches of the legs for the first time. Previously, his response had been aggressive.

11.1.95

I spoke to his primary nurse. She said that he stays quiet for a while after Shiatsu and his mood appears much more positive.

I started with Shiatsu with George lying on his back in bed. He was cooperative with no verbal abuse. He said "You are good in your job. I look forward to Shiatsu. I like this treatment". I worked again on his legs on BL and ST meridian and stretched both legs passively after Shiatsu.

13.1.95

The nurse reported that he still has verbal outbursts but is generally calmer. His mood remains low. George had been continent for the last two days. He was starting to interact more with nursing staff and other patients, asking to go to the toilet and other requests. He complained about pain in his neck and shoulders. Fingers are sensitive to touch.

I worked on the BL meridian in head, neck and shoulders and legs and the LIV meridian on chest and legs. I was able to stretch his right leg much further under with Shiatsu treatment in hip and knee.

16.1.95

Worked on LIV, BL and ST meridians in both legs and locally on both knee joints. George said "I enjoy the treatment and made big sighs and relaxed deeply. Normally his eyes were staring and wide open - in this treatment they closed and started to twitch. Generally he started to breath more deeply into his Hara, is less distracted and irritable and is able to stay in the relaxed state. He rested peacefully and spoke with a calm and soft voice, getting very talkative.

25.1.95

This treatment took place after a gap due to my holiday. His behaviour had deteriorated since I last saw him but his concentration had improved. He still refused to sit in his wheelchair.

I always treated him on his back or in a reclining chair. He sighed a lot during Shiatsu and closed his eyes immediately when I started to work with him.

Sadly, immediately prior to his discharge, despite signs of mental improvement whilst in the unit, his behaviour deteriorated further. He wanted to leave the hospital and return home. During the last week of his stay he was particularly abusive and distressed. However, he was always much more cooperative and calmer when

receiving Shiatsu. On 23.1.95 his medication was increased and he was transferred to another hospital for long term care on 10.2.95. His state on discharge is summarised below:

On Discharge

Lower Limbs:

- Active movement in right leg
- No active movement in left leg
- Flexor contractions in all joints of both legs

Upper Limbs

- Flexor deformities in both limbs
- Both arms are fixed in flexion pattern from shoulder, elbow and wrist

Head

- Active movement both lying and sitting

General

- Memory is still poor
- Speech has improved

The main effects of Shiatsu:

- Less muscle spasm for a short period after Shiatsu
- Deep relaxation and calmness in his mind
- Better cooperation which then enabled me to carry out passive stretches to maintain mobility in his joints
- He stated that he enjoyed this type of treatment to nursing staff. He had a more positive attitude towards himself

Conclusion

There was a positive effect on his mood and behaviour while receiving Shiatsu treatment and for a short time afterwards. It was clear that physiotherapy techniques were easier to apply and more effective following a Shiatsu session. An interesting question is whether it was the techniques of Shiatsu that effected this or whether he relaxed because I treated him differently when I was doing Shiatsu. Shiatsu uses still touch and is less manipulative than physiotherapy.

It is possible that he had experienced previous physiotherapy as invasive and that the form of Shiatsu I used felt safe to him. If the second hypothesis were true then it would suggest that therapists, whether they can use Shiatsu or not, might find it an advantage to start with some form of still touch with patients who are exhibiting such aggressive responses to physiotherapy.

Andrea Battermann is a chartered Physiotherapist and a registered Shiatsu Practitioner. She is also a member of the Research Group on Complementary Approaches to Learning Difficulty. She may be contacted on 0131 557 4106 or by writing to 30 Brunton Terrace, Edinburgh, EH7 5EQ

Watching Clouds Shift in the Sky

Akinobu Shinmei Kishi talks to Bill Palmer

Shinmei Kishi was born in July 1949 in the Gunma province of Japan and, at age of twenty started studying Shiatsu at the Shiatsu Technical College and at the Iokai centre, established by Shizuto Masunaga. Three years later he started teaching at Kyonhi University of Oriental Medicine and also travelled to Paris where he taught Zen Shiatsu throughout the 1970's. He holds a special but often unrecognised place in the history of Shiatsu in the United Kingdom. In the early days of Shiatsu in the West he was a major influence to Harriet Devlin, Paul Lundberg and Bill Palmer. In the UK, many Shiatsu teachers have extensively studied with one of his senior students, Pauline Sasaki. So directly or indirectly, Kishi was a quiet but strong presence in the birth of European Shiatsu. Since those days he has changed his style of work considerably, has been living in Brussels and has built up a collection of French ceramics. He is still a regular and popular teacher in England but of what? Here he talks to Bill Palmer about himself, his work and his vision.



Bill Palmer: When I first met you in 1979, you were well known in Paris as a teacher of Zen Shiatsu. Soon after that many things changed for you. Can you talk about that time?

Shinmei Kishi: Before that time I had a busy and successful practice as a teacher of Zen Shiatsu and as a health consultant for the Japanese Economic Mission. I was able to buy a house in Tokyo and I travelled a lot - especially to France but also to Russia, China, Bulgaria, Canada and England giving treatments and teaching courses. But, then in 1979 I resigned from the Iokai. (Masunaga's association for Zen Shiatsu)

BP: Why was that?

Kishi: I wasn't satisfied somehow. I was not satisfied with my technique, with what I was doing. I was getting very tired.

BP: Can you say what didn't satisfy you?

Kishi: At that time I did not know why I was doing Shiatsu. The people to whom I gave treatments changed, but myself, my life didn't change. I was using Shiatsu as a technique and I was successful, but I think Shiatsu is not only a business, not only a therapy, I was searching for more of a way - I don't know whether to call it a spiritual way or not - but some kind of way, yes.

BP: What happened then?

Kishi: In 1980, on 26th of February, I had a realisation. It was one of the most important times of my life. I gave up everything I had done in the past. I realised that Shiatsu therapy was not my way. I was not so interested in changing people's condition. After a treatment the client might get better for a while but then would again fall victim to their old habits. So what was the real nature of their illness? I asked myself where I was going wrong and realised I needed to change my technique. I discovered how to work with energy in a more subtle way, observing and feeling nature. Working intuitively with the process by which nature heals itself.

I left my old approach to healing based on trying to change the client's condition and started my new research into the dynamics of energy change. Now I just look, just feel, that's all.

BP: Is this what you call Seiki Soho?

Kishi: Yes. It means life energy guidance but I am not 'treating' people or their conditions. I only watch the movement of Ki in the body, like nature, like watching clouds change.

BP: You also studied with a woman spiritual master for some time, didn't you? Was she an influence in your development of Seiki?

Kishi: Oh yes, Hifumi Jinko Sensei. I did practice in a Shinto shrine with her for four years but I don't know if that is connected to my way (pause). She never explained anything - I was sitting in meditation and she was just sitting behind me. She didn't say anything, just making some kiai (energy sounds) or purification practices.

BP: When I first met you your practice was very mysterious. You moved your arms through the air in slow circles and, for the first time I felt the pure sensation of energy moving in my body, different from physical movement. Was there a Japanese tradition from which this style came?

Kishi: (Laughing) Oh yes. I was very dramatic then! Very different now. But this work with Ki is not really from tradition. It doesn't matter really whether we deal with energy or some kind of physical movement. I don't know exactly how to put it, but the key is the feeling of movement through the physical senses. By observing this feeling you allow energy to repattern itself in the body, creating real change.

BP: And do you work with physical touch more now?

Kishi: Yes - The human body has a natural tendency to correct its own imbalances but sometimes this process is stagnant. The task of the therapist in Seiki is to support the self-correcting tendency of the body. In Seiki we look for

certain energy resonances which are the signs of the energy trying to correct itself. Touching lightly on certain key points is like opening the gates allowing the natural process of adjustment to flow.

BP: What connection is there between Seiki Soho and Shiatsu?

Kishi: We often touch points on Chinese meridians. That is the same. But we are just touching, not stimulating, not pushing, not sedating. We are totally connected to that point and our inside is very quiet and harmonized. Just feeling the natural movement. This allows us to find dynamic movement. We touch the same places but in a different way.

BP: Much of what you are saying sounds similar to the Seitai of Noguchi Sensei. Have you had connection with him?

Kishi: Not so much. I visited the Seitai association in Japan, but they were not so open with me. To work with them, first you must be a member and attend the school. I think Noguchi is great, personally, but it's difficult to get to work with him without first going through the organisation.

BP: That seems a shame since you seem to be teaching the same thing as him, though he doesn't work with touch so much, just with movement.

Kishi: That's true, I think. But the Seitai association do not say this. They do not say how the feeling of movement is linked to spiritual life. I tried to make connection with them many times but it was not possible so I went away, but I respect Master Noguchi very much.

BP: And how do you see Shiatsu in the West now... in England and Europe?

Kishi: In England, mmm! Your technique is good and very systematic. More than Japan, I think. In Japan Shiatsu means something very limited. To a Japanese it seems strange to call many of the things you do here "Shiatsu". Shiatsu is a very small part of Ki therapy and is very young, only developed this century. Here it means more than in Japan.

BP: You have just moved back to Japan, haven't you?

Kishi: Yes

BP: How do you find that?

Kishi: I've been back in Japan one year now and have given treatments and workshops for many Japanese people. I think modern Japanese people want healing, they want people to make them better. That's why Shiatsu is so popular, you can have a short treatment in the office! But here you are trying to find yourselves - that's different. It's very much more interesting for me here, because my way is "find yourself".

BP: And "Find Yourself" is different from "Improve Yourself"?

Kishi: Yes - just look; just feel.

BP: So in some ways do you find the people in Europe to be more sympathetic to you?

Kishi: Yes, yes I do. But I speak Japanese well, I have easy communication there and here it is more difficult. But, in general, people are not so different in England, China, Japan, anywhere. They're Human. Same problems everywhere!

BP: Do you know that, historically, you have been one of the most influential teachers here in Britain?

Kishi: (Laughing) Well, I don't know!

BP: Well, you are certainly well respected here and you have now moved back to Japan where people are less sympathetic to your work. Will that be difficult for you?

Kishi: In Japan people look at me more as a spiritual master - but I am not spiritual, just ordinary. I have created an art-therapy & Seiki centre in my home in Japan, so it would be possible to settle there. But I need both cultures! More movement! If I stop, if I become rigid, then I can't feel, I can't see. (Laughs) That's why I want to be a nomad.

BP: To conclude, can you say how you see the future of Shiatsu, of Seiki, of all forms of Ki therapy in both Japan and the West?

Kishi: In both Japan and the West, special energy therapies have become very popular; very big business. But maybe more understanding of Ki, of its dynamics and its cultivation are necessary. Life has simple lessons to teach us when we look at the way it operates in nature. Being in nature, like here in the countryside, we can have deeper feeling and enough sensitivity to learn from life. I am not specially material, and not spiritual. I just come back to nature; I observe human nature. All nature is active; in movement - and the movement of energy in a human is no more, no less than the shifting of clouds in the sky.



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The Development of Energy

by Bill Palmer M.Sc. MRSS

Introduction

This is the second article in a series describing how we are trying to understand how child development is linked to the Chinese descriptions of energy. We have found that certain aspects of movement develop in the first year of life along precisely those lines traced by the classical Chinese meridians. Traditionally, the eight extra meridians are linked to the basic development of human anatomy¹. This work suggests that the principle meridians are similarly linked to movement development and, as we shall see, to the growth of personality.

The last article described how the Stomach meridian orchestrated the neonatal skills of Grounding and Eating². This article will show how developmental skills can be grouped into Themes which describe an holistic energy skill. These Themes are learnt through the development of related movements which are connected through the body by meridians. The meridians that govern each Theme are linked by Interior/Exterior connection and thus each theme is associated with one of the Elements. However, there are six themes rather than five, and this means that the Fire element is divided into *Ministerial Fire* (Associated with Triple Heater and Pericardium meridians) and *Heart Fire*.

In this article we will explain each theme, its linkage to orthodox western theories of child development and also to the meridian system. The last two themes will be dealt with in more detail in the next article of this series. We will then show how the same sequence can be seen in the development of personality. Finally we will outline how this theory can be used in the diagnosis and treatment of chronic postural and behavioural problems. First we need to define some words:

What is Energy?

When we use the word 'energy' or 'Qi' we will mean a quality or abstract function that can manifest in many different dimensions of a living organism. It can manifest as anatomy, as posture, as movement, as personality or as social behaviour. What is common to all these manifestations is the intuitively understood, abstract concept called the energy or Qi. In other words, energy is an abstraction that links different dimensions of existence.

For instance, Stomach energy is described traditionally as Rotting & Ripening and its direction to be receptive and downwards. When this manifests in the dimension of physiology it is the process of digestion by which outer energy (food) is broken down into form that we can use. In the dimension of the mind this same energy manifests as the ability to accept and process new ideas; to let go of held belief and to incorporate new possibility. In the dimension of posture the same energy manifests as the ability to let go of holding up weight by muscle tension and yield downwards accepting the support of the ground. All of these manifestations are related to our ability to accept and to trust the outer world to nourish us and this give flesh to the intuitive understanding of the energy.



The Angels of Movement

A baby is born with very little 'voluntary' motion. (Since the concept of a 'self' is unclear when talking about babies, we can clarify the phrase 'voluntary motion' by defining it as movement initiated by the motor cortex.) Instead, most of a baby's movement is initiated by the lower brain and manifests as automatic reflex movements.

However, these primitive reflexes are sometimes quite complex. The rooting reflex, for example turns the head towards an object touching the face, which needs a complex sensory-motor collaboration. This facilitates the baby latching on to the nipple, but also the motor cortex learns from the reflex how to voluntarily turn the head. When a reflex has 'taught' the motor cortex a movement, it usually disappears from the baby's movement. It is said to be integrated.

Poetically, reflexes are like angels which visit the baby to teach him how to inhabit and move his new body and then leave when their job is done. It is probably more accurate to say that the cortex inhibits the reflex; that the movement is then under cortical control and not elicited by sensory stimulation. Reflexes that are not integrated in this way are more like demons than angels. The random patting movements of Rett syndrome³ are a good example, possessing the child and interfering with any fine motor control of arm and hand.

As a general rule babies integrate movements progressively down the body from head to tail and then from proximal to distal parts of the body. For instance, arm movement develops first in the shoulder, then elbow, then wrist and finally in the thumb. The lines along which this integration takes place are in many cases, exactly the principal organ meridians. We could say that the meridians are the pioneer trails that the Mind travels as it learns to inhabit the Body.⁴

Developmental Themes

Babies are learning to live in the world. In the first year they are learning the basic skills necessary to function as a human being and, in that time, learn these energy skills physically through movement. It is widely believed⁶, that the way these basic movement skills are learnt affect how the older child develops personality and social skills.

Bonnie Bainbridge Cohen has described how the process of integrating certain movement skills is linked to the development of the holistic human being. For instance, in describing how postural tone is developed in the first three months she says: “*Difficulty in bonding to the Earth and inefficient postural tone are common problems in both children and adults. As well as affecting one’s basic posture, they underlie problems in bonding with one’s parents and others*”⁵ This holistic skill of relating to the Earth is learnt through several reflexes and righting reactions and was explored in detail in the last article.

In general we will say that a Developmental Theme is any such collection of energy skills, with a common general function. The next section describes how the six basic Themes manifest in movement development.

1. EARTH:

EXPLORING THE KINESPHERE

This theme could be called “*Having your cake and eating it!*” The Kinesphere is the space around us which we can reach without moving through space. Basically, the kinesphere is that part of the world which is where we already are. This is the first exploration a newborn undertakes. They have just left the primeval sea in their mother’s womb and, like the ancient lung fishes, have pushed out onto dry land. Their first month is spent learning how to relate to gravity and to the new experience of getting hungry and having to eat. Their first movements are of cuddling, of actively relating to the mother and to Mother Earth, learnt through the Tonic Labyrinthine Reflex (TLR) and finding the nipple, sucking and swallowing to satisfy hunger.

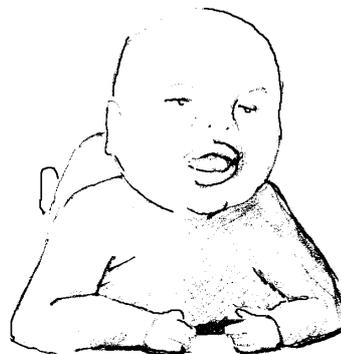
The last article described how both of these actions were manifestations of the Stomach and Spleen Organs and how the Stomach meridian traced the actions of the oral rooting, sucking, swallowing reflexes in the head while the meridian in the torso and upper leg traces the development of the muscle tone down the front of the body. The latter is similar to having enough air in a bicycle tyre. If the tyre is flat, pushing on the pedals will flatten the cycle into the ground and make it difficult to move. If the tyre is full then downward pressure will bounce elastically off the ground actually giving support to motion. In a similar way the baby learns to use the support of the ground to push away from it by developing tone in his front

muscles and inner organs.

The theme common to all these activities is *being supported by what is already here*. For example, the rooting reflex is stimulated by *touch*. This means that the baby is reaching for what is already there. Newborn babies do not reach for food at a distance. They just cry because they are hungry. If needs are not met at this stage then there is a tendency to inwardly collapse which has a profound effect on the later development of personality.

Rooting & Grounding

Mouth leads the reach. Eyes do not focus outside kinesphere



However, if needs are met then the tone of the baby’s ‘inner tyres’ are good which means that pushing movements will be buoyantly reflected back from the ground to produce inner sensation, allowing the baby to develop a sensory map of its body. If the Earth theme is not active then the sensory map is fuzzy. The baby cannot fully inhabit its physical flesh because of a lack of sensory feedback.

2. MINISTERIAL FIRE:

CONNECTING TO THE CENTRE

Even when a baby has explored his whole body there is much evidence that he does not have a clear picture of it as an individual unit. All the different sensations from different parts of the body have not joined to make a *gestalt* image. Jean Ayres in her excellent book *Sensory Integration and the Child* describes the distress in children who have not learnt to integrate their senses in this way. Many forms of learning difficulty can be traced to this.

This process continues until about age seven years but its beginning is in special movements most of which appear shortly after birth and are usually integrated by the fifth month. For example, the abdominal and galant reflexes activate muscles in the lumbar back and abdominal region. Through them, the baby learns to connect his movements to his centre of gravity and thus also to connect the upper and lower parts of the body. The Moro reflex, which appears in the womb about 10 weeks after conception, and the Babkin, which appears after birth, both use the symmetry of movements of the head and arms to define a midline and thus to connect the sensations between the left and right halves of the body.

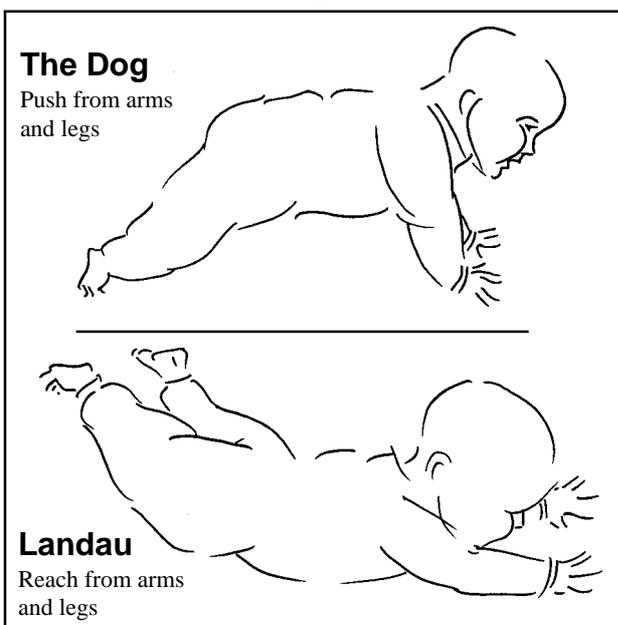
Thus the energy theme is of integration through connection. We cannot say that a baby at this stage has a sense of self but his body feels like a single unit and when he is picked up, he can be lifted without bits flopping all over the place. Through this theme he also learns to sit without falling over and to roll from back to front, both of which need good tone in the deep abdominal muscles and coordination between left and right. This physical

integration provides an important foundation for later development of a sense of autonomous self.

The Pericardium and Triple Heater meridians trace the movements of the Moro and Babkin reflex. In fact, the Babkin is actually stimulated by pressing P8 in the palm of both hands. It brings the head to midline and flexes the head and upper torso towards the navel. The Moro is stimulated by a loud sound and is a primitive reaction to a shock. In the Triple Heater phase, the arms open wide and the neck extends; this connects the arms to the chest and the head and thorax to the centre of gravity. In the Pericardium phase everything flexes towards the centre. Both reflexes connect left and right sides of the body and establish a midline for stereoscopic vision by bringing the head to centre. The movements follow not only the surface meridians but also the deep branches of both meridians flowing into the heart and down the centre line connecting the three burners.

Finally, the deep branches of these meridians govern the tone of the **crura** and **psaos** muscles which connect upper and lower body to the baby's centre of gravity (in an infant, almost directly behind the navel.)

When these reflexes have been integrated, the baby practices centering by using symmetrical pushes and reaches. These are called *Homologous movements*. In one, very like the yoga position called the Dog, the baby pushes with both legs and both arms and the two pushes meet in the centre and raise the pelvis (see picture). The line of force from the ground to the centre follows the Pericardium meridian. The other is a reach from the head, the arms and from the legs simultaneously so that the baby comes up off the ground only resting on his centre. This is initiated by the Landau righting reaction (see picture). The line of extensor tone which connects periphery to centre in this movement traces the Triple Heater meridian.



From these we can see that the developmental meaning of both meridians in the Ministerial Fire phase is of connecting the centre to the head and limbs, thus integrating the body. This corresponds to the classical function of the Triple Heater as an avenue for Yuan Qi, spreading the deep energies out to the periphery.⁷

3. WATER:

EXPLORING OUTER SPACE

The first two themes complete a major phase of development: **inhabitation of inner space**. The baby's attention has been focused on inner sensation or on things within reach. The integration of the left and right visual fields creates a new possibility, stereoscopic vision, which allows the sense of vision to focus on distant objects. The baby's exploration of the outer world has begun.

Just as the connection of left and right allow the sensory nervous system to define *distance*, the connection of upper to lower body creates the context for movement through space. In explaining this statement we will show, in a very precise way, the developmental function of the Bladder Meridian. First we have to understand the function of the spine and this requires a digression.

Evolution and Movement

It is well known that embryological development retraces stages of evolution⁸. It is one of the most convincing confirmations of Darwinian theory, since, if the human form came about by a long series of genetic changes which slightly altered embryological development, then it is almost inevitable that the history of these changes is recorded in the way the embryo grows. Bonnie Bainbridge Cohen⁹, Moshe Feldenkrais¹⁰ and David Gorman¹¹ have all pointed out that the development of movement in babies also traces an evolutionary history. This shows that the nervous system also evolved progressively; one skill growing from existing ones rather than a new skill appearing from nowhere. Thus a human baby starts off with fish like spinal movements, progresses to homologous movements like frogs, then to crawling on the belly like reptiles and then learning to crawl on four legs like a mammal before getting up on two legs to be human.

During this evolutionary development, anatomical structures such as the spine have modified their function. In the adult human, the spine is a support structure as well as an aid to movement. However, originally the spine was invented in the weightless ocean purely to make forward movement more efficient. This does not yet explain the meaning of the spine for other creatures such as insects move forward without them. But, by comparing insect movement to mammals', we can get a clue to the spine's developmental function. Most insects move by pulling themselves forwards on alternating left and right legs which cannot produce much impulse. However, insects like crickets who push with their back legs need to push with both at the same time, otherwise they fall over sideways. Creatures with spines can push with alternate legs, if they have them. The spine and the muscles surrounding it elastically transform the sideways force into forward impulse.

This shows that the spine's first function, both evolutionarily and developmentally, is to transform a sideways push from the legs or tail into forward motion.

The Development of Forward Motion

Forward motion has two parts, a reach and pull from the upper body combined with a push from the legs. (If both upper and lower body push then we get the centering movements described in the last theme *but no motion through space.*) We will now describe how the Bladder meridian is involved in the development of the ability to move forward.

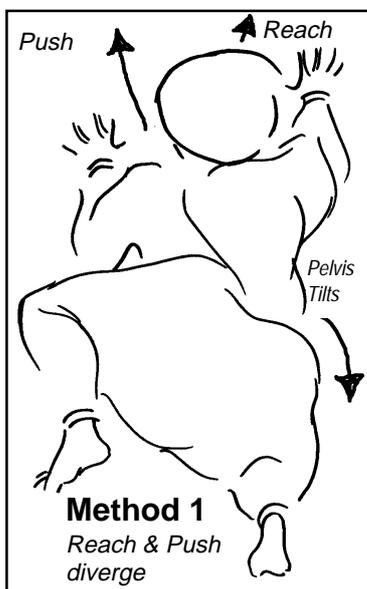
The Bladder meridian starts in the eyes at a point called Eye Brightness, which links the Stomach and Bladder channels⁷. Vision is our main stimulus for motion. We see something that attracts us or that repels us and we move towards it or away from it accordingly. Developmentally, the act of reaching starts in the mouth, stimulated by touch around the Stomach channel. After birth, vision starts to grow more important as a stimulus for reaching, and the focus of outer attention moves up the Stomach channel to the eyes. While reaching is only stimulated by objects inside the baby's kinesphere, the object can be grasped and maybe eaten; the energy then moves down the Stomach meridian and the reach is relaxed. But, once vision is stimulated by objects outside the kinesphere, the reach is not immediately satisfiable. The intention continues from the Stomach channel into the Bladder channel to mobilise the body to move through space. The reach takes up slack in the spine and tonifies the surrounding muscles thus creating an elastic connection to the centre.

The Bladder meridian from BL11 to BL31 is concerned with the support and elasticity of the spine. Sam and Ana McClellan have analysed how this part of the meridian 'contains' the spine¹² and coordinates the support the inner organs give with the tone of the surface muscles. If organ support is low in one place then another part of the spine needs to be held rigid to compensate, which in turn will mean that asymmetrical forces will produce further stress at these points. If the dorsal section of the Bladder meridian has balanced tone then the spine is neither rigid nor slack. This is exactly what is needed to transform force from the legs into forward motion.

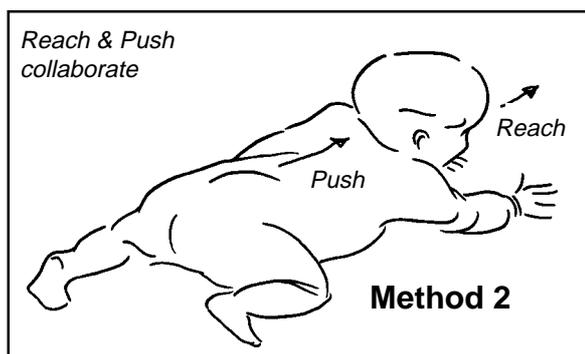
The Bladder meridian in the leg has a more subtle developmental function and the clue to it came from an analysis of Bonnie Cohen¹³.

She observed that when a baby crawls on his belly, he can flex the hip in one of two ways. Flexing the hip lying face down with the knee facing downwards is impossible since the leg pushes into the ground. Hip flexion is made possible by either:

1. Tilting the pelvis sideways which means the hip can flex forwards, or
2. Everting the foot, thus rotating



lower leg so that the knee joint can flex in the vertical plane of the body. This means that the hip can flex out sideways without tilting the pelvis.



Bonnie Cohen noticed that if the baby pushes forwards having flexed the hip by the first method then the line of force from the leg cannot be turned into forward motion without a great deal of muscular effort in the upper back. In effect, the asymmetry of the force was too great for the spine to cope with and the force 'broke out of its container'. This pattern of back tension is carried forward in later development and results in postures where the upper spine is held rigid and the lumbar spine is over loose.

Method 2 creates maximum cooperation between legs and spine and, without going into extreme detail, this allows the psoas muscle to smoothly transfer the leg push into forward impulse up the spine. In later development this gives the foundation for upper and lower body integration in all forward movements.

Finally, the movements of method 2 exactly trace the Bladder meridian in the leg. The eversion of the foot uses the peroneal muscles which run underneath the lower branch. The meridian in the ankle runs along the calcaneofibular ligament which transfers foot eversion into fibular rotation. The meridian in the lower leg and knee follows this rotation into the menisci and the branch in the upper leg follows the line of force that the push gives to the sacrum.

Thus the Bladder meridian connects all the patterns needed for forward motion, the initial visually stimulated reach, the elastic containment and support of the spine and finally the patterning of the leg to spine connection. The Kidney meridian has a related role in coordinating the leg and torso flexor muscles which progressively guide the force from leg to spine and thus to the upper body. The Triple Heater phase helped the baby to make the connection of limbs to centre. This Water phase choreographs these connections to provide motion through space.

Mobilization of the body to move through space is supported by the sympathetic nervous system (associated with the Fight or Flight response) and the secretion of adrenaline. Subjectively, this is experienced as excitement or fear, both of which can give wings to movement or, in excess doses, freeze it. This gives more insight into Water's linkage with fear, though maybe it is more accurate to say that the *Water element is related to sympathetic nervous system activation*. Excitation is the physical sign of interest in the outer world. The baby has not learnt fear but he feels excitement and it motivates him to move and to explore the outer world beyond his immediate reach.

4. METAL: DIVIDING THE WORLD

From about the seventh month, the baby has an enormous spurt in development triggered by his growing ability to move through space and explore the world.

In the first months the baby will play with objects in a very specific way which we could call *Sensual Play*. It seems that he plays in order to create sensation and the toys he likes are ones that make a sound, that glitter, that feel soft. The object itself does not seem to matter so much as the sensation produced. Sensory integration is achieved by repeatedly getting different sensations from the same object, looking at it, shaking it, (heaviness and sound), sucking it (texture and taste). By this means the brain learns that it is experiencing the same 'thing' in different ways. Certain rules start to be made which 'make sense' of the world, such as "Shiny things will feel smooth". The baby is learning the ground-rules of experience.

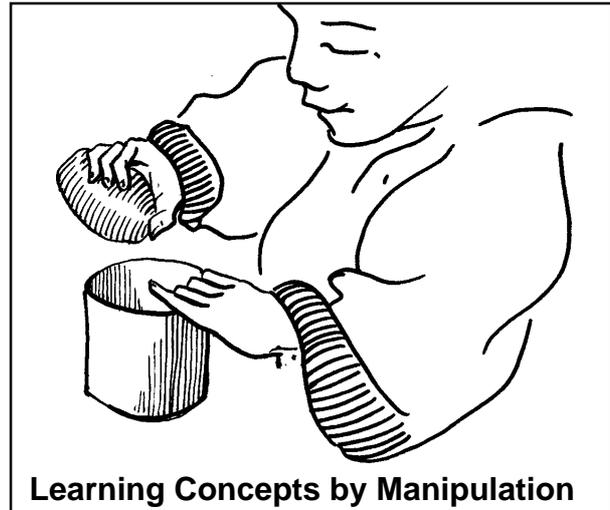
After the baby learns to move through space, he is learning that the world is not just subjective. Because he has greater control over his own body he can start to differentiate himself from other objects simply because the other will not move to his nervous system's command. His arm is part of him because, when he wants it to move, it does! This is the start of the process of categorizing the world and one of the most fundamental boundaries is between Self and Other. To a baby the division is still very vague; his mother's breast moves towards his mouth when he is hungry so, to him, it is as much part of him as his arm! Weaning is thus an important part of this process of mapping the boundaries of the world.

The baby is not only defining himself and his personal space but is also starting to analyse the world and form concepts. Jean Piaget showed that concepts are formed before the words that name them and that they are developed by action¹⁴. For instance, when our baby daughter Chloe discovered the concept 'INSIDE' for the first time, she did so by manipulating objects. A plastic cow she was playing with fell into a cup. She spent the next two days putting different things inside other things, rattling them around, taking them out until she had tried all the variations of this division of the world. As babies we learn categorization through manipulating objects and by pointing at them. We have found that the development of manipulation skills is governed by the Lung meridian and of pointing by the Large Intestine meridian.

Manipulation & Concepts

By manipulation we mean finely controlled movement of an object. This is usually done with hands and the development of the thumb movement is of primary importance. Until this time, the arms have been used mainly as legs for crawling. The hands can grasp an object but the wrist and elbow do not articulate smoothly and most movement is from the shoulder. Fine manipulation of objects is achieved by the thumb, wrist and elbow learning to move independently. In humans this specialised use of arm and hand is much more highly developed than in any other creature and, in the brain, the movements of the thumb and index finger are linked to the same centres as are the movements of the vocal tract for speech. This

shows that language and manipulation probably evolved together.



The hand is divided into three functional parts: the Thumb and Index finger (the METAL HAND) connect to the scaphoid bone and to the radius, the fourth and fifth fingers (THE FIRE HAND) connect to the lunate bone and to the ulna, the middle finger connects to the capitate bone which acts as a central pivot for rotation of the hand. In humans and many other mammals, e.g. rodents, bats and monkeys, the Metal Hand and the radius are more active within fine movements; the Fire Hand and the ulna more related to larger, proximally initiated movements.

The development of these progressively finer movements follows the Lung and Large Intestine meridians. As each joint becomes more independent, points on the meridians gain tone. The Lung meridian traces the development of flexion of the Metal Hand and supination. The Large intestine meridian traces the development of pronation and extension of the hand. For instance, LU5 acts as a focus for the differential outward rotation of the humerus, LU8 for supination of radius, LU 9-11 for fine thumb movements.

Pointing & Naming

Another important movement in this theme is pointing. Most mammals point with their noses. Primates, including man, point with their index finger. Pointing is another act of defining the world and babies around 10-12 months start to point at objects and say 'DA!'. This action is often but not always a prelude to moving towards the object. It is very tempting to believe that this pointing and sounding is the first step towards Naming objects. One thing that is certain is that they only point at objects that are not part of them. Things in their space they grasp. So pointing is clearly defining a boundary and is saying 'That!' rather than 'This'. The evolutionary development of pointing connects the nose to the index finger as does the Large Intestine meridian and this clarifies the Large Intestine's function of excretion. In holistic terms this energy defines that which is Outside the organism and Foreign to it. Healthy organisms do not hold on to unassimilated outer energy but push it outside.

Expression & Defence

This Metal phase defines the world and packages it into namable concepts. At this time the baby suddenly seems to “become a little person”. They become more defined as themselves which means that their characteristic energy can manifest in ways of moving, reacting and sounding. They have started to clearly express themselves.

Another manifestation of this process of developing boundaries is the birth of the ability to say NO! Babies in this phase start to push things away, decisively turning their head away from food. It is tempting to also link this with the maturation of the immune system and the growth of teeth, both of which peak within this time and both of which are clearly part of the same energetic process of defining the difference between inner and outer.

We can see that both expression and defence (related to Ying Qi and Wei Qi) are aspects of the same direction of energy, an outward movement which fills the personal boundary, clarifies self and other, prevents invasion and expresses self to the world. The Metal Meridians trace the manifestation of this energy direction in movement.

The next two themes will be explored in detail in the next article of this series but we include summaries for completeness:

5. FIRE : EXPLORING RELATIONSHIP

In this theme, which starts at about 12-18 months, the child is developing language. Language is different from naming, which many creatures other than man do and we have evolved extraordinarily subtle movement of the tongue, pharynx and larynx to give full expressive power to language. The driving force behind this evolution was the refinement of relationship and the birth of self-awareness. Relationship is explored by the child quite early but self-awareness is slow in coming. Until age three or so, the child will usually talk about themselves as ‘Me’ rather than ‘I’. Grammatically they are still seeing themselves as an object rather than a subject. This theme explores the development of a sense of ‘I’ and ‘You’ as independent subjective entities; conflict, communication and play are all part of this process.

6. WOOD: MODULATING IMPULSES

This theme is more related to Liver Yin than Liver Yang. Liver Yang aids the upward movement of Yuan Qi on its way to manifestation as action and so is more related to development of motion through space. Liver Yin is concerned more with modulation of impulse through storage to produce smooth flow.

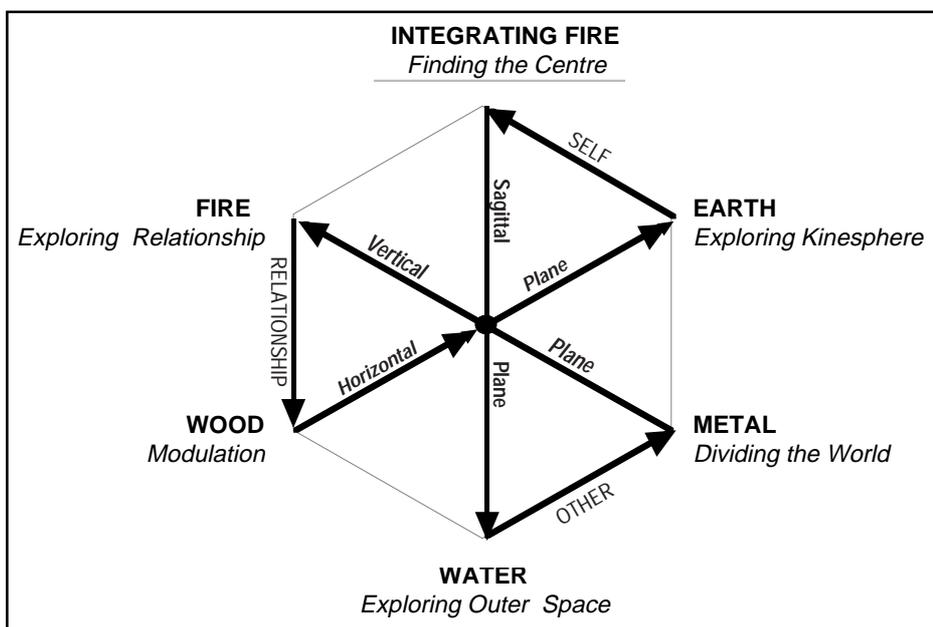
Until age three or four years, the child’s energy has been primarily developing outwards. Even the development of ‘I’ has been mainly in terms of ‘I want’, ‘I am’ etc. The baby’s body has been developing more skill at manifesting desire and impulse by simple contraction of muscle groups. About 2-3 years old the child starts to practice self-control, starting with anal and bladder sphincters and going on to develop graceful, athletic skills by using the braking action (eccentric contraction) of antagonists to modulate movements. This process continues until about age 8 and develops free and flowing movement.

THE DEVELOPMENTAL CYCLE

We have shown how Movement Development follows a thematic sequence in which the energies associated with each Zang-Fu Organ are manifested in the learning of specific skills.

If we look at the development of personality then the same sequence of energies appears, only this time manifesting in the psyche. Most of these stages derive from Freud¹⁵, Erikson¹⁶ and Piaget¹⁴ but the Wood (Liver Yin) and the Old Age Earth stages are more optimistic than Erikson and come from Oriental Tradition.

DEVELOPMENT OF PERSONALITY	
EARTH: Oral Stage (Freud) -	Develops Trust and Hope (Erikson). (0-2 yrs)
TH FIRE: Anal Stage (Freud) -	Develops Autonomy (Erikson) (2-4 yrs)
WATER: Phallic Stage (Freud) -	Develops Initiative & Creativity (Erikson) (3-7)
METAL: School Stage -	Peer groups and Defining Image (6-19)
FIRE: Adult -	Development of Ego, intimacy and care.(20-50).
WOOD (Liver Yin): Maturity -	Development of Wisdom and Awareness (50 - 65)
EARTH: Old Age -	Self Acceptance, Integrity and Death (65+):



The familiar Shen and cosmological cycles of Elements describe a progression through cyclic time such as the seasons and the rhythms of daily life and physiology. This sequence of Elements seems to describe how energy evolves in the process of development, when time is linear rather than cyclic. The development of the body also follows this sequence during embryological development.⁸ The same sequence repeats for the development of movement and then again for the development of personality. The sequence spirals in turn through the three great dimensions of human existence described in Buddhism: the Body, the Energy and the Mind.

THE NUMBER THREE

The Tao Te Ching states:

*From the Tao is born One
From One is born Two
From Two is born Three
and from Three comes all things*

We can see the meaning of this clearly from the developmental cycle. The baby is born, becomes separate from the universal. In the first two themes he inhabits his body and is integrated into One being. From his new central viewpoint he can start to distinguish between Self and Other and in the Water and Metal Themes learns to explore Outer Space. Twoness is born. Once he can distinguish Self and Other then he has to explore the relationship between them in the Fire and Wood themes. The conscious Ego is created as a mediator between the primal impulses of Self (Freud's Id) and the parental restrictions of the outer world (Freud's Superego). *Three* is the central mediator and from this centre all Things are born; meaning that from the Ego's viewpoint concepts become the outer reality.

It is surprising in how many other ways the number three appears within the developmental process. The above example of Self, Other and Ego corresponds to the lines running along the outside of the hexagon in the cycle and they describe the Taoist realization that any duality is a threesome because their relationship is a third entity.

3 BURNERS, 3 PLANES, 3 BRAINS

A different division into three dimensions is shown by the connections in the cycle crossing the centre. These correspond to the baby's ability to relate to the three planes of movement described by Rudolf Laban¹⁷. We will show how these dimensions correspond to the Three Burners⁷. In Chinese medicine the three burners are a division of energy functions into three major groups.

- **The Middle Burner (Related to Stomach and Spleen)** is related to accepting support and nourishment and processing it to make it useful to the organism. The Middle Burner's movement is inward towards centre.
- **The Lower Burner (Related to Kidney, Bladder, Liver Yang and Intestines)** is concerned with movement. Either in the form of excretion or impulse. It initiates movement upwards and forward.
- **The Upper Burner (Related to the Lung and Heart)** is concerned with the manifestation of energy in the body and in outward expression. This outward pressure is also the root of our protective function. Its movement is outward.

In terms of movement, these three groups of energy functions manifest as movements in the three anatomical planes :

- **The Horizontal Plane (Laban's Table Plane)** . This plane is the Earth. Movements parallel to this plane are rotations and movements towards this plane relate to the earth. Rotating takes our energy inwards and downwards, processing. Relating to the Earth allows its support to help us rise. Inner organs, the head and the torso are particularly involved in movements in this plane.
- **The Sagittal Plane (Laban's Wheel Plane)** Movement parallel to this plane are forward motion . Movement towards this plane focuses energy like a lens. Fight or flight happen in this plane and extensor muscles are used to reach forward and also to push us through space.
- **The Vertical Plane (Laban's Door Plane)** Movements parallel and towards this plane open the body for expression and relationship or protect it from invasion. Just as a door opens to let something through or closes. The upper body is particularly involved in these movements.

It is clear that:

- Middle Burner** manifests in **Horizontal Plane** movements
- Lower Burner** manifests in **Sagittal Plane** movements
- Upper Burner** manifests in **Vertical Plane** movements

Kiiko Matsumoto describes how tradition links the formation of the three anatomical planes in human body structure to the eight extra meridians¹. This correspondence shows that the ability to move in these planes is guided by the Organ meridians.

The Movements of The Three Brains

Another related threesome is found in the brain. Since the brain evolved progressively and grew in size and complexity as it did so, its anatomy is like an archeological site, with more recent structures overlaying older parts. There are three layers of structure which store and govern distinct types of movement.

- **The Reptilian Layer (The Medullar Oblongata and Vestibular Cerebellum):** This part of the brain governs the basic tone patterns of the muscles which support our skeletal structure in the gravitational field. **Postural Movement** is developed through the first two Themes. These movements, relating to gravity and support, are associated with the **Horizontal Plane** and **Middle Burner**.
- **The Mammalian Layer (Basal Ganglia & Spinal Cerebellum):** Is concerned with patterns of movement through space. These are called **Transfer Movements** and are related to the Water Theme. Conscious decisions to move initiated in the cortex are translated by this part of the brain into activation of muscle groups. They are associated with the **Sagittal Plane** and **Lower Burner**.
- **The Human Layer (Cerebral Cerebellum & Pyramidal System):** Is concerned with fine movements of the hands and mouth. It governs the so called **Manipulative Movements** and is related to the Metal Theme. Movements of the mouth and throat necessary for speaking are also governed by this layer. They are associated with the **Vertical Plane** and **Upper Burner**.

In the developmental cycle, the baby starts in the Horizontal Plane, exploring the Earth Theme. Finding the Centre through the Triple Heater then initiates his interest in the outer world and lays the foundation for sagittal motion. The Water theme completes this development of the Sagittal Plane movements. The Metal Theme initiates self-expression as the baby rises upright into the Vertical plane, freeing the hands for manipulation. The Fire Theme completes the development of the Vertical movements. We will explain in the next article how the Liver Yin initiates and lays the foundation for a return to the Horizontal Plane, thus completing the cycle.

CONCLUSION:

In this article we have outlined how the Chinese concepts of energy are related to child development. In the next article we will examine in detail the Fire and Wood themes and also describe how this theory is used in clinical practice.

We are attempting to understand development in terms of traditional concepts of energy and this throws light on some of the mysteries surrounding the theory of Qi. We are not trying to explain the entire tapestry of Chinese Medicine in this way. However, clinically, this theory seems to be effective in working with deep and chronic energy patterns. Usually, these express themselves in posture and behaviour.

Development is like building a tower. If you have firmly built previous floors then the next floor is stable and easy to build. If a floor is incomplete then this produces an instability in the whole structure which has to be compensated for by props and stresses. Similarly, in the human, if a stage of development is missed, a deep instability remains and many of the postural and health patterns of that person can be seen as either collapse or compensation relating to this unstable platform.

As in traditional oriental medicine, our primary aim is to treat disorder by strengthening the organism's own healing ability. We aim to do this by helping the person to complete stages of development that are not fully stabilized before helping them to release the compensatory stresses. The linkage between Chinese medicine and developmental movement therapy allows us to work with movement and postural patterns through touch on the meridians. Conversely, we can diagnose and work with meridian energy through observing a person's movements and teaching them to move in the ways specific to their problematic stage of development.

This means that this approach is not only helpful for 'normal' chronic postural and health problems but could also help people with learning difficulties caused by organic brain dysfunction. A previous article called Movement Shiatsu and Cerebral Palsy¹⁸ has described some of these applications. Also, several of our postgraduate students have started research in this field in collaboration with centres and homes for people with various learning difficulty and we hope that these projects will establish a creative dialogue between orthodox therapists and practitioners of Oriental Therapies.

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Bill Palmer is a founder and former chair of the Shiatsu Society in Great Britain. He is the course director of the School for Experiential Education.

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The Energetics of Food

Part 2 of a Series by Daverick Leggett MRSS



This series of articles is designed to help body therapists to incorporate dietary guidance into their practice.

In Part One we looked at food and eating through a wide-angled lens and considered the importance of general principles over specific dietary intervention. Now we are going to narrow the focus somewhat. In this second of four articles I will be explaining how food is described in Traditional Chinese Medicine.

The Language of Food Energetics

In the West, food is described as containing certain amounts of protein, fat, minerals, vitamins and so on. This information is obtained in a laboratory by analysing foods, separating them into their basic ingredients. The nutritional value of a food is a statement of the sum total of its chemical ingredients before they enter the body.

When we see food in this way we are subscribing to the mechanistic world view. What this view says is that if we can break down food through analysis to its fundamental constituents then we can recreate food out of its basic building blocks. In other words food is something that can be synthesized in a laboratory.

In the East, food is described as possessing certain qualities such as a warming or cooling nature, possessing certain flavours or acting on our body in a certain way. This information is obtained by observing the behaviour of the body after a food has been consumed. The nutritional value of a food is stated as a set of energetic properties which describe the actions a food has on the human body.

Whereas our western view is based on chemistry, the eastern view of nutrition more resembles alchemy, concerned not so much with ingredients but with latent energetic properties that are released in the human body through digestion. The subtle essences of food have movements and actions that have been traced and mapped in the same way as the pathways of Qi: through direct observation of experience.

The single most important category in oriental medicine is the energetic temperature of a food.

The Temperatures of Food

According to oriental medicine a food may be either Hot, Warm, Neutral, Cool or Cold. Oats, Chicken and Onions, for example, are warming; Barley, Rabbit and

Lettuce are cooling. This is not a measure of how hot or cold a food is to the taste. The temperature of a food is a measure of its effect on the body after digestion. Simply, does it warm us up or cool us down?

Cooling foods tend to direct energy inwards and downwards, cooling the upper and outer parts of the body first. Warming foods move energy upwards and outwards from the core, warming us from the inside out. Very hot foods such as Chilli Peppers heat us up intensely then cool us down through sweating. Warmer foods speed us up, cooler foods slow us down.

A knowledge of the temperatures of foods is intrinsic to all traditional cooking. A warming curry is balanced by cooling cucumber and yoghurt; hot lamb is balanced by cooling mint sauce; root vegetable soups warm us in winter, salads cool us in summer. There are no absolute rules that govern whether a food will be warming or cooling. However, the following general guidelines are fairly reliable:

- Plants which take longer to grow (root vegetables, ginger) tend to be warmer than fast-growing foods (lettuce, courgette).
- Foods with high water content tend to be more cooling (melon, cucumber, marrow).
- Dried foods tend to be more warming than their fresh counterparts.
- Chemically fertilised foods which are forced to grow quickly tend to be cooler than their naturally grown counterparts.
- Some chemicals added to foods may produce Heat reactions.

The temperature of food will also be influenced by the cooking or preparation method. The effects of the various methods are as follows:

- | | |
|--------------|-----------------|
| • Raw | Cooling |
| • Steamed | Cooling/Neutral |
| • Boiled | Neutral |
| • Stewed | Warming |
| • Stir-fried | Warming |
| • Baked | More Warming |
| • Deep-fried | Heating |
| • Roasted | More Heating |
| • Grilled | More Heating |
| • Barbecued | Most Heating |

Longer and slower methods will also produce more warming effects than quicker methods i.e. a stew will be more warming if it is cooked slowly than if it is cooked quickly. Microwaved food, incidentally, does not alter the energetic temperature of a food as no external heat is added. Recent research has also revealed that microwaved food suffers severe molecular damage and when eaten causes abnormal changes in human blood and immune systems(1). My own observation is that regular microwave users almost invariably show signs of Blood Deficiency.

Knowing the temperatures of foods helps us to balance the overall effect of a meal to suit our body's needs. Those with cold constitutions or conditions need to eat more warming diets and vice-versa.

The Flavours of Food

The flavour describes an essential quality inherent in a food. It describes a potential which is liberated by the alchemy of cooking and digestion. Each flavour arises from one elemental power and is said to enter a particular Organ. There are five main flavours(2):

The **SALTY** flavour belongs to the Water element and enters the Kidney

The **SOUR** flavour belongs to the Wood element and enters the Liver

The **BITTER** flavour belongs to the Fire element and enters the Heart

The **SWEET** flavour belongs to the Earth element and enters the Spleen

The **PUNGENT** flavour belongs to the Metal element and enters the Lung(3)

People often ask "If I crave a certain food does that mean it's good for me?" The answer is yes, and no. When we are out of balance we develop a craving to correct that imbalance. So the Spleen, for example, craves sweetness when it is in trouble. This craving is accurate in the sense that it tells us that our Spleen is out of balance and the craving is a message that stimulates us to rebalance ourselves. The sweet flavour helps strengthen our Spleen.

However, partly due to the availability within our culture of highly saturated foods (with fat, sugar, salt etc.) we quickly give ourselves such a huge dose of the remedial flavour that we overwhelm the Organ and create the opposite effect.

Whereas a moderate quantity of one flavour benefits its related Organ, too much of that flavour will overwhelm and damage it. A little salt, for example, benefits the Kidney but too much will inhibit its action. The flavour of a food can be said to carry the action of a food to a particular Organ.

The flavour also tells us about a food's action:

The Salty Flavour

The salty flavour moves inward and downward, drawing the action of a food towards the centre and root of the body. The salty flavour moistens, softens and detoxifies, counteracting the hardening of muscles and glands. It regulates the moisture balance in the body, stimulates

digestive function and improves concentration.

The salty flavour helps drain excess moisture as well as re-moistening the body in conditions of dehydration. A little saltiness supplements the quality of the Blood but in excess the salty flavour can congeal the Blood and stress the Heart.

The Sour Flavour

The sour flavour stimulates contraction and absorption. It has a 'gathering' or astringent effect. It is therefore used for all 'leaking' and 'sagging' conditions involving loss of body fluids such as sweating, diarrhoea and haemorrhage. It counteracts the effects of fatty foods, prevents stagnation and benefits digestive absorption. The sour flavour specifically stimulates secretions from the gall-bladder and pancreas and despite the acid nature of most sour food the effect is actually to lower the acidity of the intestines.

Sour foods are blood activators and stagnation eliminators. They are generally cleansing and detoxifying, helping to tone our system but in excess may cause over-contraction and over-retention of moisture.

The Bitter Flavour

The bitter flavour "drains and dries" as it travels downwards through the body. It will improve appetite, stimulate digestion and draw out Dampness and Heat. It is used to reduce Excess conditions and is therefore to be reduced in conditions of Cold and/or Deficiency. The bitter flavour acts mostly on the heart but also benefits the upper respiratory tract.

In excess the bitter flavour can deplete Qi and moisture.

The Sweet Flavour

The Sweet flavour is by far the most common and all foods contain a measure of sweetness. The sweet flavour harmonises all other flavours and forms the centre of our diet, mildly stimulating the circulation and nourishing us.

The sweet flavour may be divided into 'Full Sweet' and 'Empty Sweet'. Full Sweet includes most meat, legumes, nuts, dairy and starchy vegetables and is considered tonifying and strengthening. Empty Sweet includes most fruits and sweeteners and is considered more cleansing and cooling. The full sweet flavour is used to treat Deficiency. Sweet foods are also moistening and will benefit Dryness.

In excess the sweet flavour leads to the formation of Phlegm and often Heat. Refined sugar will weaken the Blood and any excess of sweetness should be avoided in Damp conditions.

The Pungent Flavour

The pungent flavour disperses stagnation and promotes the circulation of energy and blood. It stimulates digestion and helps break through Mucus.

Care must be taken when choosing the temperature of pungent foods. Many hot pungents are so extreme that they eventually cool the body via sweating. Warm pungents

produce longer lasting warming effects and will benefit Cold conditions. Cool pungents can be used when Heat is present.

As Damp and Stagnant conditions frequently involve underlying Deficiency, the use of pungents often needs to be supported by a tonifying diet. In excess the pungent flavour will over-stimulate and exhaust Qi and Blood.

A balanced diet includes the use of all flavours, with the sweet flavour occupying a central position. We can increase or decrease our intake of a particular flavour according to our needs.

The Routes and Actions of Foods

The flavour ascribes a food to a particular element. A food is also said to enter particular meridian pathways, directing its effect towards particular Organs. Almonds, for example, enter the Lung meridian and Walnuts enter the Kidney.

Some foods also have a specific therapeutic action. A food may either tonify a particular bodily substance or function (Yin, Yang, Qi, Blood) or it may reduce the influence of a pathological condition (Qi Stagnation, Blood Stagnation, Dampness, Heat or Cold). Almonds, for example, counteract Phlegm, Walnuts tonify Yang.

When we combine the meridian route with the therapeutic action of foods we get a specific description of its therapeutic effect. In the above examples we find that Almonds remove Phlegm from the Lung and Walnuts tonify the Yang of the Kidney. This knowledge helps us choose foods to include in our diet which are tailor-made for our personal energetic needs.

In this article we have explored the language of food energetics. In the third part of this series we will explore how to put this knowledge into practice and look at some examples. For all body therapists using the model of Traditional Chinese Medicine such dietary information can form a powerful part of working cooperatively with our clients in their journey of healing.

NOTES

- 1) See Pediatrics vol 89 no.4 April 1992 "Effects of Microwave Radiation on Anti-infective Factors in Human Milk" and Hans Hertel's research in Search For Health Spring 1992
- 2) Strictly speaking there are eight flavours, the extra ones being bland, astringent and oily. The bland flavour is diuretic and dries Damp, the astringent flavour tightens, decongests and slows down, the oily moistens, thickens and warms.
- 3) Naturally, this is something of a simplification. The tendencies of the flavours change according to which Organ they are effecting e.g. "The Liver has a tendency to disintegrate - pungent food dispels this tendency. One uses pungent foods to supplement the Liver, sour food to drain it. The Heart has a tendency to weaken - salty food makes the Heart pliable. One uses salty food to strengthen the Heart, sweet food to drain it." Nei Jing

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Honouring Cancer through Shiatsu Touch

by Thea Bailey MRSS

To touch the surface is to stir the depths"¹ encapsulates for me the essence of all that we do in Shiatsu. Consider that "to stir" means to wake up, re connect with the hidden, unknown and creative potential. I have a deep trust and belief in the wonders within OURSELVES, which has led me to develop a focus of work that feels appropriate when working with Cancer. For people with Cancer, in particular, the above quote has a profound reality.

This way of working has developed over the last four years with almost 300 cancer clients, presenting with every type of cancer imaginable and associated emotional backgrounds. The majority have been seen at The Bristol Cancer Help Centre (UK.) where I work as a member of the Therapy Team.

Although having a foundation in Zen Shiatsu, over recent years Bill Palmer's work, "Six Forms of Touch" and "Movement Shiatsu", has been a key to the formation of my synthesized style. His work has helped me to trust in the present moment when working with a client, which allows me to assist and support them **without fear**. As Dr. Rosy Thomson (now Daniel) says in her book *Loving Medicine* "...it can be a great relief for the patient to just 'be' with someone who is not afraid of them".²

In working with these cancer patients I observed that several points consistently emerge. The most obvious characteristic is the inability to **let go**. This is associated with a deeply held belief that only they can do something, or they must remain in total control, no-one else will be there to support, assist, care, be good enough etc.

Perhaps it is the inability to breath well or let go of deeply covered emotions. Whatever the cause, these strongly held beliefs have overstretched the resources in their life. A great amount of energy is bound up in maintaining this habitual view of themselves and a person with serious illness has not got that energy to spare. But it cannot be released unaided. The type of analogy I would use is of a vehicle stuck in desert sands. No amount of revving the wheels can set it free, rather it becomes even more entrenched. But, if support wedges are placed by the wheels, if another force is supplied to push or pull, then little by little the vehicle can be released and is again free to proceed. Thus the therapist's role initially is that of facilitator at that stuck point, to safely assist someone out of that place, and a key to this must be a TRUSTING and sound contact from the onset to allow us to move forward.

This cannot take place within an expectation of 'cure'. Nothing can be expected, nothing can be taken for granted. Cancer seems to take a grip and remissions take place without apparent rhyme or reason. Thus the way to handle someone with such a problem must also be totally open to the moment. Rigid theory, or hard and fast rules do not ring

true. However, a willingness to allow that much is possible, is to my mind a safe place to begin from, even if one knows someone is close to their end. Touch is a powerful tool, especially for the sick body and a little work can achieve a great deal. I have consistently observed that after working with someone, their eyes are brighter, their body more relaxed, their breathing far easier and their pains much reduced. If your focus is clear, real support through guiding hands can become a key to the communication of SAFETY. When this is established, then the release of emotions, pains and tensions can be and is remarkable.

If the body is supported, the patient can access the place where they need to let go physically, this technique brings people back to the source of their wholeness, their connectedness, not just their pain. It is the way of touching that communicates this support and the development of the touch skills has grown from Bill Palmer's "Six Forms of Touch". He says that "the therapeutic relationship calls into play a range of 'energy attitudes' which are communicated in verbal and non-verbal language between client and therapist, but especially through the way in which physical touch takes place"⁴. This has led to a way of describing how the energies of the Heart, Triple Heater, Spleen, Kidney, Liver and Lung can be directly transmitted through the way we touch. His Movement Shiatsu accesses developmental lessons through contacting the appropriate meridian. For instance, the development of the feeling that you are supported, particularly by your internal organs and have a connection to the earth, that you are grounded, is stimulated by the Stomach and Spleen meridians. What follows is an explanation of how I have incorporated his ideas into my work with Cancer Patients.

The Heart Touch attitude is of equality and respect. Receiving and giving are part of the same cycle. Within this attitude one can achieve a deep and intimate contact very quickly. With many terminally ill people, time is of the essence. This is profound contact and communication must be totally sincere. I need to be totally present with them and follow every nuance of their need, rising fears, tears (lips always change tension and colour prior to them) panic or movement. This is the place of LOVE. It is from this that all else flows and is possible. If I am open myself, then the client most usually will come to mirror it, and thus we begin to uncover very quickly what is essential and the core of what requires attention. Again in "Loving Medicine" it is expressed very clearly "...how when someone is confronted by life threatening disease intense emotions are brought to the surface and priorities become very different. When there may be nothing left to lose people become much braver and more able to make changes."

The ability to value and appreciate the whole person, both the well and the ill, reaches into their very essence and

defines the attitude of Integrating Touch, associated with the **Triple Heater function**. To acknowledge that much of their body is still fine is to honour them, and often it is this which has been neglected, and caused so much distress, in more traditional situations of their medical treatment. They are returned to the place of **WHOLENESS**. I am trying to ensure that my clients can feel again: "I am a whole person." This means respecting the person's individual journey and appreciating the beauty of their characteristic way of being in the world without allowing comparisons into the room. We are not just concerned with the disease, but all else that flows around and with it. If hidden emotions are going to be nurtured and respected or held as they come to the surface, like the tears of a middle aged man who hadn't cried since childhood, and just asked me to hold him, then this touch attitude has got to be firm and sure.

It is vital that both the client and I begin from the point of accepting just how things are. Allowing truth, we will create a context in which every aspect of their state, however dark, to come to light, so that then we can move forward. I am not trying to move ahead of them, imagining what Shiatsu might do for them in the future, before we both acknowledge and value what is going on now. This is the attitude of Spleen Touch, focusing on the person as they present - and in the present. This is a powerful and humbling place when meeting someone who knows they are likely to be close to their end. There are no 'ifs', 'buts', 'shoulds', 'oughts' or 'musts' and no space for what might have been.

This leads to a place of freedom. The process of the sickness and the effect it has on the person's life can be acknowledged. It also facilitates the internalising of needs and the acceptance of impulses. From this a new intention arises, and energy can start to move, releasing so much held for so long. In honouring those presented tendencies and valuing, appreciating them, I gain a space in which the person can experience the nature of spontaneous change. **This is Kidney touch** in action. For a long time a person has survived and coped in a certain way, the hard part was that the body had reached its limits with that system. Spontaneity had ceased and change was over due. One might say that disease was one way the body found to move from this stuck place. So often clients with cancer comment that the disease has in fact been a starting point of really seeing that life wasn't working for them in one way or another. That it has been the best thing to happen for them to learn to rest, sit down, trust others, feel emotions and so on. Often their anger and vital creative energies have been in check for a long time. Suddenly this disease helps them to confront and explore what was previously difficult to face. From the Jungian point of view, the shadow has begun to emerge, to be faced. So **BEING** who they are is totally O.K. and some of the **DOING** can cease.

A person with serious illness is often full of internal conflict, wanting to avoid pain yet wanting to be touched there. Enabling the free flow of energy in the body one has to recognise these internal struggles and help them to find a way towards resolution. It is helpful to check out where a person feels afraid of being touched, or if there are issues

in the therapy about which they are anxious and want to avoid. Once I have worked all other areas and changes have been met, felt, relaxation experienced, and pains much reduced, a sense of calm pervades, then I can go to that site of vulnerability and show them a careful and gentle way to access this pain. Even if it is clear that these areas are too painful to access directly, Shiatsu provides an indirect way of making contact via the bilateral meridian pathways. People are amazed that this actually works so powerfully. This aspect of the work is related to Liver Touch.

If you are sick, your boundaries demand respect because they are often fragile and often invaded. I wish to encourage a person to allow their defences to come to the fore, and to show the possibility of change coming through. The key to this is to work with the breathing. This creates an opening towards release. The therapist and client meet the defences surrounding the pain and stuck emotions and stay with them, watching for the point when they start to dissolve. This attitude of meeting someone in their defences without trying to go past the boundary is **Lung Touch**. "Harmonious, rhythmic breathing exhales stale air and disperses pure Qi about the organism, so the thorax is called the 'reservoir of Qi'. ...If the Lungs work properly, all energies in the body will be in good order"³.

A good example of this was shown by a woman who was very sick. She had been a singer, but now had a totally collapsed lung and plural adhesions. She was on morphine for the pain and had almost no movement in the muscles of her left side in the thoracic rib cage. She was very thin and could hardly stand or breath. What I did was to teach her again how to find a much deeper breathing capacity, slower without the panic and too how to **let go of the out breath**. At first, she couldn't feel the air moving into her nostrils. So by placing my little finger on LI 20 she began to find a focus and little by little she learnt to sense the air of an inspiration and follow it to the air passage and to the top of the lung. The idea of breathing out as if blowing through a straw was helpful to her. My 'Mother Hand' was constantly on her chest covering CV 17 for comfort and support. That was important as she felt the sensation of the rise of the chest and its release when letting go of a breath.

The time we took to work on this was pertinent to all else which followed, as she gained confidence because she could sense how to breath again. Her energy changed and the pains subsided. She said that nobody had helped her like this before and she found remarkable benefit; it became her key to dealing with life. She could let energy go that had been held locked by inhibiting the breathing. The flow of energies to the rest of her body gave her a sense of strength and weight, groundedness, so her legs when she stood up felt at last that they could support her. Once this had taken place, she could accept her condition with some equanimity and the calm allowed her for the first time in months, space to digest what was going on. She regained her sense of integrity and dignity.

Whether I see clients at my Clinic or at The Cancer Help Centre, I use the same session format. I ask them about their pains and vulnerability, soreness or difficulty

in moving. I talk about how my work focuses on encouraging the natural healing abilities in the body. I explain that what we will do together is simple, they don't have to be able to do anything. I also allow them space to ask me anything if they need to, or mention any fears so that we are open and clear with each other. Then I allow them to decide exactly how they need to be. They can sit in a chair, on the floor, lie on their side, front, back have all the pillows they need etc. I believe that in their choosing, already they are being powerful and in control of what is going on. So often in hospitals they haven't felt this. For people for whom it doesn't matter then I will assist them, but find out how they most often are when resting or about to go to sleep, I take this as my guide. People are often concerned that they will cough through out, or will need to move constantly, or that their pains will not allow me to do anything. It is important to give space to these anxieties as well.

They soon discover that they do not cough throughout, that we can reduce the pillows, that I can work with their uncooperative sick body, that being guided and assisted through touch, movements become possible. It's a great relief to them that something is easier than they imagined. The focus on the palm touch and holding or gentle rocking combined with work on breathing contributes to the state of peace. The therapist's hands need to be relaxed so that they can mould around the area or meridian of contact. Any stiffness is a jar and their pains are already jarring enough! If we create this space of ease, then deep emotions which haven't necessarily had much time for expression can find release.

Once a person feels safe, I focus on bringing awareness to areas where energy isn't flowing and finding a way to assist them to gain access to this difficulty, to find their own way to create change. Even if the change is small, to them it can feel enormous. As with any shiatsu work no two clients or sessions are the same, and which meridians one works on or for how long one holds is only defined in any one moment. However, I do find that the Heart, Heart Governor and Triple Heater meridians play a vital role.

Major joints of the body are often in tension. Teaching the muscles around this area that they can relax helps the person to use the ground as a support to their weight, connecting to the Stomach and Spleen meridians. A helpful technique from Movement Shiatsu is to place a hand under the tensed region and to suggest that they imagine the weight resting on the hand. Once they have sensed the release, then they can trust the sensation and allow themselves to meet the chair or floor and to receive from these the support they crave. The image of a rag doll is useful, as it is an easy concept for most people to imagine. This becomes an important educative process for them, it is amazing how many sick people cannot even trust a chair to support them, so they are not letting go of their body weight, the muscles are in control and much energy is being used which otherwise could be utilized by the body for healing and rest.

One of the most important areas is the use of breathing and sound to release the out breath, so they actually feel it.

Reminding someone how they used to flop into a chair and SIGH at the end of a busy tiring day, gives enough guide. At first this can feel very difficult and odd to a person, many just think they are making a sound without using their voice or moving their lips. So I do it with them and even the tiniest breath of a sound or movement around the jaw or lips I comment upon as being good. The feedback is essential, finally something in their lives is right and correct and improvements will follow in their own time. They are in a place of discovery and, when very sick, the body needs every piece of information that feels positive if it is going to work towards change. I also work to assist them to guide the idea of the out breath going to the site of great pain or tension to release it, rather than holding it constrained, and this gives the person another method of expressing their power and creativity in the situation.

For people who have decided they are just preparing for death, and many are in this space, then respect for this is paramount. One young man with tiny children, came to see me when his liver cancer was already well advanced. He was simply grateful for someone else in life to give him support, without him having to do, allowing his body ease from the pain for a while. But clearly, he wasn't choosing to get involved in any form of change process, either with orthodox or complementary interventions.

When I have concluded a session I always find something that will enable the person to recognize they have achieved something. For instance, to point out that they didn't cough at all, the pain is subsiding, shoulders feel lighter, they have contact with the ground, their breathing. Also, if we can find some small thing which they can continue to do for themselves, or with the help of a partner such as one hand being placed between the shoulder blades, or one hand on the chest as they work with breathing. Small exercises to increase mobility, hands, wrists, feet, ankles are important and of course give access to major meridian pathways.

The long-term follow-up of clients is difficult and mixed. Many I may never know about, some give follow-ups themselves, others die. Then there are those whose scar tissue has healed far better than their doctors would have imagined, they are fit and healthy and leading happy normal lives. My work isn't about saying this is a success or this isn't. It is about assisting someone through stress and pain and supporting their body and emotions and their own healing potential, to find a way for it to be utilized more richly by the body. It is not for any of us to believe we can be the vehicle for another person's long-term survival.

Clients often say they feel pampered, have never felt so relaxed in all their life, have never experienced their breathing or their sensations, or their ability to let go and cry. That they can feel the ground when they stand up, they are amazed that just through touch so much can change. They are always grateful and overjoyed, and that despite the sickness, operations or drugs they again feel in touch with themselves and can face themselves and the future journey more openly.

There has been a debate in the past about whether Shiatsu is contra-indicated in cases of cancer because the

movement, pressure and increased circulation might increase the likelihood of secondary tumours developing. I would say that the amount of movement I initiate is less than ordinary movements of living and working, or the exercise routines many people have set themselves. One thing has been discovered clearly about cancer, and that is that oxygen in the body is vital. Cancer cells, one could say, don't like oxygen. The Cancer Help Centre itself does much work on breathing exercises, so my work is only supportive of this. If I am helping the body to become free and the meridian energies to move more harmoniously, then this surely is going to enhance someone's work towards overcoming this disease. Also, there are, in fact, no direct texts to say it is contra-indicated. However, extra care must be taken and, if in doubt, do not proceed. Listen to your inner wisdom. For those who present with severe oedemas, then any form of massage is helpful.

When working with people in their bed, who badly want some help to ease stiffness and pain, then the wise use of palming down the back and holding the neck draws energies away from stagnation and headaches and gives relief. Holding KID1, HG8 or LU 11 have been simple and helpful. None of us knows how long our journey with life is, we should therefore respect and honour and give a fellow human being all the love and support and guidance that we too might seek at such a time.

In conclusion, Shiatsu connects emotional distress to imbalance in meridian pathways. It connects left and right sides through the bilateral symmetry of the meridians. So one has access to the whole without a necessity to work the

whole body. If these two aspects are put together then I feel that not only can the physical but the emotional be confronted together, challenged and faced. Honesty and trusting what I see is very powerful. If we are direct, yet warm and compassionate, I have found people are delighted that finally they don't have to hold on to the mask or stressfully pretend any more. It can begin a step towards change and that releases much positive vital free flowing energy.

As a postscript, I add that, it wasn't until March 1995 while working with a lovely woman of 51 with breast cancer that it dawned on me for the first time that now I have honoured my mother who died at this age, also of cancer, and acknowledged her pains and courage. I've found a way to truly meet someone in the space and place they are in, without seeking to control the changing of that place and journey.

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Thea Bailey is a member of the Core Group of the *Shiatsu Society* and practices in Bristol. She may be contacted at *Bristol Cancer Help Centre* 0117 973 0500

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Cranio-Sacral Therapy

ACCESSING THE CORE by Thomas Attlee DO, MRO, MIRCST

Cranio-Sacral Therapy is an exceptionally gentle form of treatment which penetrates to the very core of a person's being, and consequently releases and unravels the many traumas and tensions which have accumulated throughout both our recent and distant past. It releases them at the deepest most central level, so that health and wellbeing can emanate from that central core to pervade our whole physical, mental and spiritual nature. In doing so, it also releases disease conditions of all kinds, and eliminates the many symptoms - which are of course mere indicators of the underlying imbalance within.

Free flow of healing energy or Chi:

Cranio-Sacral Therapy operates by gently releasing and balancing the membranes, bones, fluids and fascia throughout the body which together make up the Cranio-Sacral System. Treatment involves the practitioner placing his or her hands very lightly on the body

- tuning in to the subtle, rhythmic motion of the Cranio-Sacral system, as it expands and contracts throughout the body

- identifying areas of tension, restriction or distortion to this symmetrical Cranio-Sacral motion

- and following the subtle internal pulls and twists manifested by the Cranio-Sacral System

- until points of resistance are encountered and released.

This process releases the stresses, strains, tensions and blockages, which have been caused by injuries, infections, traumas or any other kind of dis-ease. Release of these blockages enables the free flow of healing energy, of chi, of life force - as well as arterial blood and nerve supply - and so enables the restoration of normal function to the affected part of the body.

The Cranio-Sacral System:

The Cranio-Sacral System consists of the Membranes (or meninges) which surround the central nervous system (the brain and spinal cord), the Bones of the cranium and sacrum which attach to these membranes, the Fascia which radiates out from the membranes to all parts of the body enveloping every nerve and nerve pathway, and the Cerebro-Spinal Fluid. Cerebro-Spinal Fluid is a vital and potent fluid which is produced within the ventricles of the brain, and transmitted from its reservoirs within and around the central nervous system, along neurological pathways, to every structure throughout the body, carrying a potent healing energy.

All of these structures which comprise the Cranio-Sacral System pulsate in a symmetrical balanced rhythmic motion (the Cranial Rhythm) reflected out to all parts of the body as a tide-like expansion and contraction, somewhat similar to breathing, but more subtle, and at a more even rate of between four and fourteen cycles per minute.

The Breath of Life:

Cerebro-Spinal Fluid (CSF) is one of the fundamental components of the Cranio-Sacral System. William Sutherland who first developed the concepts underlying Cranio-Sacral Therapy described Cerebro-Spinal Fluid in glowing terms as the highest known element and drew parallels between CSF, prana, and chi. He suggested that the CSF carries with it a healing potency - the Breath of Life - essential to healing and to the maintenance of healthy function in every part of our system.

He described the Cranio-Sacral System as the Primary Respiratory Mechanism - more primary even than the respiratory system or the cardiovascular system - with the implication that it is the most fundamental and primary of all the body's systems, the origin of life, around which all other systems develop.

The free flow of fluid to every tissue in the body is essential to the health and proper function of all body tissues. Blockage or restriction of fluid pathways will result in dysfunction and disease; release of restrictions will result in the restoration of healthy function. Blockage may arise as a result of physical injury, infection, inflammation, structural imbalance, muscular strain, emotional tension, or any kind of dis-ease.

The Perfect Body:

In a "perfect" body the Cranio-Sacral System will pulsate with a perfect balanced symmetrical motion. However, the Cranio-Sacral System reflects every aberration within the body. Every injury, illness, tension or disease leaves its mark on the body; and all of these are reflected into the Cranio-Sacral System and can be felt as asymmetries, imbalances or restrictions to the balanced symmetrical motion of the Cranio-Sacral System. The Cranio-Sacral Therapist can therefore identify all these disturbances and trace them to their source.

Furthermore, this is a two-way process. Just as disturbances throughout the body reflect into the Cranio-Sacral System, so disturbances in the Cranio-Sacral System will reflect outwards. The Cranio-Sacral System is the central core of a person's being, the control centre from which all other systems are regulated. The state of the Cranio-Sacral System is therefore fundamental to the wellbeing of the person as a whole. Aberrations within the Cranio-Sacral System will reflect out to induce or maintain dysfunctions in the organs and tissues of the body, whereas restoration of normal balanced symmetrical motion within the Cranio-Sacral System will ensure that this balanced healthy state will be reflected out to all the other systems and structures throughout the body, enabling and encouraging healthy function.

The essence of Cranio-Sacral Therapy is therefore to restore balanced, symmetrical motion to the Cranio-Sacral System, with the inevitable consequence of balanced healthy function in all other parts and systems of the body.

Fine tuning:

If a car engine is not properly tuned, then the car will not run smoothly or efficiently, and furthermore it will gradually deteriorate, become clogged up and worn out, and eventually break down.

If the Cranio-Sacral System is not properly balanced, then the person as a whole will not function smoothly or efficiently - on all levels, physical, mental, emotional and spiritual - and furthermore the system will gradually deteriorate, become clogged up and worn out, eventually leading to pathology.

Balancing the Cranio-Sacral System can eliminate disease, dysfunction and pathology. Regular balancing and fine tuning can maintain health and a more fluent, calm and efficient function on all levels - physical health, mental clarity, emotional stability, spiritual focus.

Parallels with motor cars may be mundane (but nevertheless useful). Parallels between Cranio-Sacral Therapy and Shiatsu are perhaps more significant. There are various areas in which Cranio-Sacral Therapy and Shiatsu overlap - above all in the establishment of a free flow of energy as a basis for healthy function. The concepts, the structures, the models and the techniques do of course differ in many respects, but particularly at the deeper or higher levels of application, close parallels are evident.

Accessing the Core:

Ray Ridolfi, principal of the British School of Shiatsu has suggested that Cranio-Sacral Therapy provides a foundation for accessing a different level of being (from that accessed by Shiatsu). By utilising a different form of touch, and working with a different intention through Cranio-Sacral Therapy, the practitioner will activate different responses from the system, and contact a different level from that contacted through Shiatsu, perhaps enabling the release of different blockages. Ray also suggests that Cranio-Sacral work enhances the ability to contact and work with the Central Channel, transcending the more superficial levels of meridian work, penetrating directly to the central core of the system (the control centre), and releasing dis-ease directly at its source - rather than working more gradually from the superficial symptomatic levels.

Working in from the superficial levels, one may uncover layer upon layer, only to discover deeper layers within, or to find those superficial layers re-instated by the underlying root causes; also one will commonly find that repeated treatments simply encounter the same patterns again and again without any real change at a deeper level. By penetrating to the very core of the system it becomes possible to bring about a more complete and profound transformation, in which a warm glow of Cranio-Sacral energy spreads from the roots outwards, to dissolve away the myriad layers of disease, dysfunction and restriction, which have been imposed upon our physical and mental being by a lifetime (or perhaps many lifetimes) of life experience.

Working with these deeper levels at the very core of the system enables us to contact and release deeply imprinted physical and emotional patterns imposed on us by past traumas, long standing injuries, childhood patterns of behaviour, birth trauma, conception trauma, and beyond.

Unwinding Meridians:

Cranio-Sacral processes can also be specifically applied within the framework of Oriental principles. The fundamental concept of Unwinding is a central component of every Cranio-Sacral treatment - unwinding, unravelling and disentangling the complex patterns of tension and trauma which have accumulated in a tangled mass within the body. This process can be applied to the unwinding of a Meridian, taking up contact on a specific point along the Meridian, and projecting energetically along the Meridian, identifying areas of blockage, weakness or restriction - but with the specific Cranio-Sacral intention of unwinding those blockages and restrictions along the pathway of the Meridian. The intention is of course the primary determinant in establishing the nature of the response, and the level that is contacted.

Cranio-Sacral Therapy, like most comprehensive natural therapies, has a very broad scope of application, responding to the needs of the individual and finding the appropriate level of treatment for each situation. It has the potential to relieve chronic consolidated physical conditions, to release long-standing emotional patterns, or to enhance the process of spiritual development. But it is also very valuable in the day to day treatment of many every day aches and pains and minor health problems.

Birth Trauma:

Cranio-Sacral Therapy has gained a particular reputation for its role in the treatment of Birth Trauma - in which the bones of the cranium may be compressed against each other and various other tensions and traumas which the baby has suffered during a long and difficult birth may be held into the body, causing tightness, restriction and consequent dysfunction. Many symptoms and after-effects can arise from such Birth Trauma - including dyslexia, learning difficulties, epilepsy, squint, hyperactivity, autism, behavioural disorders, and in severe cases cerebral palsy. But all of us are probably affected to some degree by minor distortions or asymmetries of the cranium during the birth process - restricting blood supply, nerve outlets or cerebro-spinal fluid flow and thereby causing persistent restrictions to full development of the brain. This in turn may affect our intelligence, our memory, our intellectual capabilities, our temperament and our personality in many and varied ways, all of which can be ironed out by the gentle process of Cranio-Sacral Therapy at an early age, in order to ensure that we attain our maximum potential.

Cranio-Sacral Therapy is also renowned for its effective treatment of babies and children and the many common childhood conditions such as colic, ear infections, poor sleep, poor feeding and excessive crying - many of which may be the result of Birth Trauma. Babies particularly appreciate its gentleness and soft contacts, and will often settle into sleep during treatment, or smile and gurgle contentedly in response to the warm feeling of energy flow deep inside.

Meningitis:

Cranio-Sacral Therapy also has a special role to play in treating the long-term effects of Meningitis which often

leaves debilitating symptoms of persistent headache, neck pain, visual disturbances and intellectual impairment affecting concentration, memory and clarity of thinking. These effects arise as a result of inflammation and scarring of the meninges - the very same membranes that surround the central nervous system and which are directly treated with Cranio-Sacral Therapy.

Integration of body, mind and spirit:

Cranio-Sacral Therapy also has broader applications for the treatment of all ages and all conditions. Because it is treating the person as a whole, it inevitably treats the whole range of disease, from back pain, joint sprains, acute neck pain, tonsillitis and other infectious illnesses, to long standing whiplash injuries, RSI, migraine, ME, digestive disorders, PMT or any chronic debilitating condition. It is also profoundly effective in dealing with the deeper emotional components of disease, and in the preservation and maintenance of a balanced and healthy state of body and mind.

Ultimately it is a process of integration of body, mind and spirit, in order to create a sense of balance and well being within the individual.

Cranio-Sacral Therapy and Shiatsu:

There is an growing appreciation of the interaction between Shiatsu and Cranio-Sacral Therapy. Many Shiatsu practitioners attend the cranial courses at the College of Cranio-Sacral Therapy (where three of the college tutors are Shiatsu practitioners). The British School of Shiatsu incorporates certain cranial concepts into its course and recommends further studies through the College of Cranio-Sacral Therapy. The International Shiatsu School in Belgium instigated and organises the CCST courses in Belgium. The IMC in Switzerland has recently instigated Cranio-Sacral Therapy courses into their programme, and other Shiatsu institutions around the world are increasingly incorporating cranial work into their programmes. This interaction is a positive indication for the development of a more profound understanding of the deeper processes of health and healing.

Thomas Attlee is Principal of the College of Cranio-Sacral Therapy, and is also a Registered Osteopath. He runs a multi-disciplinary clinic in Primrose Hill, London, NW1, with a particular orientation around Cranio-Sacral Therapy, and runs comprehensive courses in Cranio-Sacral Therapy in the UK and abroad. Further information can be obtained from: The College of Cranio-Sacral Therapy (see display ad on this page)

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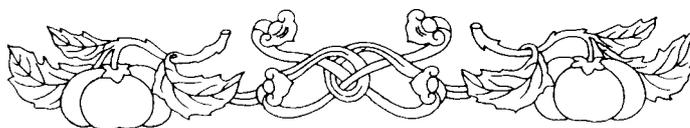
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Stammering: A T'ai Chi Perspective

by *Martin Duckworth & Richard Farmer*

After working for many years with adults who stammer the first author has come to recognise the astonishing variability of behaviour encompassed by the term 'stammering'. For one person it might be used to describe behaviour which is all but invisible to any but the most attentive observer. For another it is used to describe speech which has major and lengthy disruptions to its flow. Even in a single individual there is a great deal of variability. One moment there may be perfectly 'normal' speech while the next there may be a flurry of disruptions to fluency. The physical behaviour of stammering may vary greatly but there is much more agreement about the feelings which people who stammer have about themselves. In this article we will suggest that the core of stammering has to do more with how people feel about themselves than with their speech behaviours.

How people feel about themselves affects the way in which they direct themselves. The practice of T'ai Chi is used to reflect on the relationship between feelings, intentions and behaviour in speakers who stammer. One of the principles underlying T'ai Chi will be used to explore therapy programmes and, in particular, why 'fluency' can be so surprisingly easy to attain in the short term but so very difficult to maintain.

Stammering is common enough for most people to have heard about it and for many people to have some sort of idea about stammering or about people who stammer. Over the years many theories have been presented to explain the phenomenon. Perhaps even more suggestions about how to stop it have been proposed. The history of the treatment of stammering is littered with 'cures' which range from the bizarre to the barbaric. Many if not most of these 'cures' have to do with stopping the stammering behaviour. Observations are made about the way the speakers talk and a programme of re-education in speaking is used to make speaking 'easier'. More recently, therapies based on a broader range of psychological theories have been introduced. In general the aim behind a number of these is to encourage the speaker to perceive him/herself as a fluent speaker. There are variants on this most of which attempt to improve the speaker's attitude towards speech. Despite the apparently different starting points the primary goal within most therapy is usually to reduce or remove the stammered speech.

Intuitively this goal appears to be highly appropriate though in a world where individual differences are being given more respect than hitherto it might be viewed as rather limited. It is limited because these therapies aim to tackle the problem of stammered speech by attending largely to speech and to feelings about stammered speech. Why might this be an unsatisfactory approach and what has T'ai Chi to do with it anyway?

Therapies which focus on speech as the 'problem' will tend to perpetuate myths about stammering which fuel the behaviour in the first place. If stammers have to be removed - by suppressing stammering, re-evaluating fluent speech or developing a more positive attitude towards speech - then the speaker is left free to perceive stammering as the 'wrong' behaviour. Therefore there is a 'right' behaviour in the shape of fluent speech. This is exactly what many people who stammer already believe and attempt to put into practice. In other words the stammering speaker already puts much effort into trying not to stammer. Various strategies may be used in trying not to stammer. The speaker may attempt to conceal it by careful choice of words, avoiding those which are believed to be a 'problem'. The fact that they may be spoken on some occasions with no difficulty or that the alternative words may become as much of a problem as the original 'problem' words is invariably overlooked. The speaker may feel unable to conceal stammering by such means. Instead, speakers may, for example, take repeated runs at a word or may attempt to force it out possibly with a range of accompanying grimaces and body movements. All of these behaviours naturally make any breaks in the speech particularly noticeable. Paradoxically then, the attempt to attain fluent speech creates more stammering behaviour.

To the extent that therapy may change a person's speech and, as a result, that person becomes more positive about him/herself something valuable is achieved. If the teaching goes no further than modifying the speech or if positive self esteem can be maintained only if speech changes are maintained then the client may end up in a position no better and possibly even worse than before therapy began. So often, as both published research and personal observations have revealed, gains in fluency are temporary. The breakdown may take hours, days, weeks or even years to occur. In very many cases however it does occur. When this happens the clients have not only a confirmation that fluency was indeed a highly desirable goal, they may also have come to see themselves in a negative light because of their inability to maintain what they had achieved. The suggestion we would like to make here is that the failure to maintain the 'gains' of this type of therapy is related to the intention of the therapy.

The intention of most therapy for stuttering is to promote fluency, to replace the stammered speech with fluent speech. Such an intention is invariably supported by the person who stammers. Both client and therapist share the same aim and in very many cases this is achieved, temporarily at least.

The student of T'ai Chi is also engaged with intentionally. In the beginning it may seem to the student that the intention should be to produce a flowing, graceful

set of movements known as the Chuan or form. It is puzzling to hear that there is no such thing as a perfect form, that one may experience only a brief moment when the form is good. Looking at more experienced practitioners this appears counter intuitive. They look graceful, they appear as if playing the form takes no effort, they step where one has been told they ought to be stepping, they move their weight in the 'proper' way. There appears to be no doubt then that the practice of T'ai Chi is about mastering a set of moves. In the same way the stammering speaker comes to believe that the problem of stammering has to do with gaining sufficient mastery of the act of speaking.

Interestingly the student of T'ai Chi does begin to recognise differences as the form is played. Sometimes it may feel very smooth and sometimes very wobbly. Some surprising observations may be made about what leads to a smooth and what leads to a wobbly form. Forms which work well are often those where little if any effort is expended in getting it 'right'. Where there is an attempt to follow all the suggestions made as closely as possible, the movements seem crowded out with words with an intention to get as many parts 'right' as possible and so maximize the likelihood of the form being 'right'. If the student is distracted and running momentarily on autopilot the body may indeed do a fine job. However, once the mind engages, as it invariably does, there may be a moment of panic which is sufficient to wreak havoc on the principles the student might have been intending to embody. Once the player realises what he or she 'ought' to have been doing the movements can become obscured in the attempt to do them.

Eventually, it occurs to the learner that, in the practice of T'ai Chi, the Chuan, is a wonderful vehicle but that it is only a vehicle for embodying a number of principles. The principles have a far greater significance in life than in facilitating an attractive set of movements. In the first place the principles are anchored in the physical world, in the world of being and moving. This is of particular significance to the speaker who stammers for when stammering disrupts the flow of speech the intention is often to 'do' things to restore fluency. This runs counter to the observation that when fluency is not considered important and is left to run on autopilot there are invariably far fewer fluency disruptions and, arguably, few if any fluency problems. In other words more problems occur when the intention is to be fluent than when the intention is to communicate a message.

The practice of T'ai Chi refers to many things. At a fundamental level it is about balance. This has both a physical and a mental dimension. In a mental sense when we strive too hard for something, we move beyond our current capabilities towards the limits of our expectations. In a physical sense this can feel like a 'hard' limit. We can recognise this limit though feelings of physical tension, mental exhaustion or any one of those symptoms with which we describe stress. When we experience such feelings we invariably feel unsteady, out of our centre, unbalanced. Within the T'ai Chi tradition this is often referred to as

being double weighted. If we extend ourselves only so far as our sense of internal balance remains undisturbed we remain single weighted. Being single weighted is about being in one place at a time. When we are, for example, in a conversation and following the development of ideas and feelings within that conversation we are demonstrating single weightedness. If however only part of the intention is to share ideas and another part is devoted to remaining fluent then the speaker is double weighted. Many non stammering speakers can experience this double weightedness. Think what happens when, as we speak to one person we overhear someone talking about ourselves. How difficult it can be to keep the flow of the conversation when one is striving to make sense of another conversation. Some people are able to do this and this invariably involves such people in little effort. Once effort is used then one tries to be in two places at once and the result is frequently failing to overhear all that which was said and finding it difficult to plan and execute our speech efficiently. Often speech in such circumstances is non fluent. For the stammering speaker problems with fluency can arise once the speakers themselves push their expectations of themselves to remain fluent. Once this occurs then the act of speaking is about conveying a message and being fluent (double weighted) rather than just about conveying a message (single weighted).

Much therapy for stammering has unwittingly encouraged double weightedness. Speakers are taught how to avoid stammering. Techniques for smoothing out speech hide the stammer but do not remove the problem. The intention communicated by such approaches mirrors the intention the stammering speaker had in the first place: to avoid, prevent, or conceal stammering. These intentions are all double weighted. They are all about doing something in order for something else not to happen. In stammering once imbalance is felt, the urge to regain balance often leads to behaviours which upset the flow of speech for some moments. More significantly, they frequently affect the speaker's view of him or herself and prepares them for the next speaking occasion with a built in expectation that problems may occur. The imbalance is then not of the moment but has become part of the speaker's view of him/herself.

Where the practice of T'ai Chi reveals that doing less enables more to be achieved, therapies for stammering have often encouraged people to do the reverse. In the same way concentrating on the technique of T'ai Chi can produce a fine looking product on the outside but it is the clarity of the player's intention which is the true guide to understanding. Therapy for stammering which emphasizes fluency as the goal has been described as inducing in the client the feeling of waiting for the other shoe to fall, of waiting for the evidence that will signal the end of fluency. If this is the case, and there is evidence to suggest it is, it becomes even more important that therapy moves away from tackling the problem at the level of speech. Difficulties in playing T'ai Chi Chuan are rarely if ever to do with physical problems. Watching a person's form reveals more about the person than about the form but it can provide a less invasive starting point for discussion.

People who stammer do not need to practice T'ai Chi Chuan in order to gain the benefit of the insights it offers. Using the principles which underlie T'ai Chi can illuminate our understanding of this speech problem. Here we have explored only a few aspects; soft and hard limits and double and single weightedness. Making a single weighted step can be examined more closely. By examining the state of mental alertness and mental relaxation of the person making the step, and by considering their preparedness to accept whatever comes along to disturb the physical and mental balance a deeper understanding of the relationship between mind and body can be achieved. So too can the principles which underlie the actions of the stammering speaker be explored more fully. The principles can be used to guide therapy and to offer a means of exploring the problem without focusing on stammering alone.

There is so much more to humans than the way in which they speak. The fundamental imbalance for many stammering speakers is that they have lost sight of that truth. Therapy for stammering, like the practice of T'ai Chi, aims to achieve a balance. Aiming for fluency or aiming for a perfect form, is not only insufficient it is inappropriate and unlikely to produce more than a deep sense of frustration when the goal is missed.

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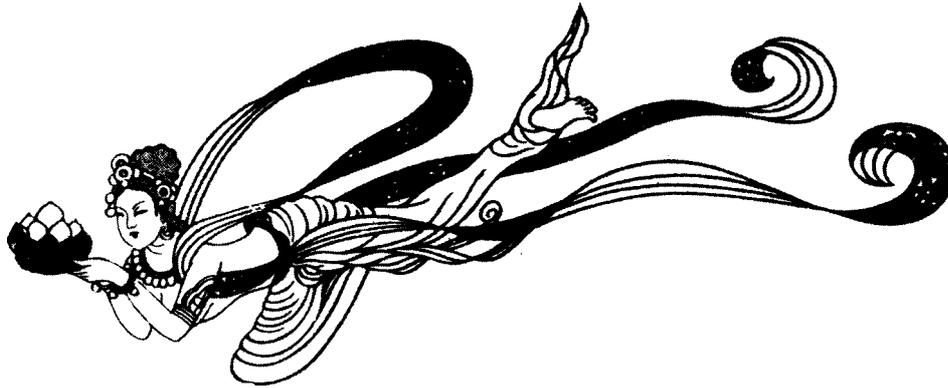
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