

# UpClose

JULY 1998

HealthPlex Clinical Services

VOL. 11, No. 3

## COMMUNITY BACKS BOY'S HEALTHPLEX VISIT

### PRACTITIONERS

**JOHN E. UPLEDGER,  
DO, OMM**

**RUSSELL BOURNE, JR, PhD**

**GAYLE BREMAN, LMT**

**CLOÉ COUTURIER, LMT**

**ROY DESJARLAIS, LMT**

**JOANN EASTER, LPN**

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**FRANCINE HAMMOND,  
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**LIZA KATZ, PT**

**HENRIETTE MERAN, OMD**

**LEE NUGAN, MA**

**CHAS PERRY, PhD**

**CATHY PLISCOF, PT**

**ÄLICE QUAID, PT**

**LISA UPLEDGER, DC**

**CRAIG WOLL, LMT**

**UI HealthPlex Hours**

**8 AM - 7 PM, MON - THURS**

**8 AM - 6 PM, FRI**

Kenny Krobath's mother, Pat, got a very special gift for Mother's Day this year. Kenny was taking food by mouth for the first time in his young life after a two-week intensive therapy program at the UI HealthPlex clinic. The youngster, who turned 6 at the end of May, was born with a cranial nerve dysfunction that impaired his breathing, swallowing and vocal abilities.

"It's a dream come true," Pat says. "We've been working for this for nearly six years. Because he missed bottle-feeding and working up to chewing food, we have a lot to work on. But by developing the ability to eat and drink, he hopefully will be able to talk."

Until now, Kenny had been getting his nutrition from a gastric tube. Doctors were stumped by Kenny's condition as all his test results were normal. They recommended physical, occupational and speech therapy, but he hadn't made much progress. Pat read about cranial nerve dysfunction in one of Dr. Upledger's books and thought that CranioSacral Therapy could be helpful. Referrals from other therapists led them to CST-trained practitioners near their home in Prospect Park, Pa.

"Since Kenny began having CST about a year ago, he started learning sign language and showed other improvements," Pat recalls. "His therapists felt that he would benefit from the intensive program at UI HealthPlex."

But when the family's insurer wouldn't pay for therapy in Florida, their hopes began to turn to disappointment. Pat's brother stepped in and did a 32-mile run as a fundraiser. The run, other events and donations paid for the therapy program.

"It was a tribute to Kenny to see how many people were willing to give their time and money to help him," Pat says. "If they never heard of Upledger and CranioSacral Therapy — many of them hadn't —

they have now."

With so many people taking an interest, Pat was anxious to return home after the therapy program to share the news about Kenny's progress. He had made gains in all areas — emotional, social, physical and mental — according to his mother.

Now she hopes that Kenny, through continued therapy, will develop the skills to enjoy all that life has to offer. "I'm striving to give him a piece of birthday cake and treat it like it was his first."



Kenny with his sister Krystal.

## UPCOMING SPECIAL PROGRAMS

### Brain & Spinal Cord Dysfunction: Improving Structure and Function (Two weeks)

Aug. 17 - 28; Aug. 31 - Sept. 11;  
Sept. 21 - Oct. 2; Oct. 5 - 16; Oct. 26 -  
Nov. 6; Nov. 9 - 20; Dec. 7 - 18

### Brain & Spinal Cord Dysfunction: Improving Structure and Function (One week)

Nov. 30 - Dec. 4

### Brain & Spinal Cord Dysfunction: Improving Structure and Function (Re-check)

Sept. 14 - 16; Sept. 16 - 18

### Therapist Rejuvenation: Replenishment and Renewal

Oct. 19 - 23

### Learning-Disabled Children: Facilitating Success

Aug. 10 - 14

For more information or to register  
for special programs, please call  
(561) 622-4706, ext. 9504.

### ShareCare® Workshops

This one-day workshop explains  
CranioSacral Therapy in everyday terms  
and teaches a few simple techniques you  
can use to help yourself or family members.

Aug. 29 - Oahu, Hawaii  
Sept. 12 - Edmonton, Alberta, Canada  
Sept. 12 - Palm Beach Gardens, Fla.  
Sept. 12 - Warren, Mich.  
Sept. 19 - Allentown, Pa.  
Nov. 7 - Minneapolis, Minn.  
Nov. 7 - Palm Beach Gardens, Fla.  
Nov. 18 - Dunedin, New Zealand

To register or for additional dates, call:  
(561) 622-4334, ext. 9504,  
or 1-800-233-5880, ext. 9504.

# COMPASSION AND VIOLENCE

by John E. Upledger, D.O., O.M.M.

The subject of violence recently came up in conversation with 10-year-old Ally Pliscof. She is the daughter of Cathy Pliscof, our director of intensive treatment programs here at The Upledger Institute. Ally had some interesting ideas about violence, so I asked her to write about them:

### If I Could Change the World

by Ally Pliscof

If I could change one thing about the world, it would be to end violence. When I hear about someone getting shot or killed, I feel annoyed. It's dumb for people to kill each other. There are better things to think about than killing someone, such as "How am I going to deal with this person?" If I disagreed about something with someone, I would sort out my problems by talking to them. Talking and understanding makes people less angry. Anger is like a fire balled up inside of you, but if you talk to that person the fire can burn out. Once the fire is burned out you are all calm inside and have no reason to kill anyone.

Clearly, Ally is asking people to talk things over before they commit a violent act. This conversation occurred shortly after the Jonesboro, Ark., incident in which two boys, aged 11 and 13, shot 15 people. Five victims died and 10 were wounded. Four of those who died were 11- or 12-year-old girls. The fifth was a teacher who saved another young girl from being shot.

What reason did the 13-year-old boy give for the shooting? To kill all the girls who had ever broken up with him.

About the same time, five teenagers were charged with the beating death of one man and the attempted murder of his brother in Riviera Beach, Fla. In Boca Raton, Fla., a counselor desperately tried to convince a teenage boy on the

telephone not to pull the trigger of the gun he was holding to his head. In Paducah, Ky., in December of 1997, a 14-year-old boy opened fire on a prayer circle of students in a high school hallway. Three students were killed and five were wounded.

The list goes on, but you get the idea. What's going on?

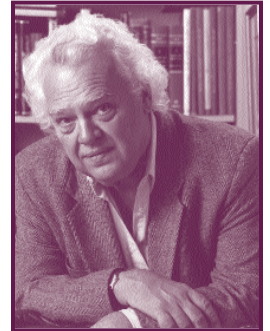
There are a couple things we need to consider. First, I believe compassion is inversely related to violence. If compassion goes up, violence goes down — and if compassion goes down, violence goes up.

I think you know what violence is, but let me give you a working definition: a swift and intense force which is, in our context, directed at another living thing. That living thing could be animal, human, plant, etc., depending upon the focus of your compassion.

Some of us are most concerned about violent behavior directed at humans. Some are more concerned about animal victims. I'm sure I'm not alone when I tell you I could cry when a bulldozer levels stately and beautiful trees. As a matter of fact, I have a hard time even pruning a tree, though it's supposedly for its own good. I apologize over and over to the tree, and generally feel lousy when I am told the job must be done.

Compassion may be defined as a deep feeling of personalized sympathy and/or sorrow for another who is suffering, or has suffered pain or misfortune in the past. Indeed, compassion often involves actually experiencing, to some extent, the pain or suffering of the person, animal or plant who is the object of the compassion.

We are all born with instinctive compassion and the potential for violent behavior if we are sufficiently frustrated or angered. Since we are born with these



two instincts, and since these instincts are inversely related, perhaps if we fed, nurtured and reinforced the compassion, as it grew it would be accompanied by a reduction in the potential for violent behavior. We must realize that either compassion or violence will grow when nurtured. Compassion begets compassion, just as violence begets violence.

It seems to me we give violence plenty of nurturing. We have “war heroes.” We idolize stars in contact sports, the rougher and tougher the better. We have boxing and wrestling “champs.” Violent behavior brings you fame if you feel neglected. We hunt animals and fish the seas for the sport of it, and so on.

With all this nurturing of violence, how can we foster compassion enough to effectively counteract it? There are a couple of things I recall from my childhood that essentially threw my own balance scale in favor of compassion.

I grew up in a house with grandparents, parents and a sister. I got lots of love and attention from my grandparents. They were always available to me until we moved into our own house when I was 8 years old.

I heard a piece of wisdom over and over again from both my father and my

grandfather. That wisdom was “don’t do anything to anyone else that you wouldn’t want done to you.” I have applied this to everything from stealing a penny from a friend to kicking a guy when he was down. I heard this adage so much, it must be imprinted in almost every level of my consciousness.

There was another incident that made a life-long impression on me. Everyone in my family was opposed to guns. At age 10, I secretly purchased a single-shot BB gun (Daisy air rifle) from a neighborhood kid for 25 cents. I kept it hidden in the backyard.

It wasn’t long before my father saw me with the gun. He told me that, rather than live a lie, I should bring it in the house and keep it there even though he didn’t approve.

The next Sunday morning I was up early. I took my gun and shot at a bird from the kitchen window. The bird fell. My father’s voice behind me said, “That was a good shot. Let’s go see where you hit it.” We went outside and he asked me to pick up the bird and see what a “good shot” I was. I picked up this soft, warm, dead sparrow and looked at the hole in his throat where my BB shot entered. I was overwhelmed with compas-

sion. I cried and felt tremendous sorrow. I was so sorry for what I had done that I never shot another living creature.

My compassion was reinforced and it went sky high. For the rest of my life — especially on the Detroit streets — I would bluff effectively, I would hit back, but I would never hit first. Compassion allowed me to survive and still be humane.

Today, I strongly believe — in fact, I’m convinced — that as we lovingly touch and facilitate self-healing while truly caring for the person we are working with, we are nurturing compassion in our patient or client, as well as in ourselves.

I believe that, as the network of caring touch and direction of energy grows and spreads, so will compassion. It will grow and spread logarithmically. A decline in violence will occur, since the inverse relationship between the two seems to be a law of nature.

Touch with love and teach your children to touch with love. Teach everyone what it means to touch with love and watch compassion grow. We’re born with it. Nurture it wherever you see the opportunity. When you don’t see the opportunity, perhaps you can create one. Remember, as compassion grows, violence wanes.

## HEALING TOUCH APPEARS TO ENHANCE SELF-ESTEEM

by Russell A. Bourne, Jr., Ph.D.

The Upledger Foundation recently tested Dr. Upledger’s theory of an inverse relationship between compassion and violence by conducting a four-month investigation into the use of “healing touch” with preschool children. First profiled last year in *UpClose*, this study was designed to evaluate the effects of positive intentional touch on aggression and other social behaviors.

We were invited to conduct the study at Fredric’s Nurturing Center in Cincinnati, Ohio. Since Fredric’s is a highly supportive preschool, our sample population tended to be well-adjusted and intellectually curious children. We felt comfortable suggesting that, if the techniques worked well here, they would also be effective in less nurturing environments.

The principle investigators — a diplomate-level CranioSacral Therapist and a clinical psychologist — launched the study by showing several teachers at Fredric’s how to apply the *Upledger Direction of Energy* technique. This is a very simple method of applying gentle touch along with positive intentions to the site of an injury to help calm fears and relieve pain.

The researchers also taught the technique to the children at the preschool. We felt that a child who could comfort a friend would feel empowered,

while the child who was helped would experience a sense of gratitude and connection. In turn, we believed these children would be less inclined to act aggressively toward each other in the future.

To measure results, we used two standardized behavioral rating instruments: the *Preschool and Kindergarten Behavior Scales* (PKBS) and the *Social Skills Rating System* (SSRS). Each was designed to document the frequency of social skills and problem behaviors.

We’re pleased to report that teacher and parent feedback strongly suggests the positive effects of intentional touch. The independent pre- and post-study ratings consistently indicated improvement. In particular, the report of a 9% reduction of behavioral problems at school was quite impressive. The teachers also reported a 17% improvement in social skills.

It appears that, even for a child, responding to someone in distress can enhance self-esteem and a healthy sense of independence. And here at UI, we believe a strong sense of self-worth can go a long way toward healing the human spirit.

For a complete review of this study, please contact Nancy Brown at (561) 622-4706, ext. 9504.

# MEET LIZA KATZ, PHYSICAL THERAPIST

Liza Katz will be the first one to tell you she comes from a scientific, structured background in rehabilitation. “Physical therapy typically works hand-in-hand with traditional medicine,” she says, “which is designed to fix people.”

So how did she find herself working as a team member for the intensive programs at UI HealthPlex — where the goal is not to *fix* anyone but to *facilitate* the healing process and create a safe setting for each patient to take responsibility for his or her own health?

Liza’s appreciation for that depth of inner motivation stems from her undergraduate college degree in anthropology. “Anthropology is all about analyzing human societies and symbols, and discovering how people organize meaning and value in their lives.”

After leaving college and spending several years in the workforce, Liza yearned for a profession in which she could apply her interests in personal value and inner motivation. She

chose physical therapy, and she enjoyed helping patients solve their health problems. Yet it wasn’t until she assisted in her first HealthPlex intensive program that all her interests came together for her.

“It was so stimulating, such a cooperative effort,” says Liza, who became a full-time member of the therapeutic team in July of 1997. “These programs require an incredible concentration and commitment from every therapist here. CranioSacral Therapy, acupuncture, osteopathy, counseling, all these modalities come together in an intensive, full-time, focused effort. And it struck me, this is the *real* work of rehabilitation.

“We encourage patients to become so involved in their own healing processes that they’re driven by that interior voice to follow a path to wellness.

“The changes are subtle, but the patients are healing from the inside out,” Liza says. “And that’s how permanent change happens.”



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