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Theme Issue on TA and Holistic Health

Holistic Health For Nurses



By Rosette Poletti, RN, EdD, CM

The Aquarian Conspiracy, so powerfully presented by Marilyn Ferguson, is a phenomenon not limited to the USA. In Europe, we also feel the same strong wave of change and transformation touching society in general, and particularly those of us in the health professions.

In nursing, the holistic health trend is especially noticeable because nurses are asking for new and different means for looking at their clients, for understanding health and disease and for making more effective interventions during the course of their daily work.

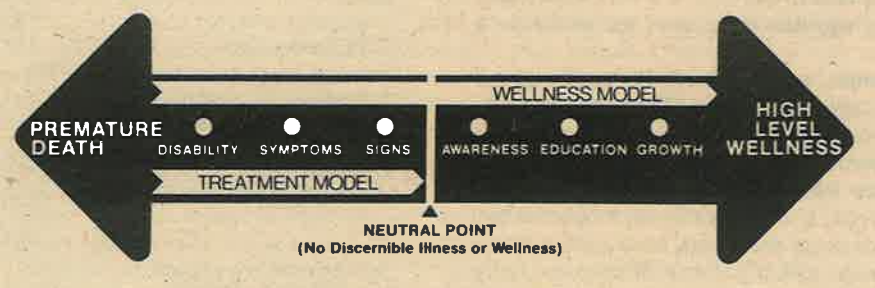
In the school where I am director, we prepare general nurses, pediatric nurses, public health nurses, midwives and practical nurses. We also have a substantial continuing education department. In fact, it is with groups composed mostly of experienced RN's that we do the most exploring of new frontiers in health care.

Our theoretical basis is well represented by John Travis' diagram, shown below.

Editor's Note

This theme issue on Holistic Health reflects what we believe to be a growing interest among ITAA members in theories and modalities that are on the cutting edge of health care. The articles in this **Script** *describe the work of some of our members who believe deeply in alternative health care practices. While the cutting edge often involves practices and theories that are, as yet, not proven fact, we think these authors offer ideas that are both stimulating and challenging. We encourage your feedback.*

Wellness Continuum



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In the past, nurses, have, in large part, been prepared to watch for signs and symptoms of disease or for complications of disease. They have learned physiopathology in order to be able to assist sick clients and to help physicians in their procedures. Preventing premature death and restoring people to a neutral level of wellness (without illness) has been their aim.

However, Travis shows us how this neutral point is not really health. Health is not a state, but a process, a slow process evolving toward an expanded consciousness. In order to reach this high level of wellness and to expand one's consciousness, many things are necessary.

First, there is a need for information, education and knowledge. Clients need to know what is happening to them and what might be the causes of their diseases. This means knowing not only the physical causes of their distress, but also the psychological, sociological and spiritual causes. Man is not only a body, but a human being with a spirit and a soul, interacting with others in a given social context. Thus, whatever the problem, it will affect the individual's entire being, modifying even slightly and temporarily, his/her equilibrium and environment.

Second, traveling toward health means growing, experiencing and expanding one's awareness of oneself and others. It means learning to recognize one's needs, strengths and limitations, guilts and fears, stresses and capacity to cope with stress.

Finally, traveling toward health, toward a high level of wellness, means finding ways to realize oneself, to get involved in projects that seem important and which are compatible with one's value system.

Health, in this new perspective, is not a right, but a responsibility to be accepted by the individual and the society.

For the individual, this responsibility can only be assumed if there is clear information shared between client and health professionals. Everyone needs to understand the ground rules of health, how behavior, beliefs and feelings affect the body and what options are available.

For the society, there are choices to be made that may be hazardous for people's health, such as having a nuclear plant in a given region or failing to protect certain species of plants and animals. In a democratic society, information is of paramount importance for every citizen.

To cite John Travis again, he describes the main characteristics of a person who manifests high-level wellness. Among these characteristics, several have to do with awareness, communication and behavior. They include:

- knowing one's needs and how to meet them
- expressing one's feelings in order to communicate one's emotions
- acting affirmatively and not passively or aggressively
- taking pleasure in being in one's body and being aware of one's sensations
- knowing how to create and cultivate significant relationships with people
- seeing life's challenges as growth opportunities

When people do not have these characteristics, just taking care of their bodies will not be enough, even if it is through very good nursing care. That is why we teach TA, Gestalt and the use of creative visualization to nurses in our continuing education programs at the Geneva School of Nursing.

For nurses, one of the most important TA concepts is that of stroking. Many hospitalized patients "do not get better" because, in the hospital setting, they have found a place where they can get some strokes, even if those strokes are sometimes painful ones.

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Holistic Health for Nurses (continued)

For example, not long ago, a little old lady who lived alone in her apartment was admitted to the hospital for "pains" in her abdomen. Multiple tests were run on her with no results. The staff would worry every morning when they had to tell her that they would have to do more x-rays and tests that day. However, each time, the little old lady would happily comply with the examinations. One day, the head nurse said to her, "I am really sorry. All this must be hard on you." The old lady replied with a broad smile, "Oh, no - don't worry. I am being taken care of all day long!"

It is essential for nurses to know the importance of strokes and the extent to which an individual will go in order to get the bare minimum. Nurses also need to learn how to ask for strokes for themselves, how to give them, how to accept them and how to refuse them.

In our program, we present material related to a number of different aspects of holistic nursing. We teach the students rules of communication as well as TA theory about games, Karpman's triangle, discounting, symbiosis and scripts. It is particularly helpful for the nurses to understand how the health script reflects how someone is reacting to early childhood messages and both how this person's behavior is determined by those messages and how it is possible to change their behavior through redecision.

Since loss, separation, grief and death are a daily part of the nurse's job and are also an important source of stress and burn-out in the profession, our program offers several workshops dealing with these areas.

Teaching Members of ITAA, such as George Kohlrieser and Ted Novey, have helped the nurses in our program to integrate TA and Gestalt concepts into their work. These approaches, added to new treatment modalities such as reflexology, massage, Shiatsu, Touch For Health and relaxation, have significantly changed the outlook of our nurses and also of many of their clients and patients.

Whatever the problem is, something can be done. As the Haimowitzes say, "Suffering is optional." Illness does not need to be a negative experience. It can be a signal that something needs to be changed in a person's lifestyle or relationships, or it may be an opportunity to pause and think, to discover new information and to increase awareness.

For the nurse, the holistic approach to health underlines the necessity for taking care of oneself and striving toward wholeness personally so as to be able to approach the client as a whole person. This is a fantastic challenge and a wonderful opportunity to change the predicament of humankind for the better.

Rosette Poletti, RN, EdD, CM, is Director of the Geneva Nursing School and has a private practice in TA therapy and cancer counseling. She is the President of the French-speaking section of the Swiss TA Association (ASPAT) and has published extensively. Rosette received her EdD from Columbia University and she also has a Theology Certificate from Geneva University. She is an expert in working with people around issues of mourning and separation, having trained with Elizabeth Kubler-Ross and the Simontons.

Changing Your Nutritional Script

By Edie Bogusky, MSW, CPTM



Edie Bogusky showing nutrition chart to class of teen-agers

Six years ago, a Select Committee on Nutrition and Human Needs, headed by Senator George McGovern, published a report on "Dietary Goals for the United States." At a news conference preceding the release of the report, McGovern indicated that the diet of the average American has changed drastically in the last 50 years and that this change represents as great a threat to public health as smoking. He also said, "Too much fat, too much sugar and too much salt can be and is linked directly to heart disease, cancer, obesity, and strokes, among other killer diseases. In all, six of the ten leading causes of death in the United States have been linked directly to our diet."

McGovern's committee consulted with leading nutritionists and recommended the following changes in the American diet:

1. Increase consumption of fruits and vegetables and whole grains.
2. Decrease consumption of meat and increase consumption of poultry and fish.
3. Decrease consumption of foods high in fat and partially substitute polyunsaturated fat for saturated fat.
4. Substitute non-fat milk for whole milk.
5. Decrease consumption of butterfat, eggs and other high cholesterol sources.
6. Decrease consumption of sugar and foods high in sugar content.
7. Decrease consumption of salt and foods high in salt.

When I read the report in 1980, I had already started changing my eating habits and was including exercise as a part of my weekly routine because I had realized several years earlier that mental and physical health cannot be separated. Specifically, I had cut back drastically on red meats because they are very difficult to digest and because studies by several leading nutritionists suggest that excess protein causes acidity in the body.[1] I cut down on eggs because of their high cholesterol content and almost totally eliminated sugar and salt from my diet. I substituted lots of fresh fruits, raw vegetables and whole grains.

At first, my body craved the things I had dropped. I went through withdrawal symptoms and I'd occasionally binge on several dozen cookies or eat steak three nights in a row. Sometimes, it seemed like I would never get over my cravings for these foods. Depression, decreased energy, and discouragement were fairly common during the first six months of changing my "nutritional script." During that time, I gave myself lots of permission to indulge my Child, occasionally binging without feeling guilty. I realized that my old eating pattern had been established over a period of years and was not going to change overnight.

Through my own experience, I came to understand that changing a physical or mental health script is a very gradual process and usually takes place in steps. The first step is becoming aware that what you are doing, in this case, your diet, is not healthy. This awareness usually comes when we are ready to let it in and when, at some level, we have made a decision (often out of our awareness) that we are willing to risk the enormous changes that might take place in our lives if we commit ourselves to the process which lies ahead.

Step two is acting on this awareness. I think knowing or sensing what will happen in our lives if we change our scripts accounts for the tremendous resistance to change found in us all. When we really change our scripts, it often means changing many other things in our lives, including our occupations, friends, spouses, etc. This is a very scarey proposition to our Child ego state because of the tremendous risks we are taking.

Consider, for example, people who decide to give up red meat, sugar, coffee, eggs and alcohol. They often get ridiculed, either openly or behind their backs, for being a "picky eater." They are bombarded by mass media campaigns designed to convince them that the All-American diet of steak, coffee, soft drinks, and beer is the way to a better life. Many times family members and friends have a difficult time with their new, strange eating patterns. If they are lucky enough to find a support group that is into health as a way of life, they might survive. Otherwise, unless they have incredible will power and a real desire to be healthy, they will probably succumb to the enormous pressure to stop "being weird" and eat "normally."

Interestingly enough, at this year's ITAA Summer Conference, I noticed that, at parties, Perrier Water disappeared faster than wine. Perhaps ITAA can be that support group for those who want to change their nutritional scripts.

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1. Bieler, Henry, M.D. *Food Is Your Best Medicine*. New York: Ballantine Books, 1973.

Edie Bogusky, MSW, CPTM, is in private practice, teaches at Lindenwood College and is a counselor and teacher at an independent high school. She is the chairperson of the Connector Committee, a member of the Program Committee and has organized the Connector Room at previous conferences. She lives with her 14-year old daughter in St. Louis, MO.

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KEEPING IN TOUCH

Up-date on 1983 Winter Congress in Oaxtepec, Mexico

Pre-Congress January 17-19

Congress: January 20-22

Correction: the Pre-Congress events begin Monday, January 17, 1983, **not** January 16 as previously announced.
Additional Presenters - the following names were inadvertently omitted from the list of presenters published in the October 1982 *Script*: Vann Joines, Nancy de Robbin, Carlos Aluzio Pinto, Bernardo Aguilero, Joe Cassius and Gloria Balbona.

Jaap Beaujon, ARM, of Aruba, Netherlands Antilles, reports that their International Education Institute is offering programs that successfully combine TA with assertiveness training and material that addresses Antillean circumstances, perceptions and needs. The workshops are given in Papiamento, English and Dutch and are geared to business and industry. The address of the Institute is Windstraat 14/16, Oranjestad, Aruba, Netherlands Antilles. Phone: 23035/23723.

The Federacion Nacional de Analisis Transaccional had their first annual conference in Caracas, Venezuela from May 25-30, 1982. Organizers for the conference were directors of the TA Institutes in Venezuela: Nelson Villoria (IDCE), Cesar Sanchez (Impersonas), Roberto Fontaine (IVEFAT) and Humberto Blanco (Psicogrupo). In addition to an exciting conference attended by about 200 people, they celebrated the founding of the first Venezuelan TA Journal, edited by Jorge Foyta: "FENAT: Revista Oficial de la Federacion Nacional de Analisis Transaccional." (First issue, Vol. 1, No. 1, May, 1982.)

Participants from the US included Leonard Campos, Steve Karpman and Abe Wagner, all of whom did two day workshops. Len did one called,"TA, Empowering and the Learning Process;" Steve did one called, "Close Encounters of the First Kind;" and Abe did one called, "TA in Organizations."

Ed Zerin, PhD, has graciously donated 20 copies of his book *The Birth of the Torah* to ITAA. Proceeds from the sale of these books will go to the ITAA Building Fund. Published in 1956, the book is a geopolitical, archaeological analysis of the origins of the Torah. Ed has used it in classes at Drake University, Grinnell College and Boston University as well as in Adult Education classes he has taught at his Temple. If you are interested in purchasing a copy of the book and, at the same time, helping out the Building Fund, it is available from Trans Pubs for $7.95. Many thanks to Ed for the donation.

Keri Phillips, SFM, is the Assistant Director of Management Studies at Roffey Park Management College in Horsham, England, where they apply humanistic psychology, including TA, to management training and development. He reports that he and a colleague, Tony Fraser, have recently completed a book for managers and management trainers called *The Management of Interpersonal Skills Training*. It is to be published by Gower Publishing Company this fall.

Ralph E. Wright, PhD., SFMT, is chairing a subcommittee of the Education Committee which will investigate how TA is being used by school administrators. Specifically, he would like to hear from administrators so that he can: 1) serve as a clearinghouse for information about practical application of TA theory to school administration, and 2) identify any unmet needs of school administrators which might be served through ITAA. Ralph is a high school principal and he says, "I have found TA insight and concepts of great value in my personal life as well as in my work as a school principal. I believe that it would be very helpful to exchange ideas and experiences with professional colleagues. I will collect such information and report it through the *Script*." If you have information to share, contact Ralph at Mayo High School, Independent School District No. 535, Rochester, MN 55901.



Richard Erskine, PhD, and Marilyn Zalcman, MSW, receiving the 1982 Eric Berne Memorial Scientific Award for their work on "The Racket System: A Model for Racket Analysis," *TAJ* 9:1, January, 1979.



The ITAA delegation at a TA Seminar in Buenos Aires in 1971-(L to R) Steve Karpman, Jack Dusay, Ken Everts (then ITAA President), Roberto Kertesz, unknown, Cecilio Kerman.

Special Reminder:

the 1983 ITAA Summer Conference Call for Proposals was published in the October, 1982 *Script*

Deadline for submitting proposals: January 24, 1983

Development of TA World-wide:

A Latin American Perspective

The following comments on the international development of TA were written by Roberto Kertesz, MD, CTM, founder and first President of ALAT (Latin American TA Association) and currently chairman of the ALAT Publications Committee.

The formation of the USA-TAA (United States TA Association) marks an important point in the evolution of the TA movement worldwide. I want to convey our wishes for the success of this new organization. I consider it as a possible step towards a world federation of local TA societies and groups instead of a centralized ITAA.

As a social psychology, TA relies strongly on the local idiosyncracies, culture and colloquialisms. I observed this when TA began spreading in Latin America around 1973. Centralization in one country (USA) indefinitely can only hamper the growth of the international movement. This is partly confirmed by the drop in ITAA membership from nearly 11,000 to 5,000, as it currently stands.

In a letter written to Norman L. James, PhD, President of ITAA, I suggest that the Board of Trustees study the alternatives for the World Federation of TA, with the USA-TAA as one of the leading organizations. We already have several regional associations, such as ALAT and EATA, to serve as precedents.

In closing, I would like to share with you a few of the important events in the development of ALAT.

1967: I met Eric Berne in Vienna and became interested in TA. I founded the Argentine TA Association (ANTAL) shortly after that meeting and in 1971 received my Teaching Membership in ITAA.

1973: First TA 101 in Brasil. I met Dr. Rocha Tavares, presently ALAT President. This started the dissemination of TA in Latin America.

1974: I started the International Development Committee in ITAA, collaborating with Arnold van Westering. Also, in response to the needs of Latin American trainees, I founded ALAT.

1982: All Latin American countries have some level of exposure to TA. ALAT becomes the "mother" organization to Spain and Portugal as well, due to the fact that they share a common language with Latin America.

Roberto Kertesz, MD, CTM

New Age Concepts of Health and Healing

By Mary Jo Trapp Bulbrook, RN, RM

The world may not be what it seems. Documentation of it is limited by our science and, even at that, scientific knowledge is only one way of knowing. One need only read the futurists' literature to see that a major shift or transformation is taking place in the world which encompasses alternative views for much of what we have taken for granted. (Some good examples of this literature include *The Aquarian Conspiracy* by Marilyn Ferguson; *The Turning Point* and *The Tao of Physics* by Fritjof Capra; *Health for the Whole Person* by Hastings, Fadiman and Gordon; *Roots of Consciousness* by Mishlove; and *Healers and the Healing Process* by Meeks.)

A Conceptual Framework

In discussing this shift in relation to holistic health, I would like to begin by offering a conceptual framework that I have developed for new age health and healing. (Figure 1)



Figure 1

Human beings are complex systems composed of three essential, delicate and complex parts we label mind, body and spirit. The mind deals with thinking, ideas, concepts, communication and intellect. The body is the mechanical apparatus which facilitates use of the mind. The spirit is the higher, evolved self that gives value, purpose and meaning to life. One of these parts cannot maintain balance without homeostasis in each of the other components.

There is also a fourth part, which I call the energy component. It has been known in homeopathy, Chinese medicine and esoteric literature as the vital or life force. More recently, as a result of our increasing sophistication in physics and computers, we have identified this component as electromagentic energy or field force. It is this fourth part which I believe holds the key to health and well-being. It is the "stuff" that gives us energy or life and it cannot be destroyed by death.

The following metaphor may be useful in clarifying this conceptual framework. (Figure 2)

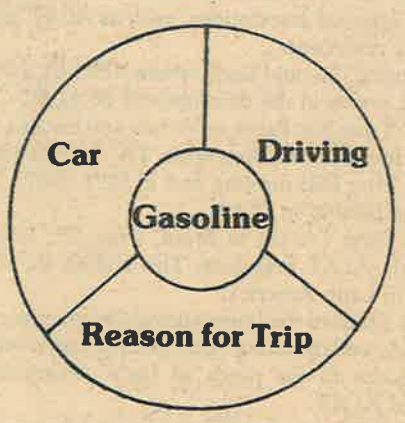

Figure 2

My spirit urges me to move to Newfoundland. It provides me with the reason for the trip — finding a new home. I decide to go by car, so I purchase a vehicle. I also need to use my mind to figure out how to drive, what roads to take, etc. However, to make the trip at all, I need to fill the car with gasoline. It provides the car with the necessary energy to do what it is designed to do. Each component is needed for making the trip, but it is the gasoline which is literally the "fuel" for the venture.

The Energy Level in Healing

Like the gasoline in the car, my experience is that it is the energy or life force in the body that serves as the mechanism by which health and well-being are maintained. This energy circulates around the outside of the body and is popularly called the aura. Some psychics can see auras, which they say are colored like rainbows. Illness is visible in the aura as specific colors and/or as a "break" in the energy field.

There are a number of treatment modalities or therapies which work primarily by touch and stimulation of the surface of the body, including John Thie's "Touch for Health," Goodheart's Applied Kinesology, chiropractic treatment, reflexology and acupressure. Dolores Krieger, a nurse, developed a system of therapeutic touch which also intervenes at this energy level. Another healer, physician Brough Joy, describes his method as similar to polarity therapy and the laying on of hands by religious healers. Noted psychologist Lawrence LeShan describes his method of healing in similar terms.

All of these procedures and methods affect changes in the body by activating the outside energy around the body. An individual's level of health can be felt by touching the energy field around the body with the hands. Almost anyone can be taught to feel this field. Over the last few years, I have taught it to hundreds of nurses and lay people throughout the US, France and Mexico. The sensation in the hands of the healing agent is generally described as heat, pulsation, prickling, density, congestion and/or pain. Producing changes in the field is easy to learn and results can vary from relatively minor to profound. (Not unlike the results of psychotherapy!)

Another manifestation of the energy level on the surface of the body is meridians, originally classified in Chinese medicine. Meridians are "super energy highways" in the body which are capable of affecting the entire physical system. Their existence can be documented electronically by biofeedback devices that pick up an electronic sound indicating an excess of energy (Hiroshi, 1975). Acupuncture involves inserting a needle through the skin to stimulate an acupressure point which, in turn, affects various meridians. This treatment is more precise than some of the touch modalities because it allows the healer to pinpoint where to affect the body.

While these various methods have important differences in terms of success rates, theoretical designs, application, research bases and education of practitioners, they all have the same goal — to stimulate changes in the total being (mind-body-spirit) by intervening at the energy level.

Research

In the last few years, the literature on health and healing has exploded. Volumes are being written on the subject and many highly respected scientists are documenting their work in healing (although still somewhat cautiously, at times, to avoid ridicule from colleagues). C. Norman Shealy, a neurosurgeon and former President of the American Holistic Medical Association, has suggested that the task of researchers in this field is to "document the unknown and chart the uncharted."

Among these research projects are many which are investigating the impact of the energy level on health and healing. For example, Professor Douglas Dean, a leading parapsychologist and physical chemist who heads the American Healers Association, is conducting research to develop a method for measuring the energy emitted from a healer's hands. Dolores Krieger is researching the use of therapeutic touch and its effect on the body as measured by changes in hemoglobin levels in the blood. Sister Justa Smith's research focuses on enzymes which act as catalysts to speed up biochemical reactions associated with wound healing and tissue growth in the patients treated by the laying on of hands



Mary Jo Trapp Bulbrook (left) demonstrates muscle testing, a technique used by Touch for Health practitioners, with workshop participant Della Tillie.

of healer Colonel Estebany. Bernard Grad showed in his work that plants grew more rapidly when touched by psychics and that they grew less when touched by normal people and even less if the person was a depressed psychiatric patient.

Some of the most interesting theoretical research being done in this area is described by George Meeks in his book *Healers and the Healing Process*. Meeks is an engineer, trained in the scientific method, and a leader in psychiatric, medical and psychic research. He presents a comprehensive study which attempts to identify a theoretical model for healing. Meeks looks at paranormal healers in various countries around the world, at physiological measurements and the instrumentation for measuring paranormal healing, at non-human sensors such as experiments with plants and animals that involve paranormal levels of response, and finally, at the practices and problems of teaching healers.

Case Example

A young, male nurse from England complained of constant neck pain which had lasted for two years. I knew that he had experienced some lessening of the pain after some prior therapy around family issues. I began my treatment with him by first using therapeutic touch as an assessment tool. I moved my hands quickly over his body about four inches from the surface. My hands felt heat, pressure and pain as I covered the neck area. I touched his neck and asked if it hurt where I was pressing. He responded that it did.

At that point, I could have chosen to intervene by using therapeutic touch, but, for some intuitive reason, I decided instead to shift to psychotherapeutic technique. When working with someone, I center myself first and ask my subconscious to guide me to the resource that will be most beneficial in the situation. This alerts and activates my right brain to pick up subliminal cues.

While lightly touching the man's neck, I asked him to verbalize what came to his mind. By doing this, I was inviting his unconscious to give shape to the conflict manifested in his body. The body knows the problems it is having and their solutions. Our task is to decifer the code. In doing this on a psychotherapeutic level, I make use of many Gestalt, TA and existential therapy techniques. I have found that my background in both physical and mental health care is essential to finding the clues to holistic care.

The client reported an argument which occurred when he was five years old between himself, his sister and a friend. It was not clear what this had to do with his neck pain, so I asked him when the pain had started. He reported a conflict between his girlfriend and another woman. He could not make up his mind to marry the one because of his relationship with the

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other and so his girlfriend left him.

The similarity between the examples was now clear. I asked him if he had trouble making decisions and he indicated that he did. We then explored ways to aid him in decision making. When we had completed the process, the neck pain was gone, without any physical intervention. He reported the next day that the pain had started to return, but when he realized he was again having a problem making a decision about something, he was able to make the decision and the pain left immediately.

My interventions with this client were primarily activated through healing channels by linking my energy into his and reading cues from this level of connection.

Implications for the TA Therapist

Today, being knowledgeable about holistic health is important for every health care professional. If we are to be successful in aiding our clients in regaining health, the physical health care industry must join in partnership with the mental health care industry in a dynamic relationship that is more than just a referral system. It behooves practitioners in each area to become familiar with the techniques of the other. The new age will produce professionals who deal with the interface between previously separate sciences and arts. Psychologists, nurses, psychotherapists, social workers, theologians, artists, doctors, etc. must hear and listen to each other so that we can deal with the earth and its people in a comprehensive way. We are more than the sum of our parts. The quality of life has to become the cornerstone of life. Just surviving isn't enough.

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Mary Jo Trapp Bulbrook, RN, RM, is currently visiting professor at the School of Nursing, Memorial University, St. John's, Newfoundland, Canada. She is also in private practice and is on the International Faculty of Virginia Satir's Avanta Network. Mary Jo has extensive experience in multidisciplinary health care, including work with the terminally ill through the Hospice of Salt Lake. Her publications include Development of Therapeutic Skills, Little Brown, 1980 and she has conducted numerous radio presentations and several TV shows on a variety of holistic health topics.

Games Healers Play

(Or, It's Hard to Argue When God's on Their Side)



By Laurie Hamilton, PhD (cand), CMT

I have been asked, as a practicing therapist and natural healer, about the games holistic healers play. To understand the particular games to which healers are so unwittingly prone, it is necessary to know what a healer does and how.

Most healers are simply energy-sensitive people who have gained some measure of control over their own flow of energy and can influence others through such practices as acupressure, polarity balancing, running the meridians, "past life" readings, clearing the energy field and balancing. This sensitivity can best be described as a refined and/or expanded intuition. It comes most directly from the Natural Child. In Transpersonal Psychology, this sensitivity is ascribed to both the higher consciousness (for which there is no TA construct, since it exists separately from any ego state) and the heart (chakra) energy.

The openness of the healer in this natural state creates a vulnerability in which the healer can experience the energy imbalance of the client, sometimes to the point of experiencing the client's symptoms. When I first began to further refine and use my intuition, I managed to pick up others' headaches, constipation, diarrhea, backaches and rages. For example, on one memorable occasion, I even developed "whiplash" and went into a mild shock when working with someone who had just been in an auto accident. Often this "transfer" occurred merely by touching people, without having any knowledge of the condition they were experiencing. I have since learned to protect myself by imaging a protective shield around myself as well as learning to distinguish between the client's condition and my own physiology.

Frequently, when I am working with clients, I am able to follow the flow of their emotions by paying attention to the physical sensations that I experience. It is similar to going after a "no-suicide" contract and having the client repeat the "I will not harm myself, etc." statement until the *therapist* experiences a sense of relief!

The two areas of the body that seem most often sensitized in therapeutic work are the chest (heart-feelings of love and attachment, as well as disturbance of the same) and the solar plexis (will, need for control). Other areas, such as the pelvis (sexuality and sexual conflict), the back (high back-freedom issues; low back-survival issues), and the head (figuring things out and injunction conflict) are also favorite "organ language" areas.

It appears that a fairly normal occurrence in clearing the client's energy field, and thus allowing the unblocked flow of Natural Child energy, involves at least a temporary involvement of the healer's system. In my experience, this "passing through" of the symptoms can be done in seconds or hours. Although it does not always occur, it is important for people involved in the field of holistic healing to know how to protect themselves and how to understand the symptoms as they appear.

Being sensitive to another person's energy is different from the actual healing process. It is this former area of sensitivity that gives rise to the most common game.

The Guru Game (or The All Seeing Eye)

Psychics, clairvoyants and healers of various kinds very often find themselves in the position of receiving impressions and information about a client of which the client is quite unaware. The awareness of the energy often comes in both physical and visual imaging. The interpretation is dependent upon the healer's skill and past experience. It is extremely easy to pronounce "this is what is wrong with you" in such a way as to evoke the Parental overtones that are such a pitfall for therapists. After all, how can you argue with someone who is tuned into the higher energies of the universe, has developed a higher consciousness and has God on his/her side?

If, as a healer/therapist, one finds oneself in a game with the Adaptive Child, a secondary game can ensue that is brutal in its simplicity and cultural/social sanctions.

Be Perfect (or, You Are A Sinner)

Any imbalance (physical, emotional, mental or spiritual) can be used as ammunition to prove that the client "isn't making it." A cold or flu which, granted, might have resulted from physical and/or emotional stress, can lead the client to feel that, once again, they are not taking care of themselves, or dealing with unexpressed emotion, or in perfect balance and harmony. It is so easy for a "transpersonal critic" to become activated.

Any disturbance of energy can be expressed physically, emotionally, mentally or psychically. In actuality, we are all beings in process. We have not yet arrived. However, it is incredibly easy to **blame** ourselves for imperfections instead of using them to learn or grow. I have a friend (the wife of a minister) who developed a virulent lymphoma and had to abort a three-month old fetus due to chemotherapy. Several well-meaning people asked her how she had sinned (what have you done to deserve such a disease?). The question is in our consciousness and the Judeo-Christian heritage supports the belief that any imperfection is the result of misdeeds. The Eastern concept of the Karmic Laws also gives the idea that, whatever we have done, so shall we receive — if not in this lifetime, then some other.

However, as a healer, I do not believe that I can stay in a place of judgment. If I do, I merely perpetuate the Parental-Adapted Child game of "Be Perfect — Don't Be Yourself," or "Don't Be Human — Don't Be Imbalanced." It is a not so subtle guilt trip.

As healers/therapists we are in a service role, and perhaps a teaching one as well. It is so easy to be critical and so nonproductive. It is counter-consciousness development. By our energy, we can help the healing process of others, without being a Critical Parent and a Patsy in the script they already have.

Laurie Hamilton, CMT, is receiving her PhD in Clinical and Transpersonal Psychology in December, 1982. She is a supervisor at the Bel Aire Presbyterian Church Counseling Center and has a private practice in psychotherapy and natural healing. She is currently working on a book with Ann Humphrey called **How To Survive Therapy** *and the subject of her dissertation is "The Use of Tarot Cards as a Clinical Projective Technique."*

Book Reviews

A Casebook in Time-Limited Psychotherapy
By James Mann, MD and Robert Goldman, MD
New York: McGraw-Hill, 1982. $18.95
Reviewed by Peter Pearson, PhD, CM

Is it really possible to do brief, effective psychotherapy within the framework of psychoanalytic theory? Yes, say the authors of this provocative new book. However, to embark upon this path, the therapist needs to understand how people conceptualize time — both consciously and unconsciously. Additionally, she will need the self-discipline to stay focused on the central issues and to generally forego the pleasures of traveling along the more tantalizing side trails the client often wishes to take (often with encouragement).

It is a common observation that many clients can use a thirty-minute session as effectively as a sixty-minute one. Imposing time constraints, such as deadlines, causes the client to place demands upon himself and to mobilize him to complete a piece of work, an advantage of this type of treatment.

One cornerstone of time-limited psychotherapy is selecting the client's most central issue. It is crucial "to extract from the patient's history that privately felt, rarely verbalized, present and chronically endured pain. The pain is an important statement about how one feels and has always felt about the self. It is a private pain that one does not reveal to others, and it flits recurrently through the mind, only to be suppressed and promptly denied."

After clearly identifying the central issue, what then becomes the goal? For those who believe brief therapy is only for problem resolution and that it rarely gets to the "core issues," you will be surprised if you read this book. The authors immodestly state that they want to "foster, to the degree possible, the resolution of the patient's chronic pain; to change his persistently negative self-image. The patient's presenting symptoms or complaints will be diminished or entirely relieved through the resolution of the central issue."

Is there a well-structured therapeutic format with predictable responses from clients within the framework of this treatment modality? The answer is again, yes, and I would recommend this book for those therapists who wish to translate psychoanalytic theory into effective short-term therapy.

Clear and Lively Writing
By Priscilla L. Vail
Walker & Company, 1981. $14.95
Reviewed by Betty Lou Keet

Priscilla Vail has written this resource manual to aid teachers and parents in enhancing their youngsters' developing writing abilities. As a reading specialist, classroom teacher and the author of *The World of the Gifted Child*, she offers a gold mine of strategies which apply across the educational spectrum, from the learning disabled to the extremely gifted, from kindergarten through adulthood.

Fear of writing and mediocre teaching are two of the primary causes of the decreasing quality of public communication in our country. According to a national survey conducted by Vail, even the highest calibre educational institutions, like the Harvard School of Business, are offering basic courses in writing to upgrade their students' communication skills.

Proficiency in writing, she asserts, brings three important rewards (warm fuzzies?) to any writer. First, it allows the thinker's wishes, questions, insights, humor, ideas and needs — one's humanity — to be clearly conveyed. Next, it provides a psychological and emotional step towards autonomy. Mastery as a writer harnesses one's energy and channels one's ideas through the written word. Finally, writing proficiency offers opportunities to share and lead new work in one's vocational/professional field.

I wish this book had been available when I entered the public schools as a language-speech specialist in the mid-1960's. Although a potpourri of materials on this theme have inundated the commercial market over the past decade, *Clear and Lively Writing* presents the problem and the prescription succinctly, then proceeds to give clear, detailed instructions for practicing the skills that need to be mastered.

The book's holistic approach to the mastery of written communication skills is especially important. Since writing skills can only develop after one is proficient in listening, speaking and reading modalities, the author provides extensive activities and games to expand receptive as well as expressive language performance. She adapts old-time favorites such as 20 Questions, I Spy, and Hinkety-Pinkety and, at the same time, introduces many of her own creative activities to promote an alive, joyous learning atmosphere.

The following areas are identified as instrumental in fostering writing competence:

1. Creating partnership with the reader
2. The willingness to work in isolation
3. Withdrawing the fangs from panic
4. Circumventing mechanical inadequacy
5. Taming the fear of exposure
6. Overcoming the influence of magic by discovering the sources of the spell.

As the author has discovered after many years of teaching, the key to encouraging students is to elicit ever-increasing success and enjoyment from the Free Child. Once this is accomplished, students naturally demonstrate an interest in the rewards of ongoing practice.

Classified Advertising

TRAINING IN BEAUTIFUL HAWAII, JUNE 20-24, 1983 — In Makaha, Oahu (an hour's ride from Honolulu), right on the ocean. Ron Ching, CPTM, will train with both professionals and non-professionals. Tuition: $500 includes meals and lodging. Send $75 deposit (refundable to April 15) to Ron Ching, 5290 Kalanianaole Hwy, Honolulu, HI 96821. (808)373-4593.



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by Steve Lankton, M.S.W., and Carol Lankton, M.A.
authors of *The Answer Within: A Clinical Framework of Ericksonian Hypnotherapy*,
Brunner/Mazel Publishers, 1983.

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Calendar

January 20-22, 1983 ITAA Winter Congress, Oaxtepec, Mexico
August 3-6, 1983 ITAA Summer Conference, Oakland, California

	Exam Date	Location	Application Deadline
CM/SFM Oral Exams	November 7, 1982 January 19, 1983 April 13, 1983 July 3, 1983 August, 1983 November 13, 1983	Brussels, Belgium Oaxtepec, Mexico Raleigh, North Carolina Rome, Italy Oakland, California Paris, France	August 9, 1982 October 29, 1982 January 13, 1983 April 4, 1983 May, 1983 August 15, 1983
TM Exams	January 19, 1983 August, 1983	Oaxtepec, Mexico Oakland, California	October 29, 1982 May, 1983
PTM Contract Workshop	January 23-25, 1983	Oaxtepec, Mexico	October 29, 1982 ($100 deposit)

All fees are due on or before the deadline for applying for an exam. All exam fees are non-refundable but will be kept as credit in your account if at least 30 days notice is given for cancellations. Otherwise, fee is forfeited. Fees: $75 written exam. $100 oral exam. $30 contract filing fees.

Speaking Out on Nuclear Disarmament

A Conversation with Richard Erskine

Richard Erskine, ITAA Secretary and a member of the Executive Committee, has strong thoughts and feelings about the need for nuclear disarmament. He expressed some of these in his acceptance speech in Snowmass after receiving the 1982 Eric Berne Memorial Scientific Award. (He shares the Award jointly with Marilyn Zalcman - see page three of this issue.) Because the membership is being asked to make its wishes known about the nuclear disarmament resolution through the survey ballot on this page, we thought our readers might be interested in some of Richard's ideas on the subject.

Script — Richard, what made you decide to speak out on the issue of nuclear disarmament?

Richard — I think it is something that has been bothering me for a number of years. Last spring, I gave a talk in Paris and someone from the floor suggested that TA is wonderfully self-indulgent, but questioned what it does for society. I talked then about how, as people become script free, they begin to focus beyond themselves to their relationships with family, community and humankind as a whole. It is an important step in their own spiritual development. When I talked about how we in TA could help people get free enough to say no to war, I found a surprisingly strong reception for that idea. So, I figured, at that point, that I needed to do something more.

Script — how did your interest in nuclear disarmament develop?

Richard — I was born the day World War II started, at the same minute the Japanese bombed Pearl Harbor. I remember, later, the talk about my grandmother saying to my mother when I was born, "Oh, another soldier." And my mother said, "He is not." I was quite active in the anti-war movement against Viet Nam and with Martin Luther King in the Civil Rights Movement in Chicago. However, I had put that social action oriented part of myself away as I got more professionally involved and I felt kind of uncomfortable about it. It was time to do something in that area again.

Script — so, besides being a script issue for you, you were also familiar with social action and wanted to become re-involved in that process.

Richard — yes, and, as I read the newspapers, I'm fairly certain that there is more and more distrust and hatred building in the world. I think it's time for us, as therapists, to stop focusing so much on the narcissistic wants of people and really get involved in something larger. If we don't, all of the psychotherapy is going to be for naught anyway.

One of the interesting things about giving the talk in Snowmass was that my two children were in the audience. As I looked at those girls, and what I imagined to be their children and grandchildren, I had a real existential understanding of generativity, of the life process that gets passed on from generation to generation. I think we're on the verge of eliminating that for human beings.

Script - that is a very sobering thing to consider.

Richard - yes, it is. I find myself wanting to balance that out somehow with something light, but I don't know how that can be done. I think many of us do that. In order to run away from those sobering thoughts and the depression, despair and psychic numbing, I think we often buy into a suicidal, cultural racket system. That system has certain beliefs such as a belief in scarcity, that there's not enough and that we will lose if we share. As a result of beliefs like that, we don't really give of our own energy or resources to someone else. Another belief is that we must be in control, which makes real communication between the US and Russia, for instance, very difficult. Finally, there is the belief that we can survive a nuclear war. We bury our heads in the sand, in all of our activities, we get all involved in projects or our work or our families and lose sight of the fact that we are part of a much larger world.

I think another thing which contributes to our staying numb are images of having won conventional wars, like those perpetuated by many old war movies. Those images and memories serve as a reinforcing experience that suggests that we can win another war. I think that is impossible. We will so destroy the atmosphere that we will destroy all human beings. Underneath the numbing, people are very scared. And, what's suppressed even under the scare is the joy and excitement of really being alive. I think the numbing stops us from being fully human.

Script - so, even if there is not yet the reality of physical death, there is a real psychic dying.

Richard - yes, I think so.

Script - how do you see ITAA responding to this issue?

Richard - my concern in speaking out at Snowmass was to reach those psychotherapists and teachers and people in organizations who were out in the audience and who, when they returned home, would be touching the lives of hundreds of other people. I hoped that, if their consciousness is raised, they will carry that with them and someday, perhaps, they will speak out and touch someone who will know how to stop this whole thing. If we get the energy going, I think we have the collective wisdom to solve this terrible problem.

I think we are a collection of people who have come together for excellence in the practice of TA. I think, morally, part of that excellence is helping people move beyond their scripts to a total fulfillment of life. Our whole purpose is undermined if we are caught in a cultural suicidal racket system. I think we have to do something. I, for one, can no longer separate my psychotherapy work from my social action. I hope others in ITAA will feel the same way.

The Statement of Ethics and the Procedures for Handling Ethics Charges within the ITAA are available upon request from the ITAA office.

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Resolution on Nuclear Disarmament

At the Business Meeting in Snowmass, Colorado, on August 6, 1982, a resolution was proposed regarding nuclear disarmament. The resolution was subsequently sent to the Board of Trustees which, in turn, is placing it before the membership in the form of the survey below. The information collected through this survey will be forwarded to the Social Action Commiteee for review and the Committee will then return it to the Board in January, 1983, for possible action. Please consider the resolution below carefully and make your wishes known by returning this survey ballot to the ITAA office by December 31, 1982.

Survey Ballot on Nuclear Disarmament Resolution

It was moved that the following resolution be sent to all national leaders of those countries involved in nuclear development and the deployment of nuclear weapons, to be sent over the signature of the President of the ITAA:

"We, the membership of ITAA, accept the concept of a bilateral nuclear arms freeze."

_____ I agree with the motion
_____ I disagree with the motion
Comments:

Metabolic Typing

By John Rhinehart, MD, CMT



Marilyn Ferguson, in *The Aquarian Conspiracy*, indicates that, "Patients and professionals alike are beginning to see beyond symptoms to the context of illness: stress, society, family, diet, season, emotions." Metabolic Typing is an additional framework, like the ones Ferguson mentions, for looking at illness. It is derived from metabolic constitution, both genetic and functional, and is a way of looking at individual nutritional design and requirements for optimum health. The Metabolic Typing Model has been developed over the last 20 years by Dr. William Kelley, a dentist and nutritional researcher who was spurred onto his task by serious personal illness.

Prior to Kelley's work, scientists had known that different ethnic groups had different physiological tendencies. A few researchers attempted to formulate more specific relationships. Louis Berman[1] worked to relate the "Types of Human Nature" to the newly discovered glands of internal secretion in the 1920's. William Sheldon[2] talked about "Somatotypes" — body types with personality correlates. George Watson[3] discussed fast and slow "oxidizers" and Roger Williams[4] mentioned "metabolic individuality." Kelley[5] conceived a way of putting all this knowledge together into a comprehensive framework where everything "fit" in a precise and specific way. He based his model on the autonomic nervous system, with its sympathetic and parasympathetic divisions, which is the master regulator of metabolism.

Kelley discovered that sympathetic-dominant people prefer vegetarian diets, have a more acid cellular pH and consistently stronger function in the left brain, postero-lateral hypothalamous, anterior pituitary, thyroid, adrenal medulla, gonads, heart/vascular, muscle and connective tissue systems. These strengths appear to dictate physiological and psychological characteristics. These people tend to linear builds, long, thin bones, narrow shoulders, wider hips, thicker skins, wide, dry eyes, and tend to be underweight, constipated and with small appetites.

They are alert, wide awake, sharp, intense people who love to be in control. They are active, jogger-types, mentally quick, with good memories, who often find it hard to get to sleep. (Lucy in the Peanuts comic strip is a good example of a sympathetic.)

When the metabolisms of sympathetic-dominant people are not functioning efficiently, they worry, are irritable, angry, tend to blow up unpredictably, and actively resent the strange lack of energy they feel, since it interferes with the fast pace of their lives. As sympathetics "distress" themselves, they become prone to bacterial infections, high blood pressure, migraines, diabetes, collagen diseases like Rheumatoid arthritis or Lupus, ulcerative colitis, and the "hard" tumors such as carcinomas.

On the other hand, parasympathetic-dominant people prefer fatty meats in their diets and are more alkaline at a cell level. They have stronger function in the right brain, pineal, antero-medial hypothalamous, posterior pituitary, parathyroid, adrenal cortex, digestive and immune systems. They tend to have short, thick, weaker bones, narrow hips, wide shoulders, ruddy complexions, thin skins, thin eyebrows, and oily hair. They also tend to produce a lot of mucous, to be more heavily muscled and are often overweight. They are easy-going, charming, people-people, who seldom get angry and who have a lot of endurance and patience. They dislike exercise, are always hungry, love to sleep and have slow self-starters. (Ziggy is a perfect parasympathetic!)

While sympathetics "burn out," parasympathetics "rust out." When they become inefficient metabolically, they develop allergies, asthma, skin problems like psoriasis and eczema, viral infections, low blood sugar, mucous colitis or "irritable colon," and the soft tumors such as lymphomas, leukemias, melanomas and multiple myeloma.

When I use the Kelley Model to evaluate a client, I consider the two parameters of balance and efficiency. There are gradations of sympathetic and parasympathetic extremes. Practically speaking, we all have some strength in each type and a dominance in either the sympathetic, the parasympathetic or the balanced group. The balanced group are people who have about equal strength in both parts of the autonomic nervous system. Efficiency has to do with the quality of metabolic function at a given time in one's life.

A common situation I see in my practice is that of an out-of-balance sympathetic who has "distressed" him/herself into a very worn down or inefficient state and who experiences him/herself as "crashed." I assist a person in repairing metabolic damage of this sort with Kelley's "Non-Specific Metabolic Therapy." This is a program of nutritional and structural support that addresses the needs of the whole body at one time with the use of raw gland concentrates, vitamins, minerals and enzymes balanced for each one's particular level of metabolic functioning. The specific program for each individual is calculated by computer on the basis of an extensive questionnaire and blood work. Proper procedures for detoxifying the body using all five organs of detoxification are an essential part of this program.

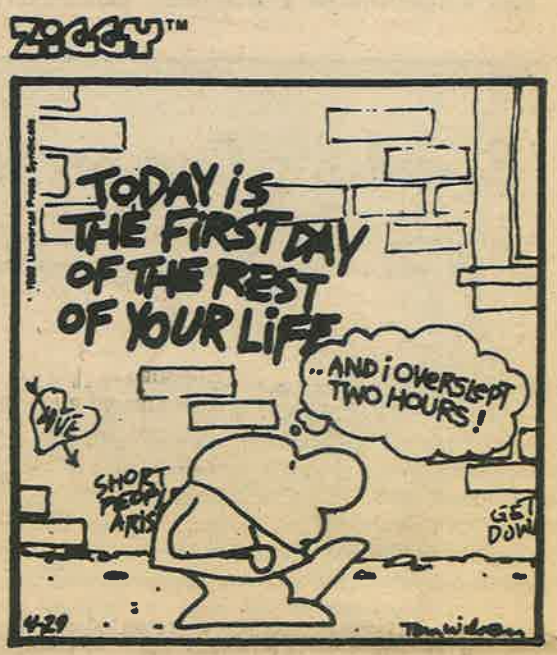
The importance of these concepts for the TA therapist (and for all therapists) is several fold. First, on the basis of our clinical experience, we find patterns of clinical pathology which suggest that sympathetics are more prone to hysterias, tension states, agitated depressions, and detailed paranoid scenarios. Conversely, parasympathetics tend to become depressed, anergic, fearful and apathetic. Psychological diagnosis and treatment involve, therefore, not only clinical issues, but also a genetic-metabolic predisposition or proneness.

Second, with different types involved in each therapist/client pairing, problems can arise because of differing energy and personality inclinations that are metabolically based. Sympathetic therapists often have a hard time waiting for their parasympathetic clients to get moving and may get stuck thinking that a metabolic factor is "resistance."

Third, contract setting needs to be appropriate to metabolic type. It would be pointless and "unnatural" for a parasympathetic to contract to get up and jog vigorously at 6 am every morning. She would most likely fail and make herself miserable in the process. This could also be scripty, reflecting what her sympathetic-dominant father wanted her to do. For her, a contract for late afternoon exercise such as weight lifting would be more appropriate.

Fourth, in terms of family dynamics, there are countless possible mixtures of types in a family setting, especially when we take into account not only the nuclear family but other members of the household as well as extended family ties. This is important because behavior that gets labeled in childhood as good or bad may have genetic roots and may only be labeled as "bad" because it is contrary to the inclinations of a parent's type. For instance, a sympathetic parent might call her parasympathetic child lazy, stupid, or dull and find him boring.

Fifth, there is a large group of "crashed" people who are referred to therapists because medical doctors cannot diagnose anything based on traditional medical information. The assumption is that the problem is "psychogenic" or "psychosomatic." Parameters for diagnosing subtle metabolic dysfunctions are not yet comfortably precise for more practitioners, yet the syndrome surely exists. I now call it "Chronic Metabolic Distress." In these instances, my experience is that a Metabolic Therapy helps immensely in alleviating the physical, and a considerable portion of the emotional, symptoms. In addition, more solid personal change can take place because of the increased physiologic integrity of all body tissues and organs.



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John W. Rhinehart, MD, CMT, is a psychiatrist in private practice in Newtown, Connecticut. In 1976, he began a Kelley Metabolic Program because of a general health breakdown and started to actively incorporate the program into his practice with clients in 1980. He has recently been appointed as Director of the Nutritional Counseling Services in Dallas, Texas and is a member of the AMA and the American Holistic Medical Association.