

## Release Bodywork **With Phill Hunt**

- APM: Now this evening's speaker is somebody I came across quite by accident when I was visiting fellow osteopaths around the midlands. I came across him in his own clinic and we discussed the way he was treating patients and I was so taken by what he had to say that I thought that he was a perfect candidate to come in for one of our broadcasts this evening. He has been in practice for over 30 years now and he is Phil Hunt. Phil, welcome to our studio.
- PH: Thank you so much. Thank you.
- APM: And it's a great pleasure to have you here and very kind of you to take the time to come in and talk to us. As I said, you've been an osteopath now for 30 years. That means that at the British school, they would've taught you this conventional stuff, examining passively, actively, screening systems and so on. So what's different? What's happened to you in those intervening years?
- PH: Good question. Thank you so much for inviting me tonight. I think it's really an evolution over a period of time, you know. As a fresh graduate, you're filled up with all the ideas and all the concepts of osteopathic medicine and you get into...I got into practice and patients arrive at the clinic and of course the emphasis in osteopathy, in physical medicine is the physical body. It's looking at the structure. It's examining the body as a whole. They use the term holistic but really, it's kind of missing what that really means because when they say holistic, they're saying, "Well, you know, problems in the shoulder might be connected with the pelvis —"
- APM: I think it's a very hackneyed term, isn't it?
- PH: Very much so, yeah.

APM: And one of the things that struck me, what you are going to talk to us about this evening I think follows on very nicely from some of the speakers we've had in the past because we've had Leon Chaitow talking about the respiratory system and how that is affected by the skeletal system and so on. We've had James Earls talking at Anatomy Trains and fascial trains. We've had a physiotherapist, Paula Clayton talking about the sacroiliac joint and how that is affected by others. Yours I think goes perhaps not one stage further than Leon Chaitow. That would be asking a hell of a lot but I mean certainly, it goes further than most of us think in holistic terms.

PH: Yeah.

APM: So what's the basis behind it?

PH: So really, the basis is working from a physical perspective but there's a marriage and the marriage is working with a process. That's the basis behind it and it's quite simple. There's a simplicity behind it because as therapists have...any sort of physical practice, we're working on the body, there's something we're missing so often and it's in the background and it pops up. For example, you might be working on somebody and they get upset and you think, "Are you in pain?" Often people walk through the door and you can get a sense there's stress that's going on and some practitioners are very good at handling that that you might have a chat and often we do that, don't we, in practice. We sort of chat to our patients and we're sort of becoming amateur counselors unless you've had counseling training and very often, it's the talk...in fact, it's interesting because so often, it's my receptionist that does a lot of the work because people talk to receptionists and they sort of offload but beyond that, people bring themselves and all their experiences to the treatment room.

APM: How is that business with the receptionist affecting what you do in the treatment room? Is she passing it all on to you or are you just saying the patient is unwound by the time —

PH: It's very helpful. Obviously with this work, I'm focusing...I'm going quite deeply with an individual into what's really happening in their world but she holds a nice space for people and sometimes it is just a preparation but other times, if I am just working osteopathically...so I don't always do this type of work, I also do...I work as a conventional osteopath as well. People come in with, you know... "It's my knee," and I'll just focus on that because that's what is really needed at that time but...so sometimes she's a wonderful container and she's a useful ally.

APM: What you've said so far makes it sound as though the main component that you're building into your treatment mix is stress, if someone's upset about something. Is that all there is to it?

PH: I won't say that's all there is to it. It's interesting. A number of years when the diploma got converted to a degree...

APM: The osteopathic —

PH: The osteopathic degree, yeah, I wrote a thesis and because I was beginning to use...which I'll tell you about in a moment. I was uncovering and exploring methodologies. I decided to actually find out and scientifically explore...I used a measurement in actual fact and what I found, the result was that more than 80% of people that were presenting with a physical problem in their body, there was a measurable component of emotional stress. In other words, if you could define stress, it would be really a feeling that isn't being expressed.

APM: Do you think that's true of all the patients of all osteopaths or have you attracted patients who have that component, their dysfunction, their disability because you're the type of person you are?

PH: That's a very good question.

APM: And it immediately comes across that you're an approachable person, someone who is easy to talk to —

PH: I think in truth, I think yes is the answer. I think it's there with everybody because if you've got a discomfort, there's going to be a whole story and a history as to why that happened. Some people might say, "Oh, I tripped. It's as simple as that. I've not got emotional problems," or, "I'm not stressed," and that might be true but most people, especially with chronic problems have a story. There's a history that's there. And the other aspect of your question, yes, I think for all of us as well. We attract what we're able to deal with I think. So obviously people talk and then when you're working in a different way, people might say, "Oh, you want to go over there," because they felt that another aspect of health and well being was dealt with.

APM: But there is of course a spectrum amongst our patient lists of people who have a simple structural problem that needs simple structural treatment method.

PH: Absolutely, yeah and there's a wonderful place for that because, you know, the...for me, osteopathy is and always will be an amazing system of medicine in that you can...put my hands on somebody and make an adjustment or just go through...the physical process itself is so transformative and I'm in ore of it all the time.

APM: I don't want to offend any of our audience who are not osteopaths, of course. So I mean are you...I don't know to what extent what you do would translate to say chiropractic or physiotherapy. Do you have an idea about that?

PH: I think so. I think it would translate to anybody who has the privilege of sitting down with an individual and working on them. So somebody who's reiki or any kind of physical therapy because the truth is when you're in that position and you're facilitating change in an individual, what might happen is that things will come up for a person and this is the thing. I think this is the key to it because often things come up and as an individual...and certainly as a patient, being a patient myself, I've been worked on and feelings come up and I just dealt with them myself and I haven't talked about them and if somebody was inquiring or making a space, I know I could've gone so much further and I've noticed obviously with hundreds of thousands of patients where I've observed and I've seen, "Hmm, you're feeling something. There's something that's going on for you," and it's so largely I believe ignored because you're getting on with the work. You're getting on as an osteopath or a chiropractor or a massage therapist. You're doing what you do. You're working on the physical body. So it's an opportunity that's...I'd say it's missed. It's just something that's not dealt with.

APM: This is called release bodywork. So where does that spring from? Is this something which you have started yourself or —

PH: It is. In fact, when I first came up with the idea of it...because I wasn't really using conventional osteopathy. I needed to give it another name and in fact, I call it something else. I call it Somapsyche originally. I was sort of sitting with a friend and we were sort of brainstorming and, you know, soma, body, psyche but then...in fact, I used it because I've been working at Triyoga in London for a number of years and I took it there instead of osteopathy because there aren't lots of osteopaths there.

APM: So is there something special about that type of yoga?

PH: It's a brand. It's the name of the sort of establishment, Triyoga.

APM: But it's conventional yoga?

PH: Yes. It's not a type. It's a centre called Triyoga Centre where they have every kind of yoga in actual fact and they've got a lot of therapists that work there as well. That's a good plug for them

APM: That's OK. You can plug for them.

PH: So when they said, "We've got osteopaths. So you do other things. Don't call it..." So I said I don't call it osteopathy so that's great because I don't really do osteopathy. I'm doing this process where I'm working on people physically and I call it somapsyche and what happened over that period of time was I got feedback from people saying...it's a bit of...people look through and they...it's a little bit it's a bit 'heady', what does it mean and then that's why I

came to the decision to, "Let's really simply it. What is it?" I'm doing bodywork and it will help potentially facilitate a release not just at the physical level but at an emotional level and there will be a shift from an emotional level, at a mental level as well. So there's a real change in the human being.

APM: And this probably is a fairly obvious question, a question with an obvious answer. What's the advantage of what you're doing over what I'm doing as a conventional, fairly structural osteopath?

PH: Well, a massive advantage because I think with my experience over a period of time is that it's a missed component. So you might be doing wonderful work, I'm sure you are, working at a physical level but if you're not really going to that other level which is really finding out much more deeply what's impacting that person...and especially with chronic problems because we all deal with chronic issues, we have acute ones but it's the chronic ones that are the challenge. People that come back and you think, "I'm really good at what I do. I've done this. I'd adjusted. I've looked at everything. Why does your problem keep reappearing? There's something else going on. I have to refer you. Somebody else needs to sort you out. I can't do it," you know what I mean? You come across people like that.

APM: Absolutely, yeah and of course, none of us want to keep patients coming back unnecessarily. It's not good for our reputations, our egos or for their bank balance, is it?

PH: Absolutely. It's not just about that. For me, there's always been a curiosity. That's what's always driven me is, "Why?" And especially after you...technically, you think, "I've done it. I've adjusted you. I have all the interconnections here. There was a problem there and there and there and you are better. You've told me," but three weeks later or whatever it is, it's come back. So it led me to another inquiry. What's going on?

APM: We've had a message in from one of our members. It's not a question. Just that this particular viewer says that they agree that the tissues are in the tissues. We do create our own reality and if we don't process adverse events as we go along, they store in the body and manifest as physical symptoms.

PH: Absolutely.

APM: And this particular person says they find that they have to treat on a mind, body, spirit continuum to have lasting results which may be what your saying.

PH: Exactly, yes. That's the thing and that's wonderful to hear and it's heartening to hear that there are therapists...and I'm curious as to...I've talked to my colleagues how they manage especially when you're working...because I have

friends who are psychotherapists, so they obviously have their strategies but as a physical therapist or an osteopath or chiropractor.

APM: Well, before we started, I said I hope that this was going to be more of a two-way stream rather than just sort of a lecture from you or a conversation between the two of us and it's really, really useful for people not just to ask questions but to send in their opinion because, you know, it kind of reinforces the value of what we're doing apart from anything else. One of our viewers has asked whether you're a fan of Louise Hay and does that integrate into your work?

PH: Very much so. She was an inspiration for me 25 years ago. In fact, I remember recommending her book, *You Can Heal Your Life* to one of my patients and the patient came in and she said, "This book changed my life. This completely...I understand so much," and in fact, hopefully we'll talk about —

APM: What is the title of the book?

PH: *You Can Heal Your Life* by Louise Hay.

APM: *You Can Heal Your Life*.

PH: She actually is behind Hay House Publishing. So, you know, mind, body, spirit, all semi-titles.

APM: Well, as always, we will make sure that reference is up on our website afterwards so that people can find it.

PH: That's great.

APM: So by all means write it down and get to Amazon straight away before the rush starts.

PH: Yes and it touches upon the subject of metaphysics as well which is the hidden meaning...meta, alongside the physical. The other reasons and I've got another...I've got a book which I hope I'll bring in later which goes into there's Louise Hay which if you... That's an O level in metaphysics and this book is a PhD in metaphysics and you don't need a PhD to understand it. It's just when you read the insights that are there, it's marvelous. It's so insightful but we'll refer back to that later.

APM: Another question here, is this similar in any way, this person asks, to Body Talk therapy?

- PH: Yes. That I've come across. I've not delved with that deeply into Body Talk but there are...from what I know about it, there are parallels. It's not the same.
- APM: A quick word to our audience. I mean I will happily read out your observations, experience and questions and you are anonymous unless you tell us who you are. It'd be really nice if you shared your identity unless you're worried that your question might be embarrassing but it's not through any desire to offend that I'm not acknowledging whoever asked these questions. We've got another here about osteopathy is defined as being what an osteopathy does which gives us incredible license, So —
- PH: Yes. Well —
- APM: Is it easier do you think for a chiropractor or physiotherapist to define what they do? I suspect the chiropractors have the same difficulty we do.
- PH: I mean there are so many parallels, aren't there? But often people say, "What's the difference between them —"
- APM: Those labels constrain us a bit, don't they? Because it doesn't matter whether you're a physio, chiro or osteo, it's your approach to a patient.
- PH: Absolutely. There was a piece I remembered because there's a lovely guy called, you know, Jean-Pierre Barral who's expert in visceral osteopathy and in fact, I've got one of his, no I haven't, I'm getting confused but he wrote a book on urogenital manipulation and there's a lovely piece I remember which really...which I found resonated so much, about being experimental but we are sort of pioneers as osteopaths because, you know, any form of...any discipline should always be evolving and, you know, still, our founder of osteopathic medicine it's repeated that he always had bones in his pockets that he was always palpating but we've got his ideas but that was how many years ago, 150 years ago? So, you know, we're all evolving as a species and there's more information, there's more knowledge and I like...we've all got a responsibility in a way I think to...you know, whatever we've learned that we kind of bring it into the mix and share that.
- APM: So who are your main sources of inspiration for what you do? And you've got a whole library with you here and an even bigger library at your clinic.
- PH: I do, yes. Well, I suppose it leads me back to my journey I've already sort of talked about. In fact, there was a patient of mine that I treated years ago and he was the one that, you know...I was priding myself in all my physical techniques and he respond so well. In fact, he made my clinic as I had hundreds of referrals from this guy but he kept coming back and it was, "I still got this problem," and it was...it really frustrated me because it was...I've done everything and every time I've done something and you've told me how

amazing it is, your problem returns. What am I missing? And that's when I had a bit of an epiphany because the...and the epiphany was I'm not treating...it's not your physical body. It's your emotions. I'm treating your...it's your emotional state but I'm not treating that. I'm not helping that. I'm working at the physical level, which is giving you relief, but I'm not really —

APM: So what gave you that clue? I mean this patient's coming back to you brimming with enthusiasm every time so there not displaying any physical stress.

PH: It came as an epiphany. It was just feeling. Then I think it was around that time, I found myself on a Greek island a place called Syros and I enrolled on one of these personal growth workshops and it was actually called Holotropic Breathwork and it was a representative of Stanislav Grof who trained in this and he's still alive now. I think he's in his 90's but it changed my life because there I was in a group, working with some people and the practice of Holotropic Breath work was quite simply to lie down...you had a breather and a sitter. So the sitter was the person who just oversaw the individual breathing and the person breathed but it was a certain way of breathing. It's kind of more or less hyperventilating but if you hyperventilate, it kind of gets you out of your head and it enables you to sort of really start feeling what's there and there was music. There was some accompanying music with it and long and the short of it was that after a week of doing this and pairing up with people, I remember so clearly there was a woman in the group. She was a psychotherapist and she'd been practicing for a while and she said, "I must share this with you." She said, "In two hours of breath work, more has shifted for me than two years of psychotherapy. I've been having psychotherapy for two years twice a week but more shifted for me." I thought, "Wow," but I went through the process myself and also, I experienced all sorts of things. Memories, I went back into my childhood and it was the beginning of a journey for me of my own self-realization of, "Oh, my god, that happened to me as a kid," and, "Oh, I didn't know that was there." And long and short, I met Grof and I trained with him for some years later and I started to utilize it. I started to...I thought, "Ah, all I've got to do...I've got my patients here," and obviously, the ones I would select that I thought, "There's emotional stuff here. There's a stressful situation that's going on in their life," and I would often I would say, "Well, I'm using this method." This was years ago. This was 20 years ago and that's what I would do. I made a space. I got them to use this breathing technique. I wasn't really using any bodywork particularly with them. I was just holding a space and it was amazing, you know. Things would happen and they would process as well. So it was the start of learning, getting feedback from people and finding out the...if I could actually assist them to get this...it's this process. What does that mean? It means go into themselves and just explore what's there but release



APM: We've had an observation from one of our viewers here. We might want to disagree on this, I'm not sure. It says, as osteopaths, I don't know how we wouldn't work like this. You could barely touch a patient without starting to hear stories from their body and the first 10 seconds after they enter the room often gives more insight than the rest of their history. Now I think that's definitely true but I'm not convinced that the whole of our profession does work that way and I think even if we like to try to do that, we're not all as good as we could be and I'm sure there are people who don't approach things that's way. If it's a neck problem, crack a neck and send them out again. I don't know if you have experience of many other osteopaths on how they work, clearly, you think I would clearly think that what you're doing lends something extra to what we're doing.

PH: Well, that's great to hear and it's, again, heartening and that's the thing because lovely to have a discussion with that person but...so where do you go after that? And we do...I think we kind of become good counselors because it's part of our practice and —

APM: Can we bad counselors as well? I mean can we get this wrong though? Because if we're not trained to do this—

PH: I think so. Yeah.

APM: --we'll spark off the wrong reactions from patients.

PH: Well, you've heard of the placebo. There's something called the nocebo and nocebo is where you, you know...you just put negative...your own whatever, your ideas are you know. You might say... I don't know.

APM: And that's well researched and then proven, yes.

PH: I've heard that. Yes, it is. Yeah. So I've heard that. So yeah —

APM: I'm interrupting you again, there's a chap called Trevor McArthur that says, "I'm not sure what's new here. We were taught somatoemotional recall in the field of cranial osteopathy and fascial unwinding." Not that everybody studies those things, of course.

PH: That's good.

APM: And I'm also very aware of the affects of mental and emotional stress on the body, how that can cause and hold physical patterns.

PH: Good. That's good to know as well. So what's new here? Well, we'll get to that. It's a marriage of a technique. So perhaps you could...this person could answer, you know. That knowledge, no, it's not new knowledge. It's not new knowledge at all and I've brought quite a bit of literature that I've sort of

delved in. Yes, this is known but what are we doing about it as physical therapists? That's what this is about and also, it's not new from a psychotherapeutic perspective and a bodywork perspective because there is another thing called bodywork which I'll talk about in a little bit because there are...there's a following of Bodywork. Ken Dhadco is one of the main teachers of this but he was taught by —

APM: Which is different from Body Talk therapy.

PH: Totally, yeah. People Wilhelm Reich and of course, Ida Rolf and then one of her students which is Joseph Heller and then there's quite a few other people that talk about this and, you know. There's a lot of...there's a large body of research. What's here with release bodywork is it's a type of bodywork but it's marrying it. At the same time, it's guiding somebody through a process. It's not just, as an osteopath...and like somebody who said just now that they're counseling and they're helping people through something. This is so much more than that. This is actually a skill set.

APM: So do you want to talk us through the components of what you do now or would you rather do that around a patient as you go?

PH: Yes.

APM: Which...

PH: I'm just trying to think. We can talk about it a little bit more. Time wise, we're OK?

APM: We've got a few minutes to talk about that. We need to move on so we get to see what you do with a patient, of course.

PH: A little bit more, yeah. So just to name...I think that's why I was going to talk about what lead me, what brought me to the knowledge base because I ended up training in acupuncture and I ended up also training in homeopathic medicine and both of those disciplines which are sort of true... I hate to use that word energy medicine, brought about so much more awareness in terms of...and people talk about Anatomy Trains and so on and so forth but it was more kind of really sensing what was happening in individuals and seeing...in fact, can I refer to...can I —

APM: Whichever one you like —

PH: It's this one here. There's a lovely artist John Grey and he's written a book called Sacred Mirrors and this, you know, I took a photocopy of that 20 years ago. I found this book when I was studying at the ESO. I did a post graduate course there in cranial osteopathy and they have this book and I thought, "Wow, let's get a copy," and I was taken by it, that particular picture, I —

APM: So what's that picture showing us? Why did that strike you?

PH: They call it spiritual energy because it was...as I worked on people, it's ...what it sort of communicated to me was it's almost as if I've seen that in my mind's eye or I've sensed it.

APM: We're going to get some skeptics about this though because this looks like energy patterns around the body and some spiritual sensors in the body marked carefully in pretty colors. Auras perhaps, you know. Is that the field we're getting into?

PH: I love skepticism. No well, that's there because you can photograph all these things now, you know. There's a whole area of science, you know, quantum physics and there are other people that talk about this and research it. A simple thing, for example is that anybody who's got into acupuncture...the research they've done now in hospitals is where they put an individual into an MRI scan and see what's happening in the brain and then they actually put a needle in a meridian and it's not a nerve channel. It's got nothing to do with anatomy or a blood vessel and only in that meridian point, the brain lights up. They can actually see, "My goodness, a meridian point is stimulating the brain." It's a sign...

APM: And can they track meridians that way or are they just —

PH: The other experiment that's been done or experiments is where they've actually put radioactive tracers in a meridian point. So there's nothing anatomical. There's nowhere the tracer can go anatomically, not even an Anatomy Train and then the comment from the researcher, I remember clearly was it was as if there was an invisible tubule in that body where the substance moved.

APM: That's interesting.

PH: So there is and it's —

APM: I've always been very skeptical about meridians and it's interesting to see that there is some research, which is beginning to identify to them.

PH: There is.

APM: Few points from our audience. One from a member here, an observation, "I agree that we must go through our own journey of self-discovery to a deep level to be able to identify and treat the deeper levels in our patients and the clearer our own body and psyche, the more effective we become as therapists." Thank you for that Ralph. Ralph sent in that one.

PH: Totally agree. I totally agree, yeah.

APM: Someone else has asked are you aware of John Sarno's work and SIRPA, S-I-R-P-A?

PH: That rings a bell but not —

APM: Whoever sent that in, can we have some more information on that?

PH: Thank you, yeah.

APM: Because I don't know what SIRPA is myself.

PH: This is great because the more I look at this stuff, I can't believe how much there is and I'm always coming across new things.

APM: And I'm going to quickly run through these because we need to move on and have a look at the way you go about this. Do you find sometimes patients just need to sit and be quiet and stop rushing about the way they do in their daily lives?

PH: Of course and a big part of my sort of treatment protocol is empowering and getting, you know...I saw a patient today who's got this recurrent neck problem - levator scapula. It's all very, very osteopathic and he's come in, classical example of being so much better, but even better he has still come in but when I sort of re-questioned him, he's a businessman and it was...he doesn't stop and the only...I really tried to sort of transmit to him about stopping, breathing and just changing his state.

APM: But for how long? I mean if you're a busy businessman and that doesn't mean necessarily successful, just busy, you're trying to keep your business alive and that keeps you awake from early morning until the crack of night. You can't stop for long necessarily without the business folding around your ears. At least that's your perception.

PH: There's the thing. There's a belief system. You've just shared a belief system with me. So if people walking around with that belief system, they're always going to be...what actually embedded that belief system? You just said. That's great you shared that.

APM: Another question from Maria in Manchester. Do you need to be a psychotherapist to really do emotional therapy?

PH: That's a great question. I don't think you do. I actually ended up on my path training. I trained in psychosynthesis psychology and in fact, that's another part of the story because it was a master's degree and halfway through it...in fact, part of the training was we met...there were about 14 of us and every

month, we all met and for the whole weekend, we shared process. So we, you know...there were so many different things that we were taught as we went along, processes that we went through but what I found was that after two years of doing this, every month, people were saying the same stuff and it was the same story. In other words, nothing changed. So it was great. It was all intellectual. Now at this time, and this is quite pivotal, I...in fact, I got it through the post. It was a free CD, it was a free DVD and it was from The Journey people and there's a woman called Brandon Bays and she's written a book called The Journey and it was one of those synchronous things. I thought, "OK." So I listened and I thought, "This is really interesting." I read the book. I got the book as well and I thought, "Wow." I couldn't put it down and it's a story about a woman who...she did a little bit of mind-body stuff, you know. So she knew about healing and she knew about what really makes you better as opposed to sort of conventional "oh, you got to cut it out" or take a drug and she had cancer in her uterus and basically, long story short, six weeks later, she applied all her knowledge and there wasn't a single cancer cell in her body and all her friends were saying, "Brandon, this is a miracle. You've got to teach this," and she's been going now for —

APM: Case study of one is not a good basis for, you know, general predictions though, is it?

PH: No but she's now taught...since then, she's taught...and she does. She's got this huge network, journeywork people and I ended up going to her seminar twice and sort of being an assistant in another seminar. The point here is that...because she's helped tens of thousands of people with what she does and I took a little piece. It was another thing that brought me to this because it's evolving all the time and it was The Journey work and it's a way. Actually, it's the methodology, you know. People are saying, "Well, what is this? What's new?" It's a process, which is unique because it makes a change. It makes a change.

APM: Now we're going to have to move on because we're half an hour in and we're keeping your patient waiting quite apart from anything else. Could we move on to the treatment table and talk us through what you're doing with a patient?

PH: Yes, we can.

APM: You've brought in one of your own patients to us a young lady called Noemie. Can you give us just a little bit of background about why this lady might have come to see you?

PH: The reason why I brought Noemie, she's experienced this before. That's the main thing. So I could've...in fact, I was thinking maybe one of your staff and just take somebody cold but if you don't know anything about it...because it can sort of take you places. This is one of the things I wanted to bring up as

well, thank you for mentioning that, is that when it comes to emotions, we've got, you know...people talk about defense posturing which is something we didn't really talk about. This is such a big subject, an amour, and I think this is something that isn't covered. It wasn't covered when I trained and I think we all have that to a degree, all of us. We have a conscious, you're aware. We have an unconscious which means you don't know. It's unconscious. So it's impacting because what's in the unconscious, a lot of the time, is...it's negative and what I think is within human consciousness is this. It's not OK to be emotional. It's not OK to feel and we're taught that. There are so many, you know...if you don't stop crying, I'll give you something to cry about. I always joke about that with my patients because it's so...you'll hear it in the supermarket. There's this programming that's going on within humanity that's...we're not educated to be OK without feeling. So I brought somebody along who is OK with that.

APM: One of the audience has written in to say the measurements that were made in those research experiments did not define auras. They identified meridians. So I mean that's worth bringing out but also, I mean a number of people have mentioned the fact that what we're doing here is what we like to think of as holistic medicine. It's something we're trying to promote in treating, you know, the whole patient...all the aspects of therapy but right now, let's go over and have a look at how Phil goes about approaching his patient, Noemie.

PH: So the other thing with Noemie is that there's nothing in particular at the moment. There's no issue. There's no sort of...nothing really going on so sometimes people do come in with a specific problem but the great thing about this process work is that it's a way of actually just exploring. So that's what we're going to do now. So I'll go through some simple steps. The first one is actually setting an intention and availing as well, availing yourself. So just actually put that across to you. So notice your availability to yourself right now and this is your space in actual fact. Well, we're doing a demonstration here but this is your space and it's a little space for you to actually work on yourself because we're going to do some work together. So the simple thing is actually just this posture when you are availing yourself and it's a good idea to close your eyes as well because as you close your eyes, you're able to just connect with yourself and kind of switch off what's going on around you. And the next thing is grounding, so really give your weight and just drop and land and just let yourself arrive. As I've mentioned before as well about breathing. Take some breaths and really focus on that. Take some really, really deep breaths and just increase the rapidity. So you really get some oxygen into your body. That's it and keep going, you're doing great and as you're doing that, give even more weight there's a real emphasis on grounding and arriving and being present. And the next step, as you're doing that is...I refer to it as a body scan and it's...well, I'm going to make contact. So I'm just simply...and the scan is I'm going to go through your body and something I didn't mention before but...about meridians but there are

specific points which is why it's useful to know about meridians but, you know, in fact, meridians run through the body and mostly, like that picture I referred to before, they actually do...they're running all the way. There's one that runs from the top of the head all the way through. So they do run in channels that run through. So, I'm going to explore some of those points. So the starting point is just feeling your body but methodically moving through it. I'm just squeezing the soles of your feet. All you're doing, Noemie, is just feeling your feet and bringing all your attention to this part of your body. Feeling 'what's that', applying pressure and as I apply pressure, you might feel, "Oh, that hurts a bit. I didn't know that was there." You might feel a difference. So you're kind of getting to know what's here right now rather than...and most people will say, "This is where my pain is," and you might never even go to that part of the body. We're going to go through your whole body, starting here. So from your feet, moving through your legs and at the back of the legs here. That's just a simple line. This is the bladder meridian and as I just apply quite a bit of pressure, you might feel...right there for example. There's a difference, right? So it's tighter on that side and it's just, "I didn't know that was there," but as soon as I touch that place and apply pressure, it's beginning to make a change because that's like a trigger point that's there. I know it's there so I'm getting to know what's happening in your body.

APM: Phil, would you normally expect to be getting feedback from the patient orally at this stage?

PH: No, at this stage, no. It's —

APM: You're just feeling these tensions yourself.

PH: Absolutely, I'm knowing, but this...the dialogue would be, for example, "Oh, you didn't know that," because Noemie's having a very bodily experience right now as she's being palpated. So we continue the scan through. So again, it's just contacting but at the same time, there's an impact on Noemie as I do this because I'm working on meridians. I'm working on the channels and that's important these are very specific points, just here which...very easy to elicit.

APM: Trigger points or acupuncture —

PH: These are trigger points in actual fact and you can feel that, yeah. So we're unearthing. This is a body exploration. We're unearthing and Noemie might've said, "Well, I've got a problem with my neck," and I might've gone, you know...as an osteopath, I might've gone straight to the neck but this very complete way of exploring the whole body, examining a body has unearthed. She's got some points in her pelvis, which are uncomfortable. I'm putting a little bit of pressure there. I know about them now and she knows about them but actually, just having done that has made a change. So something's

happening right now. The other technique as well as deep palpation and finding trigger points is something that...in fact, I didn't even...I've been doing this for so many years because it just felt intuitive and then somebody told me about pulsing and I said, "Oh, that's pulsing." Have you heard of pulsing?

APM: I haven't heard of pulsing. Is this different from harmonic technique?

PH: I think there's a parallel between them, between the two but it's just kind of rhythmic movement.

APM: With a particular aim in mind? Are you looking at a particular joint, trying to oscillate, say, the sacroiliac joint or —

PH: No, not at all. Pulsing is kind of just a releasing type, shaking the tension out of the body. So right now, the methodology is still the scan. So we're moving up into the abdomen and another point here. So this is a trigger and this is an important area to really know about, you know. People talk about chakras. That's too esoteric. It's such an important anatomical center. You've got the diaphragm. You've got the solar plexus and this...when stress is involved, whatever the cause of the stress is; this is the pivotal part of the body where, it's really impacted. So I'm just running on...this is all bladder meridian, in fact, all of this. So it's really useful to know where the bladder meridian is. So there's quite a lot going on, quite a lot of tension. That's really tight there. So I know about it, Noemie knows about it.

APM: But you're still just scanning.

PH: I'm scanning and treatment's going on because when I find a point and I...there is a release. So there's already been some somatic changes. This is really...the whole point of this is Noemie connecting with herself and she now knows because she's been palpated through her entire body.

APM: But so far, you haven't done a conventional active and passive examination of the patient.

PH: No.

APM: Although we don't know why Noemie's come to see you obviously.

PH: Right, yeah, absolutely true. OK, so the next thing is I'm going to...it's much less physical and I'm going to just talk to Noemie and explain each thing but then what I need to do now and what will really impact is moving out of left brain which is thinking, "What's going on? What just happened?" to the right brain, which is where...there's a very different chemistry that's going on, very different impact on the body. So what I'm going to just ask Noemie to do now is just imagine there's space all around you. Imagine there's a lot of space above your head. Keep dropping; keep giving your weight and space below



your feet and each side of your body. There's nothing in the way, just a lot of space. It's a very specific instruction but it really impacts what's happening in the psyche. And in front of you nothing in the way and this technique, pulsing is simply...it will just induce a sense of letting go. Below your feet, nothing in the way just let go. So you're just surrounded by space.

APM: Do you do any structural adjustments at all these days? You still do?

PH: I do, yeah. It can lead to that. This is just the preliminary process to change the state of the individual and make them receptive. So the next thing is an instruction and I'm going to instruct Noemie and it's very simple because the first thing we've worked on is body and, you know, we have a body but you're your body. The next aspect is mind and all the time, mind is active and whatever's going on in the mind is impacting on us. It's impacting what's happening to us and our daily lives. So right now, the instruction Noemie right now, you're thinking...there's a thought. There's one thought following another thought following another thought. That's how the mind works, thought after thought after thought after thought after thought. So here's a very, very simple thing and I use a module and if that's the mind and thoughts are just...constant streaming. There's a stream of thought. I'm thinking, there's a thought, there's a thought, there's a thought. If that's you, you have a mind but you're not your mind. This is what's happening to people most of the time. They're identified with whatever they're thinking about. So whatever's going on in the mind...there's no separation. You are what you're thinking about but of course, that's not the truth. So here's the thing, and this is an instruction, just become the observer right now. "What am I thinking? What am I thinking? Oh, my goodness. What am I thinking? Oh, yeah." As soon as you make that inquiry, you become an observer. "Oh, yeah, I'm thinking." So this part, the free part of you that isn't mind can just, "Oh, yeah, I'm thinking. Oh, yeah," but what happens is you create a space. There's a space between each thought and in that space, you can begin to feel. So right now, what is the feeling, Noemie? What's there? If you could name the feeling.

NOEMIE: Sorry, you're being really quick. Being scared I guess.

PH: Yes. Where is that in your body right now?

NOEMIE: On my foot.

PH: So really simple instruction, just breathe and let yourself feel that fear. Let yourself feel scared. That's the big difference. It's the feeling. It was inside you and now it's coming to the surface. And let it move and all you have to do is breathe and you're doing great. That's all you have to do. And let it grow, let the feeling get bigger. It's a feeling and you identified where it is. So let it move. I'm just going to go here and look at the associated throat and I'm just going to do a little bit of work in here. It's a movement. It's along the

lines of Cheekum, so I'm just working in but helping to free tissue tension. I can feel tissue tension. You can feel tissue tension and I'm just simply intuiting where this tightness and loosening as you're feeling, as you allow yourself to feel. You're doing great. Keep loose. That's what you have to do is just being... If you could dive into the core of that feeling, right into the heart of scared, that scary feeling, is there another feeling that's there? What's there?

NOEMIE: That people don't care. I'm scared that people don't care.

PH: So that's kind of like a belief that's there. You're believing that people don't care. What's the actual feeling behind "people don't care"? What feeling does that actually conjure for you?

NOEMIE: Insecurity.

PH: Feeling insecure. Where's that in your body right now?

NOEMIE: My feet, it's there.

PH: Let's go straight there and just allow...just let yourself feel this feeling right now. I don't feel safe. I don't feel safe. People don't care. That was in the unconscious. It's become conscious now. That was in your body. I didn't know it was there. You didn't know it was there but it's come up. So we're just letting it move. That belief people don't care, is that the truth?

NOEMIE: It seems to me.

PH: So that's been your experience, that people don't care.

NOEMIE: Like a pattern

PH: Yeah.

APM: Watch the wire over your foot their Phill.

PH: Yeah. Keep allowing. Keep breathing. And if you could dive into the core of that feeling, insecurity which is here, that's where you're feeling it in your body...it's interesting how tight you were here, the tension that was here. This is all associated. If you could dive into the core of it and I'm going to really...I'm just going to work into the...yeah, because it's there. What's the feeling? If you could go in the heart, insecure, what's that?

NOEMIE: The need for clarity

PH: It's the mind coming in. What's the feeling?

NOEMIE: Can you elaborate on the feeling? I still feel I lack the clarity on that.

PH: Yeah, insecure it's kind of not safe? Not feeling safe? Would you say that's right?

NOMI: Insecurity is an uprooted and not knowing where home is or not knowing where to go. Lost.

PH: There it is. There's the feeling. So where is that in your body, that feeling lost?

NOEMIE: My neck somewhere or deep in my throat.

PH: It's back there. Yeah, OK. So again, breathe. You're doing great and just let that move as well. It's a feeling a bit lost. Yeah. So I'm just really applying some pressure into a trigger point here. So it kind of just...

APM: How long do you normally allow for treatment?

PH: With a session like this, an hour. Usually an hour.

APM: And this session, this isn't a patient who's come in complaining of a specific thing. Is this a patient who just comes in for routine maintenance? And if so, how often would Noemie have come in to see you?

PH: Sometimes it's...whenever they need, whenever they feel it's, "I feel I need some help." It's mostly people will come in, you know. "Something's there. I want you to find out. I want you to look."

APM: But the interval is longer than it would've been had you just been doing structural osteopathy for pain in the —

PH: It all depends. If there was an issue...for example, this is brought up some stuff, so it might be afterwards because working through... we might be able to work through, you know, maybe not enough time today but we can...if we were to work through to find a resolution...because that's the great thing about this, to find a resolution, through continuous releasing. Then if not, it might be something to work on. So we might say, "Let's do this next week." So you assess each time and then just support until there is a shift and people come back and they say I'm really different or not. So yeah, so this is where osteopathy comes in so handy. I find this is such an important area. As an osteopath, I would say probably the most important...and you can't really say that, what's the most important technique as an osteopath but I think the most powerful area to impact on a body is where the head and the spine meet —

APM: Interestingly, a lot of chiropractors I know would say exactly the same thing and that's where the stem of all the body's dysfunction. That's not to say you haven't worked on a lot of other things in the process of getting to that point now.

PH: I suppose this is more advanced because if somebody was, you know, just working on a massage level, you could still get to a really good place but an advanced thing would be to...I really want to shift in here. I might do it as well I think if Noemie's OK with that. Just there. So what's here now? What's the feeling that's here right now? Continue to do a lot of movement like this I want you to notice, pulsing. This is an aspect of qigong or energy work.

APM: I didn't ask you about qigong. You mentioned it before and a lot of people won't be familiar with that and I'm certainly not.

PH: It means energy work.

APM: Just energy work?

PH: It's related to Tai Chi but it's rhythmic movement of the body so that...it's a powerful way of restoring —

APM: So this is pulsing again?

PH: Yeah, it's sort of combining pulsing and qigong techniques, yeah. What's here, Noemie? What's the feeling?

NOEMIE: Anger.

PH: Anger. Where is that in your body?

NOEMIE: Here.

PH: Noemie's in quite a process right now. So same thing, all you have to do is just being with it right now, just being with that feeling. It was in the unconscious. It didn't suddenly come outside. It was inside Noemie's system, in her psyche, in her field and it's become conscious and I can feel, you know...it's so clear. There's a tissue problem, an osteopath might've just said, "Oh," you know...she'd say, "Oh, my back's been playing up." He might've just shifted this area. But there is also a lot of emotion. So what's the belief that's here, Noemie? Is there a belief? I'm angry right now because...?

NOEMIE: People don't care.

PH: It's that, yeah, people don't care, yeah. So that's running in her psyche and here it is. So that's something that...could be something to rework on over a period of time, you know. It could be...in Noemie's case, she's really

experienced that that people in her life don't care but it's impacted her. It's really impacted her and she's being, you know, beautifully honest with it and, you know, her vulnerability to actually just name that and this is such different way of working because, you know, if we...to make yourself that vulnerable, to actually say, "This is what my experience is," and with her raw emotions over here. For me, I think it's amazing.

APM: We will have to move on quickly. It's a shame to interrupt Noemie's treatment but what comes next in your process?

PH: So the next thing would be actually assisting Noemie through moving through layers. We can demonstrate it but it's not in my hands. Well, it is in my hands but it's...you can't force it along but the next...what I've always experienced is that when you allow feelings so that they can come to sort of a place of release, there's always...on the other side, there's always peace and tranquility. There's always a sense of very positive change.

APM: So when you say about treating layers, just elaborate a little on what you mean by that? What are you feeling when you're treating that way?

PH: Well, it's not just a physical level. What I mean is for example, one we've had several emotions, that's the layers, underneath, there was insecurity and then there was anger. So there's something underneath which we could...if we've got time, just...if you could dive into this anger, Noemie, what's there? Don't know. That's a really good place to get to because if you could just be with the now knowing...and just breathe and just be with... I don't know because often we don't know.

NOEMIE: Not now. I don't want to go there now.

PH: Right, OK.

APM: I think I can understand her.

PH: Absolutely, yeah. So something we could explore, you know, later or therapeutically I will be supporting Noemie through this but can I try just one little thing? So is there a color with this anger?

NOEMIE: Blue.

PH: And is there a shape with it?

NOEMIE: Kind of a triangle with a circular bit.

PH: Just being here, just resting, there's nothing to do, nowhere to go. You're just being with it right now, just this feeling. This is such an important mechanism, just continue the body release.

APM: And you've worked with that left arm quite a lot. Is that simply so you can face the camera or —

PH: Yeah. There is a left sided block actually. So in this kind of blue triangular space, if there was a crack or like a pinhole that might appear, what might come through if there was a little crack in this blue space? What would come through?

NOEMIE: Very bright light.

PH: Could you just sort of let that happen? Just see that in your mind, just light coming into this triangular space, this blue space. Just let it happen and then a little bit more so the crack's going to get wider and the hole's getting larger. Then more light comes in and even more and even more and even more and even more. Can you describe it?

NOEMIE: It's very white and warm. I feel cold.

APM: One of our audience has asked, and I think you were talking about this earlier on, is this suggestive that there are underlying emotions, which I think is the philosophy —

PH: Below the anger did you mean? Yes, absolutely, yeah and every time I've done this, it's just amazing how many...they just pop up and it's...but the individual name them and they just...they're there. You can't... You can't conjure them. They just appear which is incredible especially as the body has worked on this because this is what's actually helping them to come up. She's connected to something that's happening inside her.

APM: When you're doing your deep breathing treatment, a lady called Rachel in London wants to know if any of your patients have ever gone into tetany while that's happening?

PH: It's a very normal thing to anybody that does breath work. You always want your hands kind of jam up. It's very rare. I don't tend to do the Holotropic Breathwork so much now. I just use it as an initiation to help people get drop into the state. If you could describe that, Noemie, what's it like, the light?

NOEMIE: It's like a big space I described in the beginning. There's something, like a line, a fuzzy, cloudy line.

PH: And the feeling? What's the feeling as you let more of that happen now, more light coming into? What's the feeling, what's it like, this light coming into that space that was blue, that blue space? What's it like?

NOEMIE: It feels better. It's my space.

PH: It's your space. If you could give it a name, this feeling, what's the name? What would you call that?

NOEMIE: Just neutral space.

PH: Neutral space.

NOEMIE: Safe space.

PH: Safe space, yeah. Can you let that get bigger right now and even bigger? And breathe, just breathe it in and feel that you can direct it. Fill up your face and your neck and your chest and arms and your belly. It's a white light that's filling you down the thighs; down to you're...all the way down to your feet. You might even see it coming out of your fingertips. And if that safe white could speak to the anger, if it could speak to it right now, what would it say?

NOEMIE: Be patient.

PH: So just make yourself receive that wisdom, just take it in. and let yourself receive. Let yourself receive the work, which we will continue. And just let yourself really land and just feel the coach get rid of your weight again. If we lie back into the space, just continue that feeling and that sense of, "Ah, I can be patient with this." And just rest, just make yourself rest. Take as much time as you need and just let yourself come back into the room, whenever you're ready.

APM: I didn't want to interrupt you earlier on. I thought we were at quite an important stage of treatment with Noemie there. Are you happy to wind that up now? I know we're cutting treatment really short but there's some things we need to talk about before we go any further.

PH: Absolutely, yeah.

APM: So if you'd like join me, I just...one thing has been brought up by one of our members of the audience and that is promoting a non- drug, a non- conventional treatment for cancer is actually unethical and we're certainly not allowed to do that. We weren't doing that earlier on. We were simply reporting an incident, a case study or case history where cancer had been resolved it seemed —

PH: Brandon Bays, yeah.

APM: We're not suggesting for a second once you go into osteopathy or any other treatment if you have cancer.

PH: No.

- APM: There are other avenues. There have been some really interesting questions that have come in for this. Trevor McArthur has asked one which must be going through a lot of people's mind. What do you write in your case notes after you've been doing something like this?
- PH: That's a very good question, yeah. It's a contentious issue as well.
- APM: It is. It's more important though we get the notes correct. I mean what do you write?
- PH: Gosh, well, usually...because within psychotherapy, some people don't take notes at all, you know, and others write copious notes. I always report that I've taken an individual through a process. I usually make a note of the sequence of emotions because that's useful to refer to later on and also to gauge the progress of an individual as well when they, you know...if it's the same issue and often it can be the same issue when people that have had several that keeps coming up and what's happening there is there's a belief system that's embedded. In Noemie's case, you know, I'm just pulling that one out, but she named, "I'm not safe," and about trusting people.
- APM: Is there any likelihood of an adverse reaction in your patients other than, you know, the acceptable adverse reactions that we all see in our patients from time to time?
- PH: I've never found that. What's important, it was...obviously, we have limited time here but I'm also careful to take people to...and ground them and very often, in fact, I use these techniques much more in London not in my Peterborough clinic where I'm doing osteopathy back to back. I'm much more selective now so that I've got spaces between. If I see more than 1 or 2, I always have an overspill so that, you know, people have got time to fully ground themselves and sort of comeback but I try to sort of demonstrate just now a little bit of how you can bring...when somebody's stuck with sort of, you know...you could perceive it or label it as...anger isn't necessarily negative at all but if they're in an imbalance or a disturbed state, to bring them back into...not just balance but actually beyond that, a place of...and Noemie was starting to feel that which is, you know, much, much safer and grounded.
- APM: One of the questions that's come in is... And this relates to Noemie in this case but are these past emotions somehow stored at the cellular level?
- PH: That's the thing, yeah. To actually, you know, know that, talking to people and having sort of dissected it afterwards and people, you know, reveal the history that's there, absolutely and that's the thing that somebody else mentioned, you know, about patterns that we all have. We're all running a pattern, all of us.



APM: When you talk about patterns, again, that comes on to the next question sent in by one of our viewers which is how formulaic is what you doing? I mean do you follow a routine when you're treating —

PH: Yes, there is a protocol and the protocol is...first is to...the body scan. It evolves, you know. Another six months, I might be doing it a little bit different but for quite a long time now, I've found that this is a methodology that really, really works and so the important thing is grounding, is getting a person to breathe, to do a body scan which is great for any physical therapist who's really wanted to work and check the whole body anyway. And then the simple aspect about, well, you know... I joke with patients. I remember one...I learned a lot from one patient who said, "Phil, I can't stay...it's as if you're sort of trying to..." Not hypnotize but she said, "You're lecturing me. Stop it." It was such good feedback so it helped me sort of completely change my...the way I was actually talking —

APM: Well, somebody's asked actually what sort of patients you see? And as you were going through your treatment routine there, I have my stereotypical idea of what, I don't know, a 20-year-old Rugby player propped forward might be like or a bricklayer. I mean they would seem less amenable to this form of treatment than perhaps Noemie is.

PH: Absolutely. It's so individual. I think as practitioners, you form a relationship with a patient and over a period of time, they trust you. You build a trust with them and so you might say, "Well, you know what? You..." And you pull out of them, you know. "This is going on in your life," or...and do you know? It's amazing for acute patients because often people will walk in and they're 10 minutes late and you realize, "I need to take you through this process." I lie them down and I do bodywork and they feel they're getting...well, they are getting a physical treatment and then I'll just say...I cut to the quick. I don't need to use, you know, visualization of spaciousness or even to tell them about your mind. Forget all of that. I just say...and this is what's so useful. I think this is what people could really take into their practice is, "What are you feeling right now? What are you feeling?"

APM: And that is one of the questions, what can we take, from what you've shown us this evening, into our own practice straight away.

PH: You could. I think it's actually...well, first of all, it's awareness really that an individual, you know...if it's chronic pain or if it's an acute problem, some people come in because they're suffering and suffering is so much more than just, "It hurts in my body." Suffering is, "Stuff's happening in my life right now which I'm struggling with," and you don't need to be a psychotherapist or a counselor. Holding space is really about, "What are you feeling?" Ok, that's a gift to somebody what are you feeling? Because they'll say, "Well, I'm so angry." So you're with them and you say, "OK, I really get a sense you're

angry” And that’s OK, you know. It’s OK to have that feeling and holding space while they are with... Giving them permission to feel is such a gift rather than, “Oh, don’t be angry, you know. Let’s sort out...your wife, your mother,” whatever.

APM: There’s quite a lot of interest though in this whole business of stimulating emotions. I mean I’ve got a couple of questions about what if Noemie now falls to pieces after this treatment because of what you’ve done. Another question was could you instill negative reactions, emotions in your patients through what you’re doing with them?

PH: It’s never been my experience because I’ve always had feedback and people have always come back and the truth is...I mean I’ve told you before but I saw a woman yesterday who is...she’s been a psychotherapist for 10 years and it was so lovely to hear her feedback when she said, “Your work has enabled me to get into,” you know...there was an issue in her life which was so deep and she’s train as a psychotherapist. And a lot of people get psychotherapy because they want to sort their own stuff out and she said, “I’ve never been there before. I’ve never been able to be with the feelings that were devastating in my life. It’s changed me completely,” and it was like, “Ah, you know, this is why I do this.” It sort of motivates me to continue this work and it was great to hear that and —

APM: One of our viewers has asked a question, which I quite like to answer myself but actually, your answer will be better, informed than mine. As interesting though this is, can we justify it as osteopathy? Clearly that’s an osteopath who is asking the question.

PH: Well, what is, you know...30 years of being an osteopath. How do I define it? For me, what was instilled at the College of the British School of Osteopathy in the 1980’s was that it’s treating the whole person, treating...and that was the basic topic.

APM: Don’t you think that’s a little bit...yes, we’re all taught that but actually, what we should all... I don’t care whether we are osteopaths or anything else. What we should all be interested in is what walked out of the door after we’re finished with them. It doesn’t matter whether it’s osteopathy you use or it could be called osteopathy. It’s a treatment process.

PH: We’re healers.

APM: And we’re here to try to incorporate whatever different mechanisms, different functionalities will help our patients whether that’s ultrasound for something or whether it is emotional response.

PH: Totally agree. There’s so many labels like I’m an osteopath but what are you really? You’re a privileged individual who’s got skills. If somebody walks

through the door, you're going to facilitate some sort of change in them. If you're only considering that the change that's correct is musculoskeletal, it's kind of a little bit limited. Why are you limiting yourself? As a practitioner, you've got to change and evolve. Otherwise, 30 years later, you're going to be somebody who cracks necks, you know, or does whatever. For me, I just have to keep exploring and finding...you get good at one thing but then people come through the door and you think, "Ah, can I stretch myself a little bit more and help you in another direction?" And it's half and half, the physical body, your emotional body. They're just as relevant but they're married with each other. They're inextricably interrelated with one another. It's not in the education deeply enough.

APM: How do you market your services then? What do you say you do on your website or any other publicity you might —

PH: Well, interestingly, I sort of...I just talk about, "Historically, I've done this, this, this and this," so people know that there is...it's not just one thing and often, I get people say, "I chose you because you do acupuncture and you do homeopathy and you're a nutritionist as well." And I've had so many people that have come in that said, you know, "You've done this sort of psychological thing and it's..." That's the vulnerability, it's like, "I think I've got...there's something, it's a stress." A lot of people don't want to go there but you can't hide it. What's unconscious has to reveal itself. It will make itself appear in your life because you'll crash your car or you'll be unfaithful to your partner or something will happen in your life. You'll bring about a scenario to bring up the feelings that you're hiding, that you're running away from.

APM: Phil, I've got too many observations and questions here to read them all. So I'm going to stick to just a few of the questions that I can do because we're going to run out of time. One, which intrigues me here, is another question about the rapid breathing which you started the process with. Does that not trigger a stress response is the question?

PH: No, it doesn't. And what this is all about...and this is what I'm building to teach as I teach a bit more, is that there's so much that's stored and you've got to facilitate. You've got to...we're doing it ourselves. Nature makes us. Every symptom is a manifestation of your system trying to make a change. A rash on the skin is actually... it's to do with what's going on in your bowels and what's going in your bowels is always emotional, always.

APM: Some of what you were doing, some of the conversation between you and Noemie, it sounded hypnotic. Are you trained in hypnosis? Do you use hypnotic technique?

PH: I am trained. I am trained in hypnosis.

- APM: Hypnotherapy, I should say.
- PH: Hypnotherapy, yeah but there's so much mystique around it. We all go into a hypnotic trance all the time, every day without realizing it. All it really means is that your out of you head for a little bit of time and you're quite relaxed so that you're receptive to other things. So a hypnotist can say smoking, you know, it's...whatever they want to embed into your psyche. It's quite simple. It's quite simple.
- APM: So cutting to the chase on here, if somebody, an osteopath, physio, chiropractor has watched this program this evening, watched our interview this evening were to take something away to use in their practice tomorrow, how much of this could they safely and constructively use on a patient, do you think?
- PH: I think awareness to start. When somebody comes in, be really present. Being more present because often we're so busy and so many practitioners I've been to, they're stressed. It's like, "Oh, god, I'm late. I'm running late. My next patient." So we impact our patients with our own lack of presence and groundedness. So something to take is really work on your own presence and your own breathing because you're as good as your own process with an individual.
- APM: And I suspect a lot of our audience will say, "Oh, gosh, we do that," and I'm afraid I'm going to hold my hands up and I know I don't do that. When patients come in quite often, it is a very literally clinical routine. They come in and they get their structural treatment and yes, I do more. I talk to my patients and so on but I don't go into the depth that you have because perhaps I don't have that depth of understanding of so many different areas of physiology and psychotherapy. Who is teaching what you do for those who would like to go further in this at the moment? What could people do to learn more?
- PH: Well, there's a wealth because it was...I'm so grateful for you inviting me because it sort of made me...delve into the literature and I've had lots of toms which I've read thoroughly and others, I've just...I'll refer to that at some point. And over the past few weeks, you know, I've really had a look and it's been joyous because it's unearths a wealth and there are...can I show you —
- APM: Please. I mean if there are some particularly important works down there that you'd like to show the audience then yeah.
- PH: Let's have a look. So this guy, Ken Dychtwald, Bodymind. He wrote this a long time ago but its...now let me just read to you one tiny, little bit. In fact, it was the foreword.

APM: We're going to have to be very quick on that.

PH: OK, all right. In the vicious cycle of bodymind pathology, our body's tight patterns contribute to our locked in mental processes. We cannot separate mental from physical, fact from fantasy, past from present just as the body feels the mind's grief so the mind is constricted by the body's stubborn memory of what the mind used to feel. There's a wealth of sort of information in here and historically...and all the pioneers of Body mind...different to this because nobody's, you know...this is an evolution of that but, you know, Feldenkrais for example would get people to move their body and that would...he found it triggered mental processes.

APM: Phil, I'm going to have to wind this up.

PH: OK.

APM: I've been staggered. It's been a great conversation, a wonderful demonstration. I want to thank you enormously for coming in.

PH: Thank you.

APM: And if you've got more information that we can share with people on our website then we'll do that about, you know, anything that you may be doing to help with facilitating further understanding. That would be great. I think we should also thank Noemie. She's not on camera but we should thank her because I mean that was a hell of a process to put ourselves through under the eyes of the cameras and the lights and so on. It's been a great pleasure talking to Phil this evening. It's been a great pleasure having you join us and hopefully you'll be able to join us for our next broadcast. Thank you.