

Journal of Shiatsu & Oriental Body Therapy



By Marie Postles

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Editorial

The Journal has been going long enough now to notice some interesting trends. Firstly, it is clear that people want to write about their work. Secondly, and surprisingly to us, there is very little real scientific research going on out there in the field of somatic energy therapy. On the other hand, maybe that isn't so surprising. Plenty of people are articulating their experience, like Hilary Totah in her article on menopause in this issue but, as Peter den Dekker points out in his article "In Search of Style", Shiatsu is not a therapy that can be applied objectively; touch is relationship and so the way in which someone is touched is almost more important than the technique or placement used. This makes it very difficult to conduct objective, repeatable research.

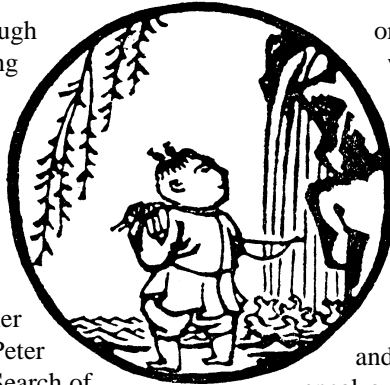
The forms of research that have been published in this Journal have, in the main, been case studies, which give inspiration to others' practice, but prove nothing scientifically. Another form, statistical research and audit studies, like Nicola Pooley and Philip Harris' report in this issue, are scientifically valid. This form does not contribute directly to the development of Oriental Body Therapy but is useful in communicating the value of what we do to the orthodox medical professions and to the politicians who make the laws under which we practice.

In the main, what I observe in reading the material submitted for publication, is that there is a strong movement affirming the value of intuition within this field. A communal voice seems to be firmly saying: "Do not try to imprison this creative field behind the bars of objectivity".

As Peter den Dekker says and Pooley & Harris' research confirms, many of the complaints that are presented to us in this field are not organic, objective diseases but signals from a living organism trying to cope with the stresses of life. These conditions would be considered untreatable by the majority of orthodox doctors or else they would treat the symptom rather than strengthen the ability of the person to deal with the stressor. Many of the articles we receive try to show how Oriental Body Therapies can be used to strengthen the person rather than treat the disease. This is not scientifically quantifiable but is extremely valuable. Many orthodox medical practitioners such as David Jamison, writing in this issue, recognise that this is an area that is not addressed in the general practice of medicine and that could be delegated to complementary approaches.

Dr Jamison's emphasis is on the process of dying, which orthodox medicine treats with pain killers, narcotics and anti-depressants. As he points out, these do not help the patient to die well, they just help him to cope with the pain and fear often associated with the process.

Hilary Totah discusses the same theme within the 'treatment' of women experiencing menopause. Whereas



orthodox therapies are mainly concerned with helping to suppress the symptoms associated with menopause, Ms Totah points out that this period of life is an opportunity for the woman to develop another aspect of her power and dealing with the discomfort of the symptoms is an important factor in any strengthening process.

In a society which values comfort and convenience above all, it is difficult to speak out for the value of facing your discomfort and becoming stronger as a result. Scott Peck eloquently promotes this idea in his series of books on relationships and life and den Dekker recalls that these ideas have deep roots: the Huang Ti Nei Jing recommends Qi Gong and Spiritual Practice for "complaints of prosperity". These both emphasise activity on the part of the "patient" rather than a passive posture of being treated by an expert and are particularly appropriate to our society, which is moving fast towards passive consumerism.

We have a choice: whether to promote the dominant view of medicine as a suppresser of symptoms by using Shiatsu and other Oriental Body Therapies in the same way or, on the other hand, to use these therapies to develop awareness and evolution in the life of the client. This choice is strongly influenced by the way in which therapy is taught and Nicholas Pole in his article in this issue points the way to a paradigm of teaching Shiatsu which does not emphasise the development of intellectual and technical expertise but, instead, values the intuitive and mutual relationship between therapist and client.

I am persuaded that this is the path forwards for Shiatsu, acupuncture and their sister therapies. If they try to emulate the scientific methodology of systems such as Chinese Herbalism they will fail since a large part of their effectiveness lies in the intuitive relationship formed by direct contact. Instead they should ally themselves with the experiential practices such as psychotherapy, Qi Gong and Meditation which emphasise the life process rather than the treatment of disease. I feel it is within this dimension that we can gain respect from the orthodox world rather than being classed as a poor relation to the more 'scientific' alternative medical disciplines.

Bruce Palmer

Short Articles & Letters

This section includes short articles and letters which may express personal opinions and statements not suitable for a longer text. Any comments on past articles, news of research, ideas for discussion etc are welcomed for inclusion on these pages.

Shiatsu and Orthodox Medicine

by David G. Jamison, Sometime Senior Research Fellow and Dean of Corpus Christi College, Oxford

I have only recently started to take an interest in Shiatsu. I, as a retired academic medical teacher, am beginning to have a new view as to some of the parts Shiatsu has to play alongside traditional orthodox medical practices.

I have, in teaching at Oxford, been accustomed to the tutorial method which in past generations was described as “reading with” and more recently as “walking beside” a pupil in his learning process. From reading issue 4 of this Journal I can see that Shiatsu has come to develop the same idea in the treatment of the sick. By “walking beside” the patient in their natural healing, the therapist encourages active participation in the healing process rather than the passivity of “being treated”.

As a medico trained in the western tradition I think that one of the greatest contributions to medicine that has been made in my life time has been in the hospice movement. The old philosophies said that the function of the physician was to provide happiness through health. Now we add that it is also to provide a way to die with peace of mind.

Much of the suffering surrounding death is related to anxiety. A passenger's experience of a fast car ride is more fearful than the driver's simply because the latter feels in active control. Similarly, the fear of death and pain can probably be ameliorated by encouraging a more active, participatory role in the patient. This is where I feel Shiatsu and related complementary therapies have a valuable role to play in the hospice environment.

The established treatment programmes within hospices largely rely on drugs which, although sometimes helpful and necessary in reducing pain to manageable levels, are often used to sedate the patient into an extremely passive posture. I feel that this strategy is expensive and reduces the quality of both the patient's life and his death.

I would like to hear what experience complementary practitioners have in this field. Of course, Shiatsu and other oriental therapies, with their long history, must have more to offer than just a helping hand to patients on their way to death. They must also offer something to those who have hopes of cure and rehabilitation and, here again, they may be able to help the patient to feel more “in charge” of their life and more comfortable with their condition.

A poet once wrote “Send me a doctor old and fat- an endomorph with quiet hands”. Such doctors encourage peace rather than the drama of emergency. May we hope and pray that Shiatsu may play a part in re-establishing this tradition; valuing the parasympathetic nervous system and helping the quiet ways of natural healing to hold sway in the life, mind and body of the patient.

Room to Breathe

by Lindsay Halton an architect in practice in South and West Wales who also has an interest in Chinese Energetics. In this short article he introduces the concept of a building being a "Third Skin" and therefore having an influence on our energy and particularly our Lung Function. It points our awareness to not only look at our bodies, diet and climate as causes of energetic disturbance but also the design of the space we live in and inhabit.

Movement upwards and outwards is expansive against gravity and towards the light. Movement downwards and inwards is enclosing - with gravity and towards darkness.

As an Asthma sufferer I know well the effects of smothering, and that it can result from physical, emotional or intellectual causes. As an Architect I know that buildings can be psychologically and physically damaging: they may be claustrophobic because space is too restrictive, or interior colours may be overbearing. The lack of natural daylight leads to depression, and the lack of outlook/view can have a similar effect. It may be that breathing difficulties are experienced due to bad air inside, which means that the building itself is not breathing. In the "old days" buildings used to breath - they were built with natural living materials - timber, stone and other organic matter. They were built without precise factory technology and were within our control.

Buildings are basically our "Third Skin" (second skin being clothes). The enclosure contains the space within which we move. A buildings success in terms of the "Lung Function" is based upon its ability to serve our whole being, in a way which is comforting and secure but allows for our full potential as MOVING, BREATHING beings.

Even death is not static - after death there is decay, and then life. What is constant is change. Movement is change, and breathing is movement.

Buildings influence our movement and our breathing

But, we have the power to influence the design of our buildings.

Editor's note:

*This theme: how our buildings and environment are an extension of our self's boundaries and effect our energy is explored with great poetry and passion in **Places of the Soul by Christopher Day**. It is also the subject of *Feng Shui*.*

We invite anyone with experience of both Shiatsu and Architecture to submit an article on their interrelationships.

Connectedness

by Mike Craske

I would like to suggest a possible area for easily verifiable hypotheses and research; namely the possible astrological connection between teacher and student within training courses and between therapist and client.

I postulate that the astrological charts of these groups of people are correlated in an easily defined way, suggesting a connection exists before the people actually meet.

In an article in the January-April 1994 edition of the Shiatsu Society News, I was able to show that a statistically significant proportion of my clients had astrologically important aspects between the positions of their Sun and Moon at birth and the corresponding positions in my chart and that approximately twice as many clients had these aspects in their astrological charts as could be expected by chance.

During my attendance last May on a Movement Shiatsu course, the conversation over dinner turned to birthdays and astrological signs. I suddenly realised that many of the people on the course had an astrological relationship with me (many were Capricorn and had birthdays within a few days of mine).

Because of the previous analysis I had undertaken of clients birth data mentioned above, I decided to look for the same sort of pattern between my fellow students and our teacher.

What I discovered was that most of the students had Capricorn in common and, out of the seventeen students on the course, there were nine significant connections between the students Sun or Moon and the teacher's

Statistically, taking into account the orbs of influence that I used in the aspect calculations and assuming that birthdays in the general population should be uniformly distributed throughout the year and that there should be an equally uniform distribution of Sun and Moon positions, you would expect that there would be four or five important aspects between Sun or Moon in a random chart and the teacher's Sun. In fact, there were nine such aspects.

Performing a standard Chi Squared calculation showed that this high proportion of aspects relative to that expected by chance would only have a 0.1% probability of occurring if only random chance was at work. This level of probability is usually accepted as too low for belief and thus we conclude that more than random chance influenced the situation.

So what does this all mean? Maybe that we are attracted to teachers or therapists whose Birth Charts are significantly connected to our own. Maybe that some deeper connection is at work.

Can I make an appeal. Is anyone else interested in both Astrology and Shiatsu? Does anybody else collect birth data from their clients? Is anyone else interested in sharing data and research in this field? Any comments?

An Initial Case Study Approach to Investigating the Benefits of Shiatsu to People with Spinal Cord Injuries

by Ian Jarvis, an abstract of his final year dissertation written for the Ki Kai Centre.

Spinal Cord Injury (SCI) is the class of injury where damage to the spinal nerve has occurred. This is most commonly the result of some accident and may also be caused by virus, thrombosis or haemorrhage. The result of this is complete or partial paralysis depending on the severity of the lesion and where the injury site is located; paraplegia is the paralysis of both lower limbs and the trunk, tetraplegia is paralysis of all four limbs.

In my study I worked with three people for at least four treatments each, asking them to give me feedback. I devised a feedback form which is based on the list of common benefits reported by people with disabilities (see P Harris, Three Windows on Research JSOBT 2) viz:

- increased sense of relaxation
- improved posture
- increased mobility
- improved appetite and digestion
- reduction in recurrent infections
- improved bowel function
- help with pain

The form allows the person free form to express their feelings on the treatment. The approach I intended to take was as pure Zen Shiatsu as I was able but allowing that I might use some specific points (tsubos). My reason for this is to avoid the complication of a case history - each person's medical history before their injury would be quite different and this would complicate the study. I wanted to take as simple a strategy as possible so there were not too many variables. Once the results of this study are considered it may be possible to widen the parameters.

Results so far have been encouraging. From a total of 12 treatments on three people there is not going to be a body of statistical data. However the reaction from each of the volunteers is enough to suggest that there are benefits to be gained by people with SCI receiving shiatsu.

One of the big effects is that of **pure touch**. It seems that once the technical modern medicine has finished and they are in the community the doctors do not look at and feel their bodies. Also other therapies such as physiotherapy do not have the same basis in simple touch that does shiatsu. It is this straightforward, non-judgmental yet caring touch that seems to make shiatsu stand out.

There are also early signs that **sensation can improve**. I encourage them to be aware of what I am doing and to sense things with which they may be unfamiliar.

Even disregarding that, two of them reported sensation further down their bodies after the treatments.

There was some report of **pain lessening**, especially during the treatment sessions themselves and also of being in **better spirits** after the treatments.

These results encourage me to do further study. Has anyone else detailed their experience in this area?

In Search of Style

Meridian Shiatsu and Traditional Chinese Medicine

by Peter den Dekker

In the last decades Chinese medicine has been in a period of transition. Acupuncture, Shiatsu and herbal medicine have found their way to the west and have had to adapt to completely new cultural circumstances. This has created discussion and also confusion within both the education and the practice of Chinese medicine.

The term “Chinese medicine” refers to its land of origin, but does not justly cover its spread to countries such as Japan, Korea and Vietnam. In this context it would be better to refer it as “Oriental medicine” which includes a wide diversity of styles, ideas and interpretations. Oriental medicine developed empirically. Whereas Western medicine is searching for a ‘true’ and objective understanding of the human organism and its pathology, Oriental Medicine is satisfied by a multitude of sometimes inconsistent descriptions because it is more concerned with knowing what to do rather than knowing what is going on. Practice has always been the most important element and all theory is subordinate to it.

Shizuto Masunaga

Fifteen-years ago I started to study the Shiatsu style of Shizuto Masunaga which illustrated this principle very well. Central to his style was the development of sensitivity for imbalance in the meridian-system. The approach was hands-on and highly pragmatic, but it lacked a good theoretical foundation. In Japan this lack of theory was compensated for by concentrated practice during training and a direct personal relationship between teacher and pupil. This allowed for the development of skill through experience. In the west, our training involved less practice and personal tutorial so the lack of systematic theory made itself felt.

Shiatsu in Western Culture

The social context in which we started to work with Shiatsu was, of course, incomparable to the Japanese one. Japanese clients know what Shiatsu is. Besides that, the Japanese people are used to non-verbal communication, so the simple, silent process of a Shiatsu session without explanation has a familiar flavour. Shiatsu was not well-known in the Netherlands, so we had to present our work clearly and without a clear theoretical foundation, this was not easy. How could one translate observations into a useful and comprehensible diagnosis? And what were the strengths and limitations of Shiatsu in clinical practice? Also, issues that are important in a Western therapeutic setting, such as emotional expression and the interaction between practitioner and patient, are not addressed in Japanese Shiatsu. In spite of these shortcomings, Shiatsu quickly grew in popularity. Two good hands and a honest attitude form the heart of Shiatsu and to be touched in such a way leaves a deep impression behind.

For a long time there was very little literature about Shiatsu and about the historical context of oriental medicine. I presumed that, in its original form, it was one coherent discipline in which all the different theoretical concepts and clinical strategies were in agreement with each other. On the other hand, I regularly came across contradictions within theory and practice. For instance, pulse diagnosis and meridian or hara diagnosis regularly gave inconsistent results. The literature of that time did not address these questions at all.

TCM, the legitimate heir?

My study of acupuncture and Chinese Herbal Medicine did not answer these questions either. I came across several styles including Worsley’s acupuncture system, the French acupuncture school and the work of experienced Chinese and Japanese doctors but I still could not discover a consistent foundation for all these approaches.

The publication of one book seemed to change the situation. In fact for everybody involved in the study or practice of oriental medicine at that time, Ted Kaptchuck’s “The Web That Has No Weaver”^[9] was a revelation. The lucidity of the style that Kaptchuck described and which he called “Traditional Chinese Medicine”, or ‘TCM’, was astounding. Many of the theories of oriental medicine, which were formerly obscure, were at once clarified. TCM was presented as the legitimate heir of the Chinese medical tradition, a fact inherent in its name. All the other styles we had formerly studied and practised, were suddenly viewed as corrupt interpretations of the true doctrine.

Many acupuncture and Shiatsu schools adopted TCM within their training program. Some changed over entirely to TCM, others made it a core-element of their curriculum. TCM formed a coherent system and was both easy to teach and to study. Acupuncture, Shiatsu and herbal-medicine could follow the same methods within the TCM structure. The central feature of diagnosis was the identification of syndromes. This led automatically towards a treatment-principle and then to a matching combination of acupuncture points or a herbal prescriptions. The coherent theory, which for years we had been missing, seemed now to be readily available.

However, the intuitive perception of Qi and the development of body awareness and sensitivity, all prominent subjects within Shiatsu, strangely enough did not seem topics in TCM. Apparently, the accent in TCM rested on correct objective diagnosis and treatment was seen to be separate from diagnosis. This was in contrast to meridian-Shiatsu, in which touch was simultaneously both diagnosis and treatment. Working with TCM, practice became a more a matter of the intellect rather than the bodily intuition.

Syndromes

From the mid 80's I was intensively involved in Shiatsu-education. In clinical work, I now attempted to apply a TCM diagnosis to Shiatsu practice; this was a trend found in many schools at this time. Although education and clinical work were better structured than in the past, results did not reflect that. It was difficult, if not impossible to make a diagnosis couched in the language of syndromes in a way that related to treatment of meridians. For example, the diagnosis "Liver Qi Stagnation" was easy to make, but was far from practical for Shiatsu. "Liver Qi Stagnation" could include many varying symptoms, including tension in the area of the chest or throat, disturbed digestion, pains in the lower back, headaches etc. Translated to the meridian-system this meant, that the imbalance could be found in any of the meridians, certainly not just in the Liver-meridian.

However, the syndrome does make clear that there is a connection between all the different symptoms. For herbal medicine it was important to embrace all the symptoms in one diagnosis entailing a specific prescription, which would be effective for all the varying symptoms. I began to understand that a syndrome was a kind of generalisation of how the average body and mind react to a given situation. In addition, the syndrome is not a momentary event but reflects a deeper, organic state. Herbal medicine focuses on treating these deeper conditions. In contrast, Shiatsu and acupuncture are primarily oriented towards the unique way in which each individual reacts and responds in the present moment, mirrored in changes in the meridian system. It seems that, in trying to apply the syndromes to Shiatsu practice, we are attempting to link two fundamentally disparate viewpoints.

Internal and External Medicine

In China a distinction is made between internal and external medicine. Acupuncture and Shiatsu are pre-eminently examples of external therapies. They both apply to the outside of the body, the meridian system. The meridians mirror motivation, function, self-image, emotions and Qi. They indicate how we use our body and reflect its habits. They also express our personalities and show how we embody emotions. Meridians in this sense portray the living anatomy; the place where mind and body intertwine. I am convinced that syndrome diagnosis has never been an important part of meridian therapies throughout their history. Treatment is determined by the momentary state of the meridians, even if they do not reflect, at the time of treatment, the more chronic condition of the organism. Syndrome diagnosis reflects a fixed, internal state. Such a static, fixed diagnosis is usual and necessary in disciplines which treat the more physical, long term conditions such as western medicine and Chinese herbal medicine. TCM theory, therefore, is primarily relevant to internal medicine.

In contrast, diagnosis in Shiatsu and acupuncture reflects how the body and mind respond to stimuli and their ability to adapt to changing circumstances. There is no question of static diagnosis or objective fixation. Touching is, at the same time, acquaintance, observation and

treatment. Whether the contact is made with hands, eyes or with awareness, it will not only deliver objective information about the person being treated but also the contact will immediately influence the person in question and a dynamic interaction will occur between practitioner and patient. Observation and treatment are intertwined, as are the approach of the practitioner and the response of the patient. This living method of diagnosis has just as much to do with the relationship between patient and therapist as with the patient's condition. In this light objective determination and the use of syndromes and categories are not necessarily the most important factors.

Room to Experience

Diagnosis which "fixes" a categorisation of the patient's state reinforces the classical doctor-patient relationship. It labels the patient's condition and it implies the presence of a specialist dealing with an ignorant patient, notwithstanding the oriental language in which it is couched. In certain cases, where decisiveness and quick results are desirable, it makes sense to follow this attitude. However, I believe that external therapies offer a valuable opportunity in their ability to create room to experience. This enables the patient to become aware of the nature and origin of the disturbance. This approach puts the patient's awareness in the foreground and the therapist's knowledge and techniques in the background.

In my experience with Shiatsu it has never been really helpful to give someone a diagnosis, in term of a syndrome, to take home. This sort of diagnosis often conceals an insecurity about getting to the heart of the problem and talking about it in mutually understandable language. Nevertheless many of our patients at first ask for a labelling diagnosis. I believe this is a force of habit. From our experiences with regular medicine, we are not used to having a central role in the healing process. And to receive a labelling of the disturbance is in some way reassuring: "there really is something wrong with me!"

Modern Chinese Medicine

In recent years several writers have attempted to place TCM and the meridian therapies in perspective. Mark Seem, an acupuncturist and educator from New York, states in his book "Acupuncture Imaging"[1] that the term Traditional Chinese Medicine is misleading. In the fifties under communist rule a successful attempt was made to create an uniform "New Medicine". China was impoverished by many years of warfare and there was little medical infrastructure left intact for the enormous population. The new leaders decided to reanimate the rich medical traditions and to re-use them fully. "The New Medicine" became a mixture of western and oriental medical knowledge and practices. The oriental element was termed "Traditional Chinese Medicine".

Such a standardisation made it possible for large groups of people to be trained in the same curriculum. This made that all the qualified students spoke the same "language" and exchange of ideas, research and progress were all possible. However, as Mark Seem rightly notes, the name TCM is not appropriate. "First, it obscures the

fact that there has never been one traditional medicine in China. Second, it misleads many students into thinking that this very modern reformulation of Chinese medicine is “traditional” when it is, in fact, a recent invention”. TCM was only formulated and taught from the 1950's on. A more appropriate name would thus be “Modern Chinese Medicine”.

Education in China

A Chinese colleague of mine, Doctor Heng Jian Shen, was among the first group of students at the “Shanghai Academy for Traditional Chinese Medicine”. Before that time Chinese medicine had never been taught at such a large institutes. The first teachers at the academy were doctors who were trained in family traditions. Their unique style of working was usually cherished as a family-secret which ensured livelihood. Dr Heng states that these teachers were not generous in giving out information. He tells how it was only much later in the learning-process that specific knowledge, which is not described in the literature of TCM, was handed on informally in clinical settings. Western students in China had little access to this “one to one” learning process and therefore the image of TCM has been mainly coloured by official literature.

Bob Flaws, an American practitioner of Chinese Medicine, gives another view of the origin of TCM in the book “Towards Completion”[2]. He writes about how sophisticated method of identification of syndromes was created by Confucian scholars, who, throughout history, formed a small medical elite. It was this small group of practitioners who wrote most of the classics of Chinese medicine. Their style of working was based upon logic and although the majority of these doctors also practised acupuncture, they were first and foremost specialists in herbal medicine. In society they were the most respected of all medical practitioners and it was their strictly ordered style that became dominant in communist China. Originally designed for the practise of internal herbal medicine, TCM was now also applied to acupuncture and even to manual therapies.

During two visits to China I had the opportunity to work with several senior acupuncturists. Although they all claimed to be TCM practitioners, they did not use syndromes as part of their work, instead making use of empirical point combinations. The “Essentials of Contemporary Chinese Acupuncturists’ Clinical Experience”[3] describes the work of many such a senior acupuncturists and, throughout their rich clinical experience, one can hear echoes of the old family styles.

Spirituality & Politics

Political motives strongly influenced the formulation of TCM in China. Throughout history the Chinese medical tradition had been founded in Buddhist and Taoist philosophy. These sources were not viewed as “correct” in the political sense and therefore not included in TCM. The Five Element Theory was neglected because it was associated with disciplines such as Feng Shui and astrology, which were now considered superstition. As a result, the spirituality, which had always played a major part in

medical tradition, was removed from TCM.

In contrast, in our society, many people are searching for a new sense and meaning in their life and yet lack the motivation to take responsibility for their own health. Ancient currents in acupuncture and Shiatsu, in which a physical approach and a deep sense of spirituality go hand in hand and in which the patient has the central role, are appreciated as a positive attraction by the newly evolving ‘alternative’ movements in western society.

These themes, emphasising exercise, meditation and massage as therapies, were first presented in Chapter 12 of the “Huang Di Nei Jing Su Wen”[4]. They are said to be appropriate to “complaints of prosperity” in which Earth Element issues such as stagnation and dampness predominate. Rather than being passive in the treatment, the patient is encouraged to be active, helping the stagnation to move. This seems particularly appropriate to our present society.

Direct Contact

Everybody who practises Qi Gong or another form of exercise or martial art will in the end have experienced the enormous effect on physical and mental health. In spite of these wholesome results diagnosis is rarely mentioned in these disciplines and there is little theory outside of the practical exercise. The regularity of practice and the integration in daily life is crucial. This certainly also applies to meditation. Recent research has proved beyond doubt the effects of meditation, particularly in physically and emotionally stressful situations. Though in every form of exercise there is initially a need for a good teacher, you are in control yourself and to view yourself as a patient in need of diagnosis is certainly not appropriate!

In many classical styles of acupuncture and Shiatsu the same kind of directness, attentiveness and quality of touch is emphasised. In classical works of acupuncture the value of the left hand is often mentioned. The right hand is active and takes care of the needle and the visible treatment; the left hand on the contrary makes contact with the person, searches, supports the action of the needle and observes reactions. It focuses not on the action itself, but on the contact and support. The old acupuncture styles were therefore based on touch and on the sensitivity of the left hand. We find the same phenomenon in our Shiatsu as the “two-hands-technique”: one hand is active, the other hand supports the action and observes. The supporting hand represents a closer contact than is common in the modern doctor/patient relationship. Owing to this, the attention in practice shifts from clinical, result oriented therapy to the creation of room for experience.

When is TCM relevant?

Does this mean that TCM is not relevant to meridian Shiatsu and acupuncture? To answer this question we need to look at what the patient is presenting to us for treatment. Many authors and practitioners of Chinese medicine point out the fact that only a small proportion of acupuncture and Shiatsu patients have real internal problems. Most show disturbances only in the meridians. A frequent misunderstanding among acupuncturists and practitioners

of Shiatsu is to try to apply an internal label to every complaint. Most of our patients are not suffering from an organic problem. The observation that a meridian is disturbed does not automatically mean that this is caused by an organic imbalance. Much more often the case is that the meridian-system shows the activities of personality, emotion and habit. A long term stagnation of the meridians eventually will affect the internal organs; at that point, functional patterns become structural disorders. In these cases it is most desirable to make an internal diagnosis and therefore be familiar with the a system like TCM.

The Japanese acupuncturist Shudo Denmei writes in his excellent book "Meridian Therapy"[5] that "*Yin always tends to weaken and Yang to become excessive*". In this context "Yin" refers to the organs in general and more specifically to the Yin organs. By "Yang" he refers to the meridian system in general. The organs tend to lose vitality regardless of way of life or constitution. The meridians and the outer side of the body tend to become stiff and lose their flexibility. This statement implies that, in general, the meridian system needs to be liberated and the organ functions need to be strengthened. I believe that Shiatsu and Qi Gong pre-eminently embody this viewpoint. In the exercises and stances, attention is brought back to the Yin, the centre of the body; the Yang, the extremities and the spinal column are released at the same time through movement.

Embodiment

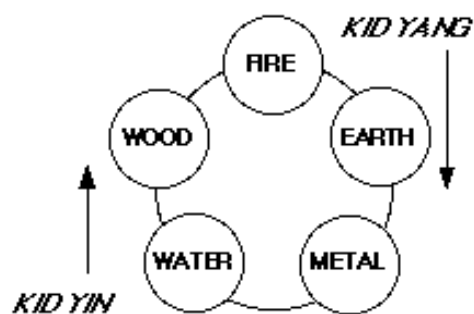
The syndromes describe pathology and the study of TCM is the study of disease. In contrast, in Shiatsu and Qi Gong we are exploring life. The strength of TCM is to recognise the possible development of a condition. However, diagnosis according to the syndromes is like a compass: the direction is clear, but it is difficult to tell how far the condition has developed itself in this direction. Why should we consider the TCM syndromes exclusively as pathological conditions then? In my practical experience it makes sense to look upon a syndrome as an habitual tendency within the life, personality and body of a person; as a characteristic of the entire person in a specific period of his life, which shows his strength and his weakness. This predicts how symptoms might develop in times of physical or emotional stress. Such a view of syndromes can be useful in a patient's development of awareness of their patterns rather than being a passive label for what is wrong with them.

With this in mind, I started to translate the TCM syndromes, which were at first very abstract for me and certainly for my patients, into understandable conditions and everyday language. Other people have been exploring the same translation problem. For instance it was very clarifying to hear Bill Palmer, an English Shiatsu teacher, call Liver-Yin the deepest contentment. He associates it with the blood that is stored in the central veins while the parasympathetic nervous system is active. This is the store of nourishment that is the fruit of work accomplished and that is the support for future activity. In that way the idea of Liver-Yin is embodied and very understandable in the realm of psychology and life-style. For instance, a life

style that does not allow for periods of "satisfied rest" will lack contentment and be prone to patterns of "empty Yang excess", translated as over-striving and stress without support. All other Chinese conditions of life and syndromes are translatable in such a manner. In practice we are mostly dealing with people in forms of chronic stress. In those cases a single syndrome does not usually describe the pattern adequately but an entire cluster of syndromes is visible at different stages of development. It is then necessary to recognise the connections between the syndromes and to find a simple structure for the interactions of the syndromes.

Courage and Faith

An example of such an interacting syndrome cluster can be seen by looking at how the function of the Kidney is related to the Shen Cycle of the Five Elements. In the "Nei Jing" the Kidneys are called the root of Yin and Yang, the foundation of all other functions of the organs. This implies that the Kidney Yin and the Kidney Yang are fundamental to our life. I came to look upon the Kidney Yin as the deep trust in existence and her opposite the Kidney Yang as the courage to live and to act. To trust deeply means to feel you have arrived home and that you do not necessarily have to go on; to lose trust provokes restlessness and striving ambition. This "Kidney Yin Deficiency" creates in turn "Liver Yin Deficiency" and "Liver Heat". This means that without regaining the basic trust, the ambition never will find its fulfilment. The emptiness of Kidney Yin signifies that the ambition and will power do not spring forth out of a healthy wish to undertake, but out of internal restlessness and frustration. Intense disturbance of emotional rest, "Heart Yin Deficiency" and "Heart Fire" can follow.



In the classical representation of the Five Elements these interconnected syndromes represent the left side of the Shen Cycle; this is the side which is nurtured and supported by the Kidney Yin. The right side of the cycle is founded on the Kidney Yang, the root of the Fire Element and the courage to act. If the Kidney Yang fails, the courage to act is lost, the posture loses its pride and uprightness, the lower back and the Lung Qi collapses. Without the support of a powerful Kidney Yang, the outer world can not be discovered and digested: "Spleen Qi Deficiency". These two clusters of syndromes, the ght and left side of the Shen Cycle, also influence each other at different places; for instance when stagnated Liver Qi and Liver Heat disrupt the activities of the Stomach and Spleen.

In this way the syndromes are connected with the laws of the Five Elements and the relationship between the internal functions and disruptions are simplified and clarified. It shows that the imbalances of the internal functions are not only referring to pathology, but also to development of personality and self-image.

Development of Movement

In the course of this translation research my understanding of the meridian system gained a sense of reality. Recently a number of prominent authors and practitioners of acupuncture and Shiatsu have made an important contribution to the real life understanding of meridian-energetics.

Bill Palmer links the meridians with the development of movement in our early childhood. In "The Development of Energy"[6] he writes: "We could say that the meridians are the pioneer trails that the Mind travels as it learns to inhabit the Body". With that statement he puts the traditional concept of the meridian-system in a completely new light.

A comparable view can be read in "Acupuncture Imaging"[1] by Mark Seem. "Over time, I came to conceive of my work not as treatment of complaints and disturbances, but rather as a prod to enable my clients to recollect and remember the body mind functions they temporarily lost touch with By acupuncture energetic, I mean a practice with the intention that, in treatment of a pattern of points, they resonate with archaic pathways of the body mind by allowing an individual to remember energetic pathways that have been forgotten or mistreated"

The contributions of Kiiko Matsumoto and Steve Birch should be mentioned in this context. Matsumoto's acupuncture is not influenced by TCM. Her vision of the development of the meridian system and hara energetic is refreshing[7]. Pioneers of a somatic based view of human energetics like Stanley Keleman should also be mentioned. He has no direct background in Chinese medicine, but that is maybe the reason why his ideas about emotional anatomy are so original[8]. In numerous books he shows the ways in which we can see emotions and personality being embodied. This turns out to be exactly equivalent to the classical representation of how the energetic of the meridians are tangible and visible in attitude, movement and behaviour. His representations of physical and emotional shapes show a deep understanding of the human functioning.

Finally I return to the beginning of my study, the work of Shizuto Masunaga. His pioneering work is of priceless value to all practitioners of Shiatsu. It is remarkable that only after a long detour in study, teaching and practice I can fully appreciate his work. The work of Masunaga shares a vision common to that of Mark Seem, Kiiko Matsumoto, Stanley Keleman and Bill Palmer. There is no hidden diagnosis; the diagnosis is the human being in front of you. Such an approach implicates a direct way of working in which treatment and diagnosis are in fact one.

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TEACHING ENERGY AWARENESS IN SHIATSU

by *Nicholas Pole*

The essence of Shiatsu is simple - this is the source of its power - the honest desire to make the most effective possible connection with someone else's energy system with the intention of reaching, awakening, guiding and encouraging their natural unconscious healing process.

If you injure yourself, your hand will be holding the part that hurts before you've had time to think. When your head aches, your fingers instinctively feel for the indentations in the skull to find just the place to press. When your digestion is stuck you might press deep into the abdomen searching for a place where pressure will get things moving. Part of you "just knows" (the classic description of an intuitive response) how to do this, but part of this knowing is the feedback system of nerves and meridians which is guiding your fingers so that they can tell exactly when they have "hit the spot".

It is this hitting the spot, this sense of when the connection is as strong as it could possibly be, that makes Shiatsu so effective. Before it, your fingers are still in "search" mode, finding the exact location and angle to press in with, or maybe the palm of your hand is sliding around finding just the place to hold. You stay with it - the feeling of connection builds, then peaks, then suddenly is gone, or slowly diminishes...and you begin to be aware - somehow - of the next place along the meridian that is asking for attention.

For an experienced practitioner this all happens with unconscious skill. For students of Shiatsu it seems to be the biggest mystery. "How do I feel this energy?"..."what do I have to do?"..."How long will it take?" Energy exercises help - Qi Gong, Aikido and intuitive Shiatsu but somehow students often get the impression that these experiential exercises are separate from the formal curriculum. When it comes to learning meridian pathways, points or hara diagnosis, for various reasons including pressure of time a more academic approach is used: students are lined up in neat rows, haras are palpated in unison according to the teacher's instructions, and meridians are followed according to the charts, whether a student is or feeling anything or not.

In the past as a teacher, if a student told me they weren't feeling anything I would believe them and tell them that this sensitivity takes time to develop. Now I realise that they *have* felt something, they just haven't allowed themselves or trusted themselves enough to acknowledge it. There is often a verbal clue to this: as happened to me recently teaching an introductory class, I asked people to tune into their own energy system and notice what they felt. One woman answered, "I didn't feel anything really"...then she paused and her eyes flicked around a bit and she said "but I did feel suddenly hungry and a strange tingling down my arms". This is a very

common response for people whose brains are used to acquiring information in strict, formal, analytical ways. Experiences which don't fit this format are discounted at an unconscious level by the logic- and language-oriented left brain, and the teacher has to find ways of guiding the student to access information which has been gathered by the more intuitive, pattern-oriented "touchy-feely" right side of the brain.

Thought and Energy

Energy follows thought, as Chinese Medicine tells us, but thought is complex and mostly unconscious and takes place in brains that are divided into a right and left side, which have different functions and are often in conflict with each other. But if energy *does* follow thought, then there can be nothing more powerful in Shiatsu than the state of mind the giver brings, the state of mind that arises when the giver accepts as honestly as possible their role as an agent in another person's healing process. Of course this is not just a state of mind. As the giver you immediately become aware of physical and energetic changes within you as your whole body begins to align itself with this healing intention. Indeed, since mind, body and energy are all one, you can use posture, movement and energy exercises to induce the state of mind, for example by sitting quietly, or opening and relaxing your joints, or doing Qi Gong. But all this must at some point lead to a decision to commit yourself to the purpose of helping someone else to heal, and a decision is a mental event, a thought which Ki can follow.

Because we work through energy and touch we have enormous flexibility and subtlety in how we use this state of mind, this healing intention, but it is the intention itself which gives life to the physical and energetic techniques of Shiatsu. The clearer the intention the more readily the receiver's energy system is to reveal its deeper needs, and the deeper the need that is revealed, the easier it is to *feel* an energetic response. This seems to me what Ryokyu Endo means when he says in "Tao Shiatsu" that the most important thing for the giver is to listen "*to the appeal of life with honest empathy and humility. When the healer does so, the patient develops an unconscious faith in the healer and...the Kyo disorder clearly reveals itself*".

If this connection between the two people is the most powerful teacher we can give ourselves then how might it be used in teaching the routines and techniques of Shiatsu? For the past couple of years I have been testing this idea, teaching Shiatsu backwards as it were, by starting by working with the healing intention - its ingredients and structure - and then bringing that state of mind and body into the work of learning the normal Shiatsu curriculum.

This seemed to be following in the spirit of Masunaga's writings. In "Zen Shiatsu" he says "*to understand meridians and tsubos we must first feel inner life*". My aim was to make my teaching more effective since, by tuning in to this "inner life" students would be guided by the strongest possible sense of what an energetic response is and what it feels like, rather than by me telling them what I *thought* they should be experiencing. In "Zen Imagery Exercises", Masunaga warns of the dangers of assuming that your sensory experience is the same as your students': "*Essentially, each person has to discover the key elements in mastering any technique by himself. People who have succeeded in mastering a certain skill describe their approach by using words that they find meaningful in their own experience. What most people fail to realise is that these words, as often as not, lead beginners astray... When it comes to teaching exercises for experiencing the "essence of life" most teachers do not give ample consideration to this crucial point*".

Teaching Intuition

Three objections came to mind as I began to experiment with this approach: First, without a thorough grasp of the physical techniques of Shiatsu, students can't be expected to feel energy anyway. We might just end up doing airy-fairy energy work and the students would be falling behind in their practical routines. This did happen a bit at first (as my long-suffering colleagues pointed out) but the feedback from the students seemed so positive that I continued, giving myself the task of focusing more and more on how to bring the healing intention to the specific content of the curriculum, until the two began to blend effectively together.

Second, the development of a clear healing intention is a natural part of the self-development aspect of Shiatsu and takes time to acquire real power. It is something that only makes a real difference once a certain level of self-mastery has been developed. In some cases this is true, when a student has come to Shiatsu with no self-development background at all, but most students who commit themselves to a professional training in Shiatsu already have some knowledge - sometimes considerable - of counselling, meditation, martial arts etc. and to be honest, it seemed patronising to assume that they would not be able to access their own healing intention in any useful way.

Third, as Ryokyu Endo says in "Tao Shiatsu", "*Kyo does not reveal itself to those who judge and criticise...*" nor, in a teaching context, does it tend to reveal itself easily to students who are *being* judged or criticised, and since teaching necessarily involves some judgement and some criticism, however constructive, might this healing intention be too delicate a thing to use as a classroom tool? In my first attempts a couple of students left me in no doubt - thanks to very honest feedback- that I needed more skills at establishing a strong sense of safety and trust for the whole group. But if a teacher is able to do this, and has a clear enough idea of this approach then getting each student to tune in to their own healing intention and then having the whole group tune in together creates so much healing

energy in the room that it palpable even to complete beginners. The power of the group to amplify the individual student's healing intention is actually one of the most convincing aspects of this approach.

What is your own state?

The first thing to pay attention to in working with someone else is your own state. I asked students what qualities they could bring from each of the five elements to ensure a "good enough" state from which to come with the intention of making a healing connection with another person. I devised exercises to take students to their threshold of experience with each of these element qualities in turn. Thus they had a chance to realise what energetic, emotional and mental blocks they might have in embodying that element quality.

With practise I now have a check-list of element qualities that work for me and I encourage students to find their own. I use these before a treatment in the same way a pilot goes through a list of pre-flight checks before taking off. Once I know I'm in a "good enough" state, I then open myself to an awareness of the other person's energy field, applying the same element check-list: connecting my borders with theirs (metal), getting a sense of the ripples and wavelengths that I pick up from them (water), opening myself up as much as feels comfortable to accept whatever their energy system wants to present to me (fire), making sure that whatever else I can offer, I am offering real trust and support (earth), and realising that I am becoming part of a system of two people combining their energy fields and that this system has an ecology and an intelligence of its own which, if I listen, will tell me all I need to know (wood).

In an experimental workshop I was demonstrating this approach in preparing myself to give a treatment to a student (who gave permission to use this story). I had gone through my pre-flight check-list and was extending my energetic borders towards his. I extended and extended, but couldn't find any. I moved physically further away to give him more space, thinking maybe his borders were wider than usual. Still no sense of borders at all. At this point I thought I'd better get on with the treatment, borders or no borders, since the other students might be wondering what was going on. But immediately I got a bad feeling inside and knew intuitively that it would be wrong to take the treatment any further. I explained that the issue for him seemed to be to define his energetic borders and that as far as I could tell no further treatment was necessary at that moment. His feedback was very interesting. He explained how in his job as a drug-abuse counsellor and as an ex-user himself, he had lately been working much too hard, over-identifying with his clients, then "flaking out and cutting myself off from the outside world", creating such a strong sense of isolation for himself that old cravings were beginning to re-emerge. When I saw him two months later he was looking much better and I asked what was different. He said that he'd been through a lot of changes at work with both clients and colleagues, not easy but very beneficial in terms of defining his borders and was now getting the help he needed, including Shiatsu and counselling, to deal with

those issues. Our previous encounter, though it had involved no physical touch, was, he said, “possibly the strongest Shiatsu treatment I’ve ever had and it’s still on-going”.

Using Self Awareness in Treatment

If, having contacted the other person’s energetic borders it does feel appropriate to make a connection, the next step is to trust your hand to know where it is being invited to go. How do you know this? Masunaga used the idea of a single-celled organism to illustrate how the basic meridian functions are common to all life forms. In the same way, all living things have certain patterns in common with which to engage with the world around them and one of the most basic of these is the Towards or Away pattern. All life forms can move towards the things they need and away from perceived danger.

If you think of your own behaviour when you enter a crowded room where you know only a few people, what do you find yourself doing? Well before we become conscious of it our whole sensory system has begun scanning faces, postures, body shapes and movements, tones of voice and energetic connections for people we know we want to avoid and for people we will feel safe with or attracted towards. This is exactly what your hand will do if you let it - think of your hand as alive with a wisdom of its own and trust it to find a place on the other person’s hara which it knows it wants to make contact with, then allow it the time needed to make the connection as strong as it can.

If you take the trouble to connect in this way with the other person, the result is usually a very powerful awareness of energy in both giver and receiver, though they may perceive it in very different ways. These perceptions are all information and can be used diagnostically, but more importantly they are signs of an unconscious trust established between giver and receiver. This trust can easily be betrayed. I have often seen a receiver’s meridian system open like a flower in the sun during an exercise such as the one above, only to close down suddenly when the student/giver starts practising the physical techniques of Shiatsu, losing their healing intention as they try to remember the actual routine. But once a student has enough experience at maintaining or re-gaining the state that goes with their healing intention, this state can lead them into the physical part of learning in a subtle and powerful way.

For example, there is a listening quality to this approach which helps a lot to show the true importance of the mother hand. In joint rotations, if the mother hand is used not just to provide physical support at the joint but also to embody - and monitor the effect of - the giver’s healing intention, then the meridians which need working seem more willing to come to the surface and more co-operative. The observable effect is that, while a student is doing a rotation at just the physical level performs it awkwardly and with obvious effort, if they reconnect with the healing state they established at the start of the treatment, the movements become more graceful and flowing and the joint responds more easily and at a deeper level. Even if they are still learning the technique, it is as if their muscles,

neurology and energy-system are all being informed by the messages flowing from the receiver’s meridians into the energy field which giver and receiver share and as long as the trust is maintained, the result is usually that the rotation requires less effort to perform and from the teacher’s standpoint needs less guidance and correction because these are already coming from the energetic connection between giver and receiver.

The Sense of Timing

Another example of how this approach helps students in their practical work is in building a better awareness of timing and rhythm. Sometimes a change is instant and you need to move on from that point at once to stay at the pace at which the receiver’s Ki is moving. Sometimes something stirs or calls to you faintly from beneath the surface and you know you need to wait for the response to build into a real sense of connection. This willingness to for the deep Kyo to reveal itself can be a powerful expression of healing intention in itself. As Masunaga says in “Zen Shiatsu” quoting the Chinese medical classics, tonification can be compared with “a lover waiting for his love’s arrival, affectionately, patiently and without regard for time”. Since I started using this approach I have sometimes found my hand staying much longer than usual, just waiting to establish trust with something deeply Kyo inside.

The Teacher’s Role

These are just some examples of how you can use this approach. I know many teachers are exploring similar approaches in their own creative ways and my aim here is simply to communicate what has worked for me. In most subjects, a large amount of academic information has to be taken “on trust” before a student develops an intuitive grasp of the material. In Shiatsu nothing need be taken on trust except the teacher’s belief in what is possible.

In teaching something as subjective as energy perception there are three aspects to the teacher’s task: first, coaching the student to find their individual sense of what it means truly to embody, physically and energetically, a healing intention. This part involves acknowledging that each student will have their own ways of sensing Ki, just as it is generally acknowledged these days that each student has their own learning style.

Second, the teacher must provide clear guidance on where the acupuncture points and meridians actually are according to the generally agreed maps, and provide the services of an experienced pathfinder - one who knows that even the best maps never describe the landscape exactly as it really is.

Third, as best you can as a teacher, make it clear that your perceptions *are* your own.

They are invitations to the student to see things your way, to feel what you feel. Be aware that if you have done the first two things well, students will be bringing their own experiences to the learning process and at any particular moment in the teaching day, a student may have as much to teach you as you have to teach them. In other words, develop the skill of switching back and forth between the role of teacher and the role of researcher at a moment’s

notice.

The Student as a Master

As a student, the more my own experiences are acknowledged and accepted by the teacher, the more open I am to believe in those experiences and to be guided by the teacher's greater experience. We often bring to the role of student a presupposition that only the teacher knows how things are supposed to be. If we do, then our mistakes are just mistakes, not the special moments for learning that mistakes really can be, and we cut ourselves off from what Masunaga described as that essential ingredient of the learning process - discovering the key (and the Ki!) elements for ourselves.

In "Zen Shiatsu" Masunaga says "the main reason why I discovered some meridians differ from those presented in the classic books is that I followed my intuitive process honestly". How did he know to trust that intuition? How did he know he wasn't just making mistakes? At what level of mastery does one truly begin to believe in one's own sensory perceptions enough to be willing to follow where they seem to be leading you, and what happens when you do? As another master of a different art once said:

"The higher up you go, the more mistakes you're allowed. Right at the top, if you make enough of them, it's considered to be your style"

- Fred Astaire

To me mastery is something we all have at some level in some area of our lives. Some people are masters of

getting out of bed in the morning, (others still have much to learn in this area)! Some people are masters at organising their time, some at growing certain kinds of roses, some are masters of the unsung art of bringing up children, for which no professional training exists at all. How do we learn these things? Something that is common to all these kinds of mastery is a trust in yourself and the skills you have. Nothing is more healing than trust, and one of the beautiful things about teaching Shiatsu is how easy it is to set up exercises in which people can experience this trust from each other at a profound level...and can begin to sense in each other the seeds of this mastery even at the earliest stages of learning.

Nicholas Pole is a partner and teacher at the Shiatsu College London.

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The Breath of Awareness

Breath as a tool for healing by Sonia Moriceau (MRSS)

As we breathe in we take in impressions via the senses, as we breathe out we let go of what we took in. The process happens with each in-breath and with each out-breath; the process of birth and dying.

Yet, as we breathe in we receive impressions and simultaneously we discriminate, we assess certain impressions as favourable and others as not favourable. In this act of in-breath we practise “becoming”, we shape our reality, our sense of self; we identify with our likes and dislikes. We create our personality.

The out-breath is essentially an act of emptying, of letting go, a freeing of identity in order to receive on the next in-breath in an unconditioned way, free from past fears of future anxieties. This is the potential of breathing.

Breathing is more than the process of air passing an and out of the body, breathing is also the consciousness, the level of awareness of each person.

In Healing-Shiatsu working with the breath of one’s client is a central tool to diagnose and to evaluate the level of awareness of the client. By working with the breath one is exercising and awakening the client’s awareness therefore stimulating their own healing potentiality. Students are often suprised that by working with the breath their clients become involved in their own healing process in a most direct and immediate way and at that moment strengthen their healing potential.

Letting-go of the breath, letting-go of becoming, letting go of the emotional weight necessary to keep our personality going, is a first act of healing, then taking in is free from conditions, free from holding on to a sense of “self”. Thus the healing potential of each individual returns to it natural tyrhm.

As students discover their own potentiality through the mindfulness practice of breathing they also become more attuned to their client’s breathing. In Healing-Shiatsu the touch-pressure is applied on the out-breath of the client, gently releasing on their in-breath. Furthermore through their own practice the practitioner will have experienced that there is a gap between the end of the out-breath and the start of the next in-breath. This gap is not the same as holding one’s breath. Naturally as the out-breath ends there is a sense of “no-need to become, no-need to be reborn” and the awareness rests in that gap or space; this is where the practitioner can meet the client’s awareness and potentiality, this is where healing takes place.

To cultivate the awareness of the “space” between out-breath and in-breath is vital in the assessing and exercising of the healing potential. If at that point both practitioner and client can rest their attention in that “space” a true healing is experienced. This is the beginning of healing the human condition from its incessant grasping at the next in-breath in order to re-affirm its “personality”.

In practice it is easier to feel the breath of the person when working directly on their back, Hara or chest but with more experience it is possible to feel the breath of awareness in the legs, in the arms, in a knee, in an ankle or a toe. Basically where attention is, breath is; where attention is, energy flows.

Breathing goes on all the time, for all of us regardless of the activity, place or time. It is therefore a most suited tool to exercise awareness, and to stimulate healing. It is a true barometer of where we are at any given moment.

Every thought, emotion, opinion or idea we have, is accompanied by a change in the breathing! Many times we are not aware of this but it occurs all the same. By changing one’s breathing, by placing the attention on the softness of the out-breath, one can change the energy of a room, one can turn an argument into a dialogue. Therefore the practitioner can help change her client’s kyo-jitsu condition simply by practising awareness of the breath, especially at first the awareness of the out-breath in her own belly and simultaneously in her clients.

Recently on a meditation retreat, an acupuncturist friend of mine and I decided to test this, that breath is awareness, is one’s healing potentiality. Daily he took my pulses to check the state of balance but did not give any treatment. My practice was simply sitting and walking meditation. Both practices are based on mindfulness of the breath neither holding nor pushing, just experiencing the rise and fall of the belly as one is breathing in and out and allowing all thoughts, feelings, emotions and ideas to do the same, to rise on the in-breath and to fall on the out-breath, nothing more.

After the 7-day retreat my friend exclaimed that the energies were in perfect balance, no need for any treatment and he was truly suprised. He did not realize that awareness of the breath could be healing.

Practices based on sounds, laughter, chanting, all involve the relaxing of the belly and a deepening of the breath. Furthermore, if the awareness is placed on the out-breath, the effects will be more long lasting and deeper, affecting the whole person and releasing the need for “becoming”.

Giving shiatsu with the emphasis on the breath touches the person at her core, touches her consciousness thus triggering an awakening which always sends healing waves to all layers of the personalilty.

I would be interested to know of practitoners who include the awareness of the breath into their work and who would like more practical suggestions to help them incorporate this into their healing practice. Please feel free to contact me.

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The Six Divisions

by Bill Palmer

The traditional Chinese energy organs have meridians that run into the arms or the legs but not both. For instance, the Lung meridian ends in the hand and the Spleen meridian begins in the foot but neither, traditionally, run in both arm and leg.

Shizuto Masunaga extended the meridian system so that each meridian runs in all the limbs, expressing the opinion that holistic energy functions should be accessible everywhere.

However useful his extensions have been, they miss a point that was very important in ancient Chinese thought: "Arms reach to Heaven and Legs stand on the Earth". [6]

We move our arms to express ourselves and to manipulate the outer world. They are particularly human limbs, since most other animals use their forelimbs primarily for getting around. Since we have evolved into a vertical posture, the arms have become free to evolve fine manipulative and expressive movements.

So it makes sense that the Fire and Metal meridians, expressing energies which relate to the outer world and to our emotions and consciousness should run in the arms.

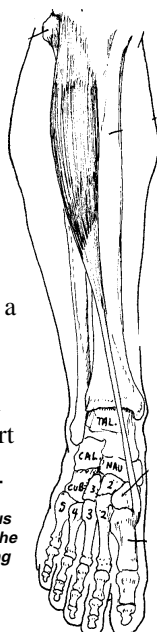
The legs, on the other hand, are more related to supporting the body and to moving it. It is clear then that the Earth meridians, expressing the nourishment and support of the organism and the Water & Wood meridians, expressing the power of primal energy to move us and direct us, should run in the legs.

So the division of the meridians into the arms and the legs have a deep meaning which is specific to the relationship between energy and human anatomy. The Fire and Metal meridians are related to the Mind and to Heaven. The Earth, Wood and Water meridians are related to the Body and to the Earth Element. We now examine in detail how the functional structure of the limbs reflects the energy functions of the meridians running through them.

Legs Relate to the Ground

The knee, tibia, talus and the first two toes have evolved to support the body and to push against the ground. The first and second toes articulate through the talus to the tibia. The tibia is a strong straight bone through which force can be applied, so it connects to the ground and supports the body. The Earth meridians, energetically related to support

Fig. 1 Tibialis Anterior Muscle guides weight into Talus foot by drawing the posture forward onto the balls of the feet. and by modulating plantar flexion to guide pushing movements into the big toe. ST & SP meridians tone this muscle



and grounding run through this anatomical structure and end in the first and second toes (Fig 1).

The Legs Move the Body

The fourth and fifth toes articulate through the cuboid and calcaneus to the fibular. Research by Bonnie Bainbridge Cohen [1,2] has shown how this section of the leg and the muscles attached to it, such as the peroneus muscles, are related to the development of postural alignment between the legs and the spine. Proper alignment means that force from the legs is transmitted smoothly into forward

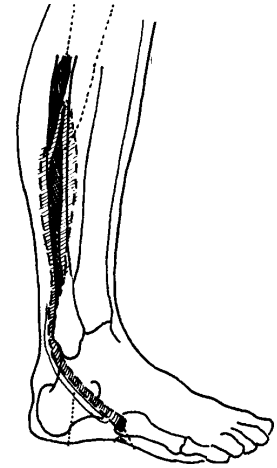


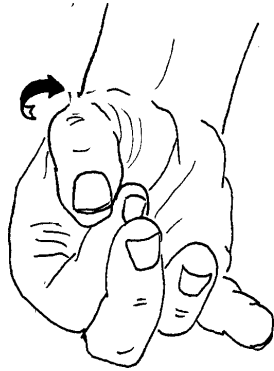
Fig. 2: Peroneus muscles align the leg by angling the foot, and knee so that a push is transmitted vertically up the body

movement of the body. If this chain of structure is low in tone then a push from the legs tends to result in forces that push the body sideways rather than forwards. This means that the upper body needs to be controlled and contracted in order to pull the body back into the required line of movement.

Appropriately the Bladder and Gall Bladder channels, ending in these toes are energetically related to how we direct our Will smoothly into movement of the body i.e. how our intention is linked to our actions. The Bladder meridian guides the movements which bring the leg into alignment with the spine and tonifies the foot extensor muscles, such as the **gastrocnemius**, which initiate pushing actions such as walking and climbing. In the torso, the Bladder channel provides support to the spine so that the horizontal component to the force is elastically 'contained'. Effectively the Bladder channel in the back helps the spine to act like a spring.

The Gall Bladder meridian provides support for the sides and also restrains the horizontal forces in the whole body. The muscular tone produced by balanced energy in the GB channel helps structures such as the pelvis, ribs and shoulder girdle to move as a unit with the force moving up the spine. Low energy in the GB means that these structures 'wobble', dragging on the movement and causing a directionless feeling in the person. On the other hand, mis-alignment of the legs and spine require the GB to be hyper-tonified or 'jitsu' in order to pull the movement back into line. This results in a subjective experience of needing to be 'in control' and a lack of zestful spontaneity. For a more detailed discussion of these patterns see **Development and Energy** [2] but, in essence, the Bladder channel

provides the clarity of central alignment so that our Will can flow all the way through the body whilst the Gall Bladder channel restrains sideways movements and integrates the outer parts of the body with this central direction.



The Radial Arm Relates to Space

The elbow, radius, scaphoid, thumb and forefinger have evolved with their musculature to perform fine manipulative movements such as pinching, rotating and pointing. Jean Piaget [3] and Daniel Stern [9] have explored how these movements are used by children to learn the difference between self and other, to form concepts of the world and to create boundaries. Essentially, by trying to manipulate the world the child learns the extent and limits of her personal power and develops a sense of how far she 'extends' out into the space around her. This sense allows the energy to expand and fill the personal space. The pronation of the forearm combined with extension of the index finger, a movement guided by the Large Intestine meridian, is also used universally by humans to say 'No!'. This movement is also used by children to define their personal space and to resist coercion. It is therefore appropriate that the Metal meridians, associated with the energy functions of personal expression and defence, run through this aspect of the arm.

The Ulna Arm Expresses the Centre

The ulna aspect of the arm is structurally more connected to the torso and, developmentally, to movements which involve the whole body. The movements of the Metal hand, articulated from the Scaphoid bone, are more precise. They are initiated from the fingers and forearm and can be limited to the distal arm. The movements involving the ulna arm are integrative, wider and initiate from the central body. Structurally, this is because the ulna bone articulates directly with the elbow and movements of this bone involve not only local muscles but also ones which relate back to the spine such as the Latissimus Dorsi and the Rhomboids. The ulna articulates with the Lunate and Capitate bones in the wrist which form the foundation for the 3rd, 4th and 5th fingers. Appropriately, the Fire meridians run in these digits whose energy integrates and relates the whole self to the gesture of expression.

The Six Divisions Connect Arms and Legs

So far we have been discussing how the function of the arms and legs are different. However, the four limbs are also functionally and anatomically parallel since they all evolved out of mammalian legs. Each hand and foot has five digits which articulate through the wrist and ankle bones onto two limb bones. The

proximal part of the limbs have one bone each. Thus the basic structure of the limbs is similar.

The Six Divisions are a traditional way of linking the meridians that run in the parallel anatomical structures of both upper and lower body. For example the Spleen meridian and the Lung meridian are joined into the Greater Yin meridian because they both have an end in the first digit of their limbs and run along the forward and inside aspect of the respective limbs.

Traditionally, not much else has been said about the Six Divisions. Yves Requena has developed a theory that they are related to the eight psychological temperaments described by Corman and Berger [8]. This theory may be laudable in its attempt to re-connect the energetics of the body to the personality but I feel it does not capture the essential meaning of the Six Divisions for the simple reason that, in order to make this correspondence between six meridians and eight temperaments, Requena has to split two of the Divisions again into their leg and arm components.

To me this misses the real point about the Six Divisions, that they link arm and leg, Heaven and Earth. They express deep holistic connections between the different but parallel structures, linking both Earth and Heaven in six common functions which are even deeper processes than the energies expressed by the Organ meridians. The rest of this article describes how our developmental viewpoint has helped us to understand what these deep processes are and to see the action of the six divisions in the development of posture and personality.

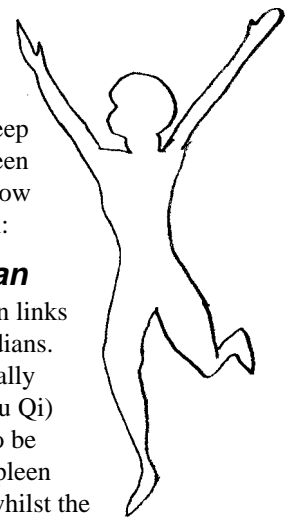
The Deep Functions of the Six Divisions

We have already stated that the six divisions show deep functional relationships between the Chinese Organs. We can now explain this statement in detail:

1) Greater Yin meridian

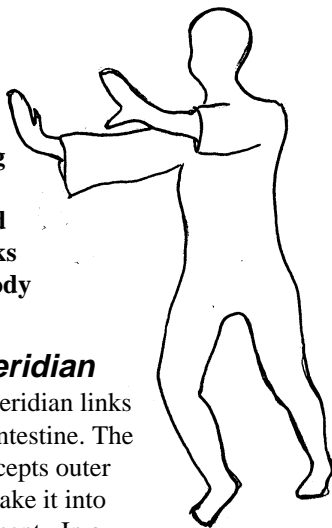
The Greater Yin meridian links the Spleen and the Lung meridians. The Spleen function traditionally supplies nourishing energy (Gu Qi) and transports it to the Lung to be spread into the tissues. The Spleen supplies Qi from the centre whilst the Lung spreads it to the surface. Thus both Organs are concerned with the basic process through which energy manifests in the flesh and nourishes it. So the Greater Yin meridian expresses the process of Incarnation.

If this collaboration is not functioning then the person will experience a difficulty being in their body. They either feel a lack of inner support (Spleen) so there is a tendency to collapse or that their energy is inward and not manifesting in their movements (Lung). In both cases the posture tends to collapse inward and



close off from the outer world.

On the other hand, if this division is functioning well then energy supports the body from the centre and spreads outward to the surface, manifesting as radiant expression. The posture is open and soft and the person looks comfortable in their body and with themselves.



2) Bright Yang meridian

The Bright Yang meridian links the Stomach and Large Intestine. The Stomach traditionally accepts outer energy and allows us to take it into the organism as nourishment. In a deeper sense it allows us to feel the support that the outer world (our Ground) can give us rather than having to “do it all ourselves”. If it does not function well then we are not able to accept and digest Outer help. Our sense of self is isolated, needy and effortful. It is hard to relax.

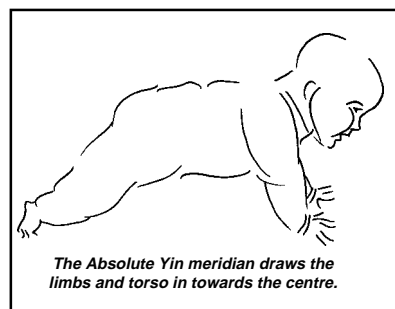
The Large Intestine, on the other hand, creates the boundary of the Self by saying ‘No’ and pushing out energy which cannot be incorporated into the Self. Developmentally, the movements of the arm & head structures around the L.I. meridian are first seen in babies learning to say ‘NO!’ , to push away and to reject. This is an important skill and if it is missing then the sense of self is insecure and is too influenced by outer forces.

Thus the division as a whole gives a balanced sense of self: not rejecting the help of the outer world but also not allowing the invasion of hostile energy. It gives a posture of grounded confidence and creates healthy boundaries.

3) Absolute Yin meridian

The Absolute Yin meridian links the Liver and Heart Protector. The Liver is traditionally concerned with facilitating the smooth flow of Qi whilst the Heart Protector is often seen as a ‘shock absorber’, helping the Heart not to be too distressed by the choppiness of emotional life. So these two Organs have this deep common function of smoothing life.

In past articles [2, 5], I have explained how both Organs do this by connecting to a ‘centre’.



The Absolute Yin meridian draws the limbs and torso in towards the centre.

The Heart Protector guides energy from the periphery through to the centre so that the organism can receive it as an integrated whole. So rather than one part taking the whole brunt of a

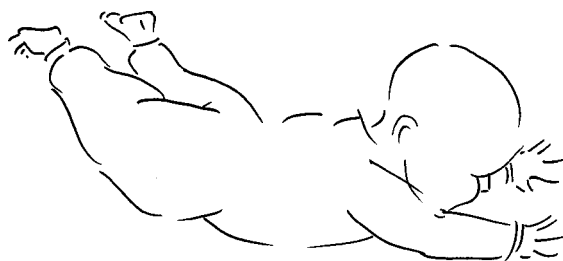
traumatic force, the whole being can roll with it. The Liver function is more concerned with providing a common central purpose around which potentially conflicting forces can collaborate.

If the division is not working well then the person is jumpy and jerky, not able to deal with change easily and very irritable and protective.

The division working well gives a sense of grace and flow to the person’s movement and posture. They have an ability to go with the flow of life without fighting the process.

4) Lesser Yang meridian

The Lesser Yang Meridian links Gall Bladder and Triple Heater. The Triple Heater is the traditional function of integration, the avenue along which Primal Energy (Yuan Qi) acts through the whole body [10]. Whereas Absolute Yin is concerned with Finding a Centre, Lesser Yang is concerned with how we act from that centre as an integrated organism.



Developmentally, the movements initiated by the musculature around the Triple Heater meridian, as it were, knit the baby’s body together, particularly through whole body extension and spiral movements of rolling [2]. A new-born baby feels physically disconnected. By three or four months they have found their centre and their movements act on the body as a whole.

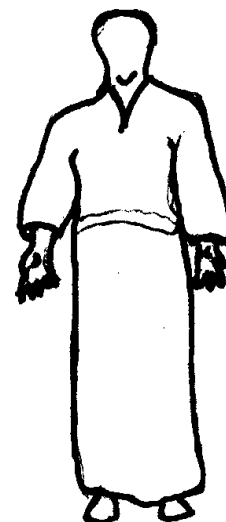
The Gall Bladder gives the ability for acting decisively, without conflict. It is less to do with knitting the self together as in arbitrating between potentially conflicting impulses, so that one can yield, allowing the organism to act as a unified being. This process is what we normally call ‘making a decision’.

Thus the division as a whole gives the ability to act as an integrated person, either by acting from a unitary centre or by making decisions.

A dysfunction of this division creates many developmental problems, such as clumsiness and lack of balance, that can be traced to a lack of Sensory-Motor Integration.

5) Lesser Yin meridian

The Lesser Yin meridian links the Kidney and Heart. The Kidney is the source of our constitutional and primal energy. The Heart is the centre of our



primal self-awareness.

Both Organs are at the deepest level of the energy organism. They do not act themselves but are the foundation and source of our sense of Physical and Spiritual vitality. They are the centre of self but do not, themselves, have characteristics. As such they embody what the Buddhist philosophy calls Sunyata or the Void [11]. A state of emptiness which can easily move into appropriate action because it is not attached to a conditioned, past-oriented view of self.

If this division is not working then the person feels a lack of Life and spontaneity. Their actions are weighed down by considerations of the past and future and they feel trapped and victimised by their situation rather than creatively dealing with it in the present. The deepest feelings of insecurity and anxiety come from this dysfunction.

The posture given by the Lesser Yin meridian is both centred and light. A feeling of unattached poise is given out, expressing a capacity for action in any direction. This state is reflected in people who have practised spiritual disciplines to an extent that they are not conditioned strongly by one rigid view of themselves.

6) Greater Yang meridian

The Greater Yang meridian links the Bladder and the Small Intestine which both express the clarity of a person's intention and sense of self. Clarity is a term used in Buddhism [11] to describe the state when the Spirit shines through the person's actions without being clouded by those things which we have absorbed into ourselves and not been able to assimilate. These clouding energies are often called impurity in both Buddhist philosophy and in Chinese Medicine. For instance, if we feel that we should do something but, in our heart, we don't want to then we do it by repressing our true feelings. This is an unassimilated bit of our conditioning. In psychological language it is called an INTROJECT, something we have swallowed whole without digestion. Examples are: 'I should be a happy person', 'I shouldn't get angry', 'Men don't cry!'

These introjects can cloud our spontaneous energy and sap our Will with guilt and shame. The Small Intestine traditionally separates the pure energy, which we can assimilate into our sense of self, from the impure introjects and thus clarifies our awareness and our impulses.

As we explored before in an earlier section, the movements developmentally associated with the

Bladder meridian align our legs and our body in such a way that the action of pushing with the leg moves our body in the direction we mean to go. Thus it too provides an early experience of clarity in our action through which our Will can shine.

This division, if it is dysfunctional, produces a lack of drive. It's not so much that people are in conscious conflict but their life force is clouded by 'shoulds' and 'can'ts'.

The positive functioning of this division, however, gives movement a sense of pure focus. A person's intention is reflected in all parts of their body and is not repressed by inhibition.

Conclusion

The archetypes expressed by the Six Divisions are at a very deep, spiritual level. Often I find they illuminate a Core Issue in a person's life which one could see as a life-task. By bringing this Core task into awareness the therapy takes on a different dimension. Instead of trying to 'solve problems', the issues can be seen as challenges and stimuli within the person's life process; a deep part of themselves which can be a seed of learning.

Since the Six Divisions also run through the whole body, "linking Earth to Heaven", they also link physical posture to personality patterns. Often clients come for therapy with a structural or postural problem that turns out to be inseparable from their sense of self on an emotional level. Also, it is common for clients to present an emotional or stress related issue which is hard to resolve because it is 'stored' in the postural and movement habits of the body. Working with the Six Divisions, seen as Body-Mind lessons to be learnt, both the mental and somatic aspects of a person's condition can be worked with in an integrated way

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Wise Women

Making Informed Choices At Menopause

by Hilary Totah

These days books and articles about the menopause proliferate, mostly because a large and articulate group of women are reaching menopausal age. We were the sixties generation. Yet the subject is still surrounded in mystery and taboo in society as a whole. In a culture where our popular images of women are slender, young models with perfect skin, some of whom have barely reached puberty, let alone been through childbirth, older women are not valued. The menopause, seen as a symbol of the end of youth, is perceived as a problem or a syndrome to be treated and denied.

Western view of the menopause

Lets look firstly at what the actual physiological changes are, as a woman approaches menopause. In a woman of childbearing age, each month one egg from the ovaries begins to ripen, stimulated by follicle stimulating hormone (FSH), The ovary will start to produce oestrogen and the egg is released from the ovary, leaving behind the corpus luteum. The corpus luteum continues to produce oestrogen and progesterone unless there is no pregnancy, in which case the endometrium is shed from the wall of the uterus and menstruation occurs.

The cessation of ovulation occurs between the ages of 45 and 50 for most women and is a gradual process. Usually the onset of menopause will be marked by some symptoms - hot flushes, mood swings, irregularity or change in menstruation. Oestrogen blood levels fall below the point necessary to produce uterine bleeding, periods become less frequent and eventually cease. For the next year there is a further decline in the levels of oestrogen until it stabilizes with virtually no oestrogen secreted by the ovaries. Although the type of oestrogen responsible for menstruation is no longer produced a form of active oestrogen is produced after menopause. Androstenedione is produced in the ovaries and adrenals and changes to oestrone (a type of oestrogen) in the fat cells of the body. This may account for many women putting on weight after menopause and fatter women having less problems at menopause. Even if oestrogen is given in other forms, the body changes it to oestrone.

During menopause there is a rapid decline in the levels of oestrogen and the view that aging is a process of degeneration implies that womens' bodies are malfunctioning without their original level of oestrogen. Hence the popularity of Hormone Replacement Therapy (HRT). But if a woman's body is no longer preparing for pregnancy each month does it still need such high levels of oestrogen? It is certainly true that many women suffer various uncomfortable symptoms at the onset of the menopause which can last a number of years as 'the change' takes place. So what are these symptoms and how do they arise?

Hot flushes and sweating are the most common menopausal symptoms, occurring in 70-80% of menopausal women and vaginal atrophy in 10%. Other symptoms include headaches, palpitations, pain in the joints, insomnia, mood swings, anxiety, irritability, loss of libido, stress incontinence and osteoporosis (after menopause rather than during). Not all women suffer from these symptoms - 20% suffer severe symptoms, 60% mild symptoms and 20% none at all.

What is the cause of these symptoms, leading to the label 'menopausal syndrome' and the image of the menopausal woman as irrational, unstable and past her prime? Physiologically speaking, the rapid decline in oestrogen levels may be hard for the body to adapt to - similar to 'drug withdrawal' - and the menopause is a time of adjusting to changing levels of hormones. Most menopausal symptoms disappear after this period of adjustment. It seems that hot flushes, vaginal dryness and stress incontinence can be attributed directly to loss of oestrogen but what of the other symptoms?

There is a good deal of evidence to suggest that menopausal syndrome can be exacerbated by stress. Certainly, in the middle years a woman often faces big lifestyle changes - children leaving home, relationship and job changes, as well as change in status and how society sees her. Women often see their role as tied into their ability to reproduce - their usefulness as furthering the species. Our popular images of women in advertising and the media are of youth and beauty - firm flesh, flat stomachs and no wrinkles - an impossible ideal even for most young women. The wisdom of age and experience is ignored rather than respected. Our grandmothers - the elders, retire to the periphery of family and community life, often isolated and forgotten - a burden on the state and their families. In cultures where a woman's status increases after menopause women have very few or no symptoms. The Indian women of Mexico become heads of their married son's family. In certain parts of India, Muslim women can discard the veil after menopause. In ancient mythology post menopausal women were revered for retaining their 'wise blood', becoming healers, givers of initiation and holy women, the archetype of the Crone - a woman of power. The biological event of menopause, the unconscious stresses of our cultural images plus the very real stresses of life changes in the middle years are the causes of 'menopausal syndrome'.

TCM and the menopause

From the point of view of Chinese medicine, menstruation is due to a superabundance of Blood, spilling over every 28 days. As we age, production of qi and blood decline and the essence or 'jing' begins to be consumed. Menstrual blood is the physical manifestation of 'jing' in

a woman and when blood is lost some 'jing' is also lost. Menopause is a vital mechanism for preserving the 'jing' and Blood as the body's metabolism slows down. Jing or Essence is fluid-like and more yin and can be considered as an aspect of Kidney - Yin. Essence provides the material basis for Kidney-Yin to produce Kidney-Qi by the heating action of Kidney-Yang.

In the Nei Ching it says that a woman is governed by a series of seven year cycles. In her seventh cycle at age 49 the Kidney-Qi declines and menstruation ceases. The declining Kidney-Qi will give rise to symptoms typical of Kidney-Yin deficiency, often leading to deficiency in other organs, e.g. Spleen, Heart and Liver. The vast majority of women with menopausal symptoms have these patterns at the root of their complaints. Menses stop because there is insufficient Liver Blood and Kidney -Yin to support it. Lets look at the main patterns of disharmony:

Kidney-Yin deficiency with Liver-Yin deficiency and Liver-Yang excess

Deficiency of yin in the Kidney and Liver lead to a relative excess of yang, leading to heat rising upwards. The result is hot flushes and sweating especially in the upper body, blurred vision, dizziness, tinnitus and headaches. Lack of Kidney energy may lead to weakness and pain in the lower back and legs. Yin deficiency may give a dry mouth, constipation and insomnia. If Liver-Yang is excess symptoms may be more severe giving rise to dizziness and vertigo, irritability, migraine and profuse menstrual flow.

Treatment principle - nourish yin and calm the Liver.

Useful points - Lv 3 & 8 - to calm the Liver, Kd 6 - to tonify Kidney-Yin, Bl 23 - for Kidney deficiency and Bl 20 & St 36 - to strengthen Qi.

Kidney-Yang deficiency

If yin is depleted then yang is also depleted. In this case Kidney-Yang is depleted more than usual. This may give rise to a feeling of cold in the body and limbs, an aversion to cold, pale complexion and feeling of cold in the lower back, loss of libido and copious clear urine. Coupled with Spleen-Yang deficiency there may be oedema, abdominal distension and loose stools.

Treatment principle - Warm the Kidney, regulate Qi and tonify Spleen.

Moxa on CV17, 12 & 6 - to regulate Qi, moxa on CV 4 - to warm Kidney, Sp 6 - to tonify Spleen.

Heart-Yin and Blood emptiness

Heart-Yin is rooted in Kidney-Yin and decline of Liver and Kidney-Yin may result in Heart-Yin emptiness. Symptoms are dream-disturbed sleep, palpitations, loss of memory and insomnia. A deficiency of Blood may also be related to Spleen deficiency, leading to symptoms of palpitations, shortness of breath, anxiety, loss of memory, insomnia, pale complexion, tendency to fatigue and itchy skin.

Treatment principle - Tonify Heart-Blood,

Nourish Kidney-Yin and strengthen Spleen.

Bl 15 - to tonify Heart and calm the mind, Bl

20 - to tonify Spleen (moxa may be used), Bl 23

- to tonify Kidney-Yin, Sp 6 - to tonify Spleen.

Kidney-Yin and Yang deficiency

Signs of both hot and cold are present. There may be coldness in the lower body while at the same time there will be hot flushes of the head, neck and face. There can also be dizziness, sweating of the palms, tiredness and low sex drive.

Treatment principle - To tonify Kidney-Yin and Yang.

Kd 3, 6 & 7 - to tonify Kidney-Yin & Yang, CV4 - to tonify Kidney, St 36 & Sp 6 - to support Qi.

Shiatsu and the menopause

As we see from the patterns of disharmony in TCM, Kidney deficiency underlies most menopausal symptoms, coupled either with Liver-Yin deficiency & Liver-Yang excess, Spleen-Yang deficiency or Heart-Yin emptiness. In my experience in treating women approaching or going through the menopause, Kidney nearly always shows up as the most kyo, with Spleen also kyo and Liver tending to be jitsu or at least stagnated. Treatment involves tonifying Kidney and Spleen, and moving Liver Qi.

When treating menopausal problems it is important to see it as a time of particular stress producing imbalances. Unhealthy lifestyle choices as well as sociocultural stresses all contribute to deficiency and stagnation. In her book *Menopause, A Second Spring*, Honora Lee Wolfe discusses the role of stagnation/depression in causing many menopausal symptoms. Qi stagnation most strongly affects the Liver and when combined with the normal decline of organ function will lead to the symptoms of menopausal syndrome. She says 'stress, anger, worry, fear, frustration, boredom, or any other negative state for which a woman has no solution, nor the ability to change will cause the qi to stagnate.' How many of us know this one?

Some case histories

G. came to me with painful and stiff shoulders. She is aged 52, her periods stopped 2 yrs ago but she still gets hot flushes, especially at night - waking up sweating. Sleep is erratic - she wakes often at 5.30 and can't get back to sleep. She is thirsty and wants cold drinks. Her bowels are regular and urination tends to be frequent but scanty. She is under stress from a difficult relationship and works long hours as a physiotherapist - she had trained as an osteopath. She says she feels stuck and also gets pain in knees and general achiness in her bones particularly in the morning. She feels better for movement. I noticed that her self-esteem was low.

My diagnosis was that Kidney-Yin was deficient (hot flushes, night sweating, aches in bones) and there was also Liver Qi stagnation (feeling stuck, stiffness - better for movement).

I saw G. over a period of about six weeks and gave her

four treatments. I tended to work on Kidney using Kd. yu points and Kd. 3 as well as working in Kidney meridian. I would use Lv. 3 and sedate Liver energy working with her joints - especially shoulders and knees, using Liver touch (working with the proximal and distal side of the joint to encourage smooth flow). After the first treatment she noticed an improvement in her knees and felt generally looser. Gradually she felt less stiff in the shoulders and her sleep improved. She made some decisions about her relationship. I suggested that she investigate natural progesterone treatment and recommended Leslie Kenton's book (see bibliography). When I last spoke to her her shoulders had improved, she had started using the natural progesterone cream and she felt that she didn't need further treatment for a while.

A. is a movement therapist and she came to me saying she felt her body was falling to pieces. Three months previously she had a fall and hurt her hip - she had skidded and pulled muscles in her inner thigh which still gave her pain on abducting the hip, particularly with the knee flexed. She is aged 45 and hasn't had a period for 3 months. She has hot flushes and wakes up hot and sweating in the night. She doesn't sleep well. Her bowels are irregular with a tendency to constipation. She had ME several years ago and her energy is still low and she feels her muscles are weak. Periodically her arm feels like it comes out of the socket and she loses power in the muscles - she can't lift things. She is thirsty for hot drinks and her urination is clear, frequent and scanty. She has regular psychotherapy.

My diagnosis is that Spleen is weak leading to deficiency of Liver Blood causing muscular weakness and insomnia. She also has signs of Kidney-Yin and Liver-Yin deficiency - night sweating, dry eyes, insomnia and constipation. At her last treatment she had had an acute inflammation in her left eye, being swollen and painful. I saw this as the Liver-Yang becoming excess and causing heat to rise. She had been under particular stress with moving house and taking on some new work, where she was dealing with people she didn't like and having to swallow her anger.

My treatments with A. have been to tonify Kidney and Spleen and some structural and muscle work for her hip. Also working Liver meridian especially in her inner thigh. And again working with Liver touch to liberate the Qi. In her last treatment I also worked Gall Bladder meridian for her eye and GB 21 for its descending action. A. has responded to treatment for her hip and that is getting better. Her tiredness, weakness of the muscles and hot flushes have not changed much although she finds shiatsu makes her feel better for a while. Now that her hip is getting better I plan to work with Spleen energy more and help her to feel her own inner support through Spleen touch work (helping her to let go into her weight and her organs).

In my treatment of menopausal and post menopausal women I talk to them about their diet and lifestyle, advising them to cut down caffeine, sugar and alcohol if they are suffering from hot flushes and to include plenty of dark green vegetables and sea vegetables as being good sources of calcium and magnesium. Excessive protein can prevent

the absorption of calcium and increase acidity in the blood. Moderate exercise helps to reduce stress, prevent bone loss and minimize stagnation. For women who are already taking HRT and would like to stop, Chinese herbs or homeopathy can help. I have treated one woman who made the transition from HRT to natural progesterone by slowly reducing the dose of her HRT whilst using the natural progesterone cream. And of course regular shiatsu can help to relieve aches and pains, alleviate symptoms and relax and destress the body. I also advise women to read as much as they can about the menopause and this is one of my soap box issues. It wasn't until I reached the menopause that I started to find out anything about it - it is a subject most women are ignorant about at least until they reach that 'certain age'. We need to demystify the menopause and educate younger women in all aspects of their reproductive cycle, to talk to other women about it and share our experience to support each other. There are many useful books about the menopause which help to empower women and I have included some in the bibliography below.

HRT or not HRT

Here I am going to get up on my soap box again and speak out against the blanket prescribing of HRT as a cure all for menopausal women. If you are over 45 and visit your doctor the chances are he will suggest that you take HRT - the new wonder drug to keep us young and juicy, free of those uncomfortable murmurings of our body as we pass into our wisdom years and a panacea to all the ills suffered by women as they approach the age of the Crone. First of all the prescribing of HRT implies that there is something wrong with menopausal women, that the loss of oestrogen is an illness or at least a deficiency that has to be rectified.

Today HRT is usually composed of oestrogen and a progestin combined - earlier versions of HRT with just oestrogen were found to increase the chances of endometrial cancer. Both the oestrogen and the progestins are synthetically produced and their molecular structure altered from that of the natural hormone. Pharmaceutical companies do not make and sell us the natural substances because they cannot patent them.

Part of the reasoning of the medical profession behind the doling out of HRT is that it prevents osteoporosis - the decline of oestrogen in the body increases the chances of bone density loss. While research does show that oestrogen inhibits the production of osteoclasts (the cells that reabsorb old bone), there is also evidence that progesterone aids in the production of osteoblasts (bone building cells). Oestrogen with a progestin does prevent bone loss but in order for this protection to work a woman would have to continue taking HRT up until the time she is most at risk of osteoporosis - that is in her 60s and 70s.

American physician, Dr. John Lee has discovered in his practice that giving menopausal and post menopausal women small doses of natural progesterone transdermally has the effect of preventing bone loss and even reversing it. Furthermore, natural progesterone on its own can have a positive effect on many menopausal symptoms including

hot flushes, loss of libido, mood swings and vaginal dryness.

Other treatments

There are many foods that provide natural sources of oestrogen. Rhubarb, hops, celery, fennel, ginseng, alfalfa, red clover and liquorice all contain phytoestrogens - compounds which have a similar molecular structure to oestrogen, with no known side effects, although their action is weaker than the actual hormones. Soya products also contain phytoestrogens and studies show that Japanese women with their high soya diet have a much lower incidence of menopausal symptoms than American women. Many herbs including Chinese herbs can be used to alleviate symptoms. Sage, Agnus Castus, Motherwort and Black Cohosh can help. The Wild Yam is the plant source of natural progesterone and has many properties for easing reproductive problems. For a fuller discussion of diet and herbs see Leslie Kenton's book *Passage to Power*.

The menopause is a natural part of the cycle of a woman's life. The body's own way of preserving her energy after her reproductive years. She can then become the wise grandmother, passing on her experience to the younger women. In Chinese medicine the menopause is seen as part of this cycle. A woman needs to preserve her 'jing', conserve the energy of the Kidneys and stop giving up her Blood. This homeostatic response is the menopause. It is a healthy and natural response to the ageing process. Women can remain in good health for another 20 - 30 years

and indeed many women experience a resurgence of their energy and creativity after the menopause. The post menopausal years are the golden years, the time when a woman retains her 'wise blood' and enters the age of the Crone - the wisdom years. We need to honour this process.

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Passage To Power: Natural Menopause Revolution by Leslie Kenton - Ebury Press 1995.

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Progest cream - Source of natural progesterone can be obtained by mail order from The Natural Health Ministry, La Brecque, Alderney GY9 3TJ. Tel: 0701 070 3123

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Book Reviews

Shiatsu for Women

by Ray Ridolfi and Suzanne Franzen
Thorsons, 1996. ISBN 1 85538 482 5

In the last few years a profusion of Shiatsu books has been published but most of them have been general books. Very few have been written about the specialities of experienced practitioners. Both of the authors have spent many years accumulating experience in working with women and the particular issues that arise in female bodies. This book is the result of this research.

It is written clearly and with authority, the aim being to show people how to use Shiatsu in the areas of life that are generally more relevant to women. However, as they say, the book is useful for men too: the general Shiatsu form that they describe is simple and complete and equally good for both sexes; the general techniques for assessing your health and interpreting it in Oriental terms are also useful for men. The sections aimed at women in particular are originally presented. The Chapter headings show the general themes well:

Help Yourself to Health and Beauty presents Do-In and exercises as techniques for self-maintenance. This initiates one of the threads running through the book, that health and healing are an active process: the person is encouraged to be fully involved in their health rather than a passive consumer.

Shiatsu for Sexuality and Sensuality presents Shiatsu and energy work as an aid to relaxation and enjoyment. The basic theme being that the pleasure of sexuality is an important part of health and is undermined by stress.

Shiatsu for Pregnancy and Childbirth is a more technical chapter including self-treatments for common problems before, during and after birth and a general explanation of the energetics of pregnancy.

Self Treatments for common Gynaecological Problems is a self explanatory chapter but illustrates well a strength of this book: the quality of the drawings. Each self-treatment is illustrated by a picture showing both points and general body zones where Shiatsu is helpful. The exercises

in all chapters are well drawn, showing the movement as well as the end positions.

The book fulfils its aims well except that I feel that the language is too technical for the average woman in the street. The chapters detailed above are pitched just right for the general public, as is the general introduction to Shiatsu. However, the theory is described in a language that is crystal clear to people familiar with Oriental Medicine but which I feel will be skipped by most general readers and I hope this does not mean they will skip the rest of the book.

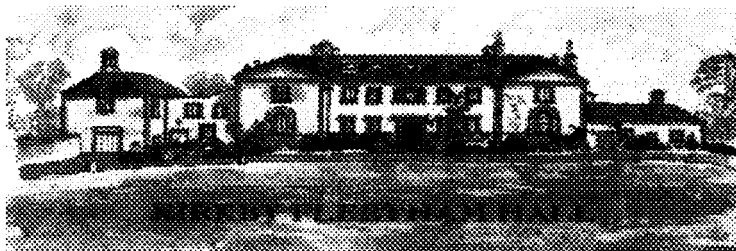
However, the book would be incomplete without these sections, so maybe, in future editions, it might help to mark, through colouring or typography, those sections which can easily be missed by people who do not want to go deeper. The authors present Shiatsu as very user-friendly and this addition would make the book as easy to use as the Shiatsu it describes.

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The Wisdom of the Body Moving

by Linda Hartley

North Atlantic Books, California 1995

One might wonder why this book is being reviewed in a Journal concerned with Oriental Body Therapy since it never mentions Oriental Medicine or meridians.

However, I think that it is a great book to be read by anyone interested in bodies and in the relationship between mind and body. It is the first textbook to be written on Body-Mind Centering, the result of research into anatomy and function by Bonnie Bainbridge Cohen and her students. Linda Hartley is an experienced teacher of this system and integrates it with her training in psychology and process work.

You do not have to be interested in learning Body-Mind Centering to read this book. It is a lucidly and poetically written book about the process of becoming a person, of being a body and of how our energy and personality is reflected in the postures and movements of our anatomy.

She starts by describing how the body and movement develops. 'Description' for Linda Hartley means 'showing how to experience'. The book is full of graphic illustrations and exercises so that the anatomy and theory is brought to life.

This first section takes us through Bonnie Cohen's analysis of the developmental stages of the foetus and infant: how we grow a body and learn to move it.

She then links this theory to therapy, showing how working with the body can effect the state of Mind, how the state of the practitioner effects the therapeutic relationship and how psyche and body are intertwined in the healing process.

She emphasises how the awareness of the different body systems give different qualities to our experience and that healing happens through a person learning to be aware of a previously unconscious system.

She then takes us through the different body systems in turn, describing exercises and movements to learn to experience the skeleton, the muscles, the organs, the glands, the nervous system and the Fluids.

Body-Mind Centering is a laudable attempt to bridge the alternative viewpoint of energy and the Western view of structure and function. My only worry about this book and the teaching of Bonnie Cohen in general is that this attempt is undermined by statements which sound like objective facts when, in fact, they are subjective experiences. For instance, her statement that "*the mamillary bodies underlie insight, perception and the expansion or dissolution of the boundaries of time and space*" has no traditional or orthodox basis. It is based on the subjective research of Bonnie Cohen and may be true for her but not in general. This criticism applies to what the book says about the individual organs, glands and fluids in particular. The statements have great validity, in that these structures can be used to *contact* the states of Body-Mind function described, but I feel that it detracts from the scholarship of the work to not mention that these functions may not be

related to the *actual* anatomical function of the structure.

This aside, the book is full of fascinating real facts about the body, well illustrated exercises for directly experiencing detailed aspects of our anatomy and a thread of philosophy expounding how the body is more than a machine and is a deep metaphor through which we can access all aspects of our being; spiritual, mental and energetic as well as physical. I highly recommend it to anyone interested in any form of therapy.

As Snowflakes Fall: Shiatsu as a Spiritual Practice

by Simon Fall

Hazlewood Press, PO Box 106, Newton Abbott, Devon TQ13 7YN, UK, 1996

Although many of the Japanese Shiatsu teachers influenced by Shizuto Masunaga have realised that spiritual practice is an important part of a therapist's development and that the practice of Shiatsu is a form of meditation, Shiatsu is seen increasingly as a physical therapy.

When it was imported to the West, it was first packaged with Zen or Macrobiotics as a part of wider disciplines which had spiritual flavour but lately, that flavour is fading from the practice and literature about Shiatsu.

Simon Fall's book re-instates the essence of Shiatsu as a spiritual path with poetry, insight and a deeply personal openness. It is a description of his own spiritual search and how it has been focused by the metaphors of Shiatsu and the processes involved.

Read as such it has much to offer other people. Simon Fall's view is that the process of healing is not just to do with individual health but also to do with how we relate to each other, to the environment and to the universe as a whole. He describes how the processes of Diagnosis, the concepts of Oriental Medicine and the centres of energy used in Shiatsu such as the Hara and the Heart, are not just ideas or techniques to be used but are metaphors and practices which deepen our connection with the spiritual universe.

For instance "*Attitudes towards hysterectomy have demonstrated our wider views about the planet; woman is the microcosm of Earth. This operation has been widespread over the past decades.... There is a problem.... so we take it out. It is where we come from in a very real sense, it is what sustains us, keeps us alive. It is our Earth and without it there is no new life. We can look around for a moment and expand the vision of our diagnosis. What are we doing to planet Earth?... Why do we feel so far from Her that we destroy her? And why do we not see that in the process we destroy ourselves?*"

I found it a good book to dip into, to read a paragraph and mull it over. I found it difficult to read as a linear book, partly because the ideas are so densely packed. However, this does not detract from its quality as an exposition of personal and passionate philosophy. Go for it!

A Survey of Illness Conditions Presenting for Shiatsu

by Nicola Pooley and Philip Harris

Aim of Survey

No scientific research into the nature and effect of shiatsu treatment has been conducted. The aim of this survey is to describe the main conditions with which clients present for shiatsu treatment in the UK. It is hoped that this will also act as a platform for further work into the effectiveness of shiatsu with particular conditions.

Method

The survey is being conducted in two stages. The first stage is a longitudinal study requiring written answers to the questions on presenting conditions. The second stage will be a wide sample with a shorter questionnaire.

In the first stage, a standardised form was developed for recording patient data including age, gender, illness conditions and treatment. The form was used by ten experienced Shiatsu practitioners to record client details prospectively over a period of ten weeks. Clients who presented for treatment more than once during this period were counted once only. Some information was also collected on the practitioners themselves.

Report on Stage 1

Data collection for Stage 1 has now been completed. Using the criteria of over three years Shiatsu experience, balanced gender and geographical spread, ten practitioners co-operated in collecting data on their clients over ten weeks. Initially, only women practitioners volunteered and there were no volunteers from London. London-based, male, Shiatsu practitioners were subsequently invited to participate.

Data collection commenced in November 1995 and was completed in April 1996. Practitioners were requested to return information periodically to ensure that the information was current and not retrospective. Patient anonymity was maintained at all times.

The data on the client's reasons for presenting for Shiatsu treatment was classified using the categories described by the International Classification of Primary Care (Lambert and Wood 1987). The clients' main symptoms were classified according to the 'patient defined problem' categories identified by Thomas et al (1991) point out that the reasons for an encounter should be understood and agreed by the patient and the provider and should be recognised by the patient as acceptable descriptions. However, in this survey, it must be acknowledged that where conditions are described using a medical diagnosis there is no supporting evidence for this.

Results of Stage 1

Of the ten practitioners who co-operated with survey, 6 were female and 4 male. Their ages ranged from 33 to

50 years with a mean age of 38.8 years. The range of experience as a Member of the Register of the Shiatsu Society (MRSS) was from 1 to 9 years with a mean of 5.5 years. Five of the practitioners were also qualified MRSS teachers, two were training to be teachers and the rest were practitioners. Three had other occupations: one a physiotherapist, one as a rebirther and one in business.

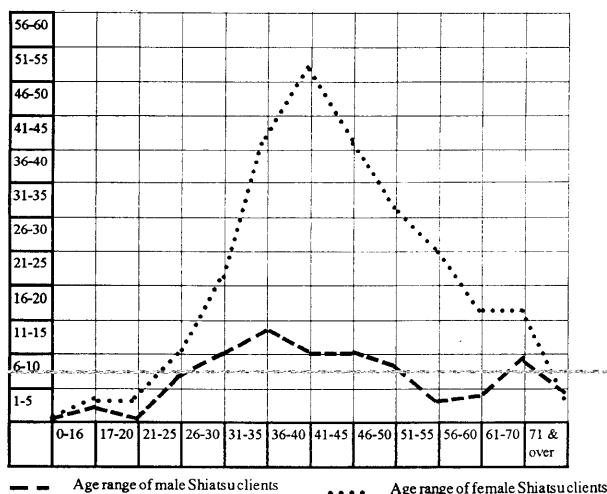
Two practitioners worked within the NHS, one as a physiotherapist, who worked with Shiatsu on referrals from consultants in cardiology and neurology, the other worked in a hospital out-reach centre for people with drug abuse/addiction problems. These two have frequent contact with the NHS and five said contact was rare and one said there was never contact.

The maximum number of different clients treated by a practitioner within the ten week period was 50, with a minimum of 13 different clients treated over the ten week period and the mean was 34.5. Between them the ten practitioners had treated a total of 345 different clients over the ten weeks. There were 260 female clients and 84 male clients (one missing answer). There was a wide range of ages for both male and female Shiatsu clients - see fig 1. The most common band was 36-40 years. The age and gender reflects the patient profile from other complementary therapies, for example, acupuncture (Wadlow and Peringer 1996).

34.4% of the clients were coming for their first Shiatsu. 31.5% were also having another form of Complementary Health Treatment. 38.1% were receiving treatment from a medically qualified practitioner.

The first stage questionnaire included open-ended questions for the conditions presenting for Shiatsu. Practitioners were asked to record the patient's main reasons for presenting for Shiatsu and the patient's presenting symptoms. This was because it was anticipated

Fig 1.



Category	No.	%
Musculoskeletal	191	55.19
Psychological	190	54.91
Neurological	58	16.76
Digestive	35	10.12
Respiratory	32	9.25
Female Genital System	32	9.25
Skin	21	6.07
Metabolic/ Endocrine	16	4.62
Circulatory	15	4.34
Pregnancy & Family Planning	12	3.47
Blood	11	3.18
Urology	6	1.73
Social Problems	5	1.45
Ear	5	1.45
Eye	3	.87
Male Genital System	1	.29
Other	24	6.95

Fig 2. International Classification of Primary Care

that the patient's own reasons for Shiatsu may not coincide with their medical diagnosis.

The first analysis of the presenting symptoms was done as a form of précis of the conditions. A value judgement was made on the severity of the symptoms and the this done by common sense and the order in which conditions appeared. This information was then classified according to the International Classification of Primary Health Care [1] (Fig 2). Up to three conditions were recorded for any patient. It was decided this gave more accuracy to the spread of conditions. However it also gave some types of patients more emphasis. It also has to be acknowledged that where conditions are described with

Conditions Presented	No.
Stress, Depression & Anxiety	122
Back Problems	88
Neck & Shoulders	84
Fatigue and Feeling Unwell	77
Lower Back	57
Headache / Migraine	46
Digestive	39
Atopic Conditions	28
Arthritis	17
Other	91

Fig 3. Patient Defined Problems

an orthodox diagnosis there is no supporting evidence for this.

The main conditions reported fell into the two groups of Musculoskeletal and Psychological problems. To provide a clearer picture of these areas the patient defined problems from K Thomas et al were used [2] (Fig 3).

Up to three responses were entered for each client for their described symptoms given in answer to the question "What are the **main** symptoms described by the client on this occasion?". In this categorisation, stress, anxiety and depression were the most common symptoms described by clients coming for Shiatsu.

Implications for Stage Two

The pilot of the Stage Two survey will be run over the summer to enable the prospective survey of all Members of the Shiatsu Society's Practitioners Register to take place at the beginning of the autumn. The main implications from the Stage One results concern making the short questionnaire for the next Stage. The most obvious area of concern are the 'tick boxes' and asking practitioners what they did.

To collect data on the presenting symptoms the questionnaire must include closed questions or a 'tick box' section of symptoms. The ICPC is limited to the medical model so it is probable that section will include a breakdown of the musculoskeletal and psychological sections. It will also need to be decided whether to ask practitioners to tick one section for each patient or as many as seem relevant for the patient.

Another area which will need considering is whether to include a question or section on what the practitioner did. A preliminary look at the data from the Stage One practitioners who were selected to cross a wide variety of styles suggests Masunaga's Kyo and Jitsu form of diagnosis (4) is a useful way of viewing a Shiatsu treatment. It would be simple to include a question asking for a Kyo and Jitsu diagnosis. But the usefulness of the information has to be balanced against making the questionnaires as short and easy to fill in to ensure a high response

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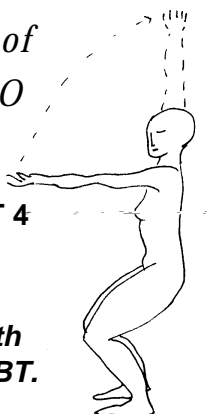
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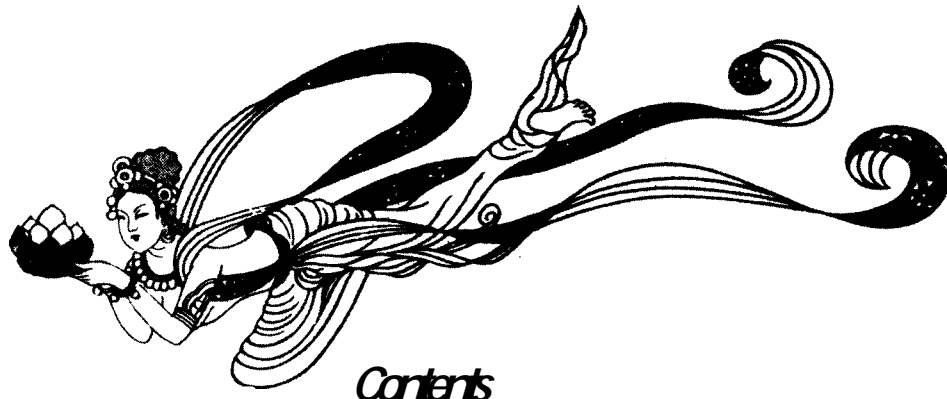
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