

# REORGANIZATIONAL HEALING AS AN INTEGRALLY INFORMED FRAMEWORK FOR INTEGRAL MEDICINE

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**ABSTRACT** Reorganizational Healing (ROH) is explored as an integrally informed methodological framework to be utilized within the emerging field of Integral Medicine. ROH assists individuals to discover who they are in their current situation, symptom, life challenge, or life evolution. Transformation and awakening are accessed in ROH in terms of the individual's readiness to change as well as various energetic typologies of change and resource availability (biological, emotional, mental, and spiritual). Developing an ROH map assists both healer and patient in understanding how they change; what energetic intelligences are available as resources; and what "season" one is in, in terms of discovery, transformation, awakening, or integration. The history of ROH, which has developed over the past 30 years, is also recounted.

**KEY WORDS** behavior change; Integral Theory, holistic practice; medicine, reorganizational healing

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Integral Medicine can be enhanced by the integrally informed framework of Reorganizational Healing (ROH). ROH offers a unique approach to wellness, behavior change, holistic practice, and healing (Epstein et al., 2009). ROH can effectively contribute to Integral Medicine because it is rooted in dynamical systems, transformation, awakening, personal discovery, somatic awareness, and subtle energy systems as well as the relationships between the self and other in society and culture.

William Benda (2005), co-founder of the National Integrative Medicine Council and associate editor of the *Journal of Alternative and Complementary Medicine*, describes Integral Medicine as "the next step in health care, one that incorporates all dimensions of healing from physical to spiritual, and ecological to cosmological" (p. 33). In order to make this step, several authors have suggested the use of the Integral framework as developed by philosopher Ken Wilber (1995, 2006). Larry George (2007), a family physician since 1984, suggests that if practitioners could not fully implement the Integral model, they could at least be "integrally informed," which means to apply their awareness and *being* in some way to their practice. Wilber (2005a) states that Integral Medicine cares for the illness, the patient, and the practitioner, thus being integrally informed is the primary way that practitioners would practice Integral Medicine.

Integral Medicine applies the Integral model to the practice of medicine. The Integral model includes quadrants (or interiors and exteriors of individuals and collectives); levels of increasing complexity along various lines or waves of development; typologies; as well as states, which include meditative states of consciousness, healing states, and altered states.<sup>1</sup>

## Reorganizational Healing

Reorganizational Healing is a paradigmatic approach to personal awareness, acceptance, and transformation spanning the spectrum from illness to new levels of wellness in behavior and consciousness (Epstein et al., 2009). It is enacted through methodological injunctions. Whether one is confronting significant sickness or

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seeking to grow and develop from a healthy state to an optimal and more awakened state, ROH provides a useful map for each individual. The map is organized around three elements: *Energetic Intelligences*, the *Triad of Change*, and the *Seasons of Wellbeing*. These elements are enacted as part of a holistic and systems worldview, emphasizing reorganization at higher levels of complexity as a key to a life trajectory aimed at thriving, flourishing, and awakening.

The ROH map can be used to effectively navigate the territory of life and emerge with greater depth, complexity, resources, and strategies to engage life's challenges and evolve. The ROH map assists the practitioner in choosing clinical skill sets that support each individual's unique nature, as well as the person's health and wellness trajectory, especially in terms of personal change, transformation, dealing with life stressors, or personal growth.

The ROH approach grew out of a somatic well (V. Lemberger, 2010). That is, ROH is based on an embodied approach to transformation and awakening rooted in empirically testable practices. Central to ROH is the autopoietic and dynamic nature of bodies, the unfolding of patterns of survival, defense, and healing, as well as the attendant consciousness associated with those processes that are embedded within social and cultural forces. By documenting patterns that emerged from the various methodologies that led to ROH over the course of 30 years, some distinct observations have been made about the embodied healing process.

### ***Genealogy of ROH***

Reorganizational Healing emerged from three disciplines developed by Donald Epstein: 1) Network Spinal Analysis (NSA) care, 2) Somato Respiratory Integration (SRI) exercises, and 3) an energetic educational discipline (EED) that is in an informal stage of development. These three disciplines arose from practical application, qualitative and empirical research, as well as a broad theoretical base including Integral Theory. Some major developments from these methodologies are described below in order to show the transdisciplinary roots of ROH. While ROH developed from these three methodologies, it transcends and includes them.

In 1986, Epstein developed a phasing system that is still a central component of NSA (Epstein, 1986a, 1996a, 2005). The phasing system is a clinical staging system of spinal tension modulations. These spinal tension patterns were described by Epstein in terms of adverse mechanical cord tension, as defined by neurosurgeon Alf Breig (Breig, 1974; Epstein, 1986a, 2005). The phasing system developed from the clinical observation that these patterns of spinal cord tension self-regulate with specific spinal contacts/adjustments, and Epstein's discovery that the patterns were associated with the "fight or flight" stress response (Epstein, 1986b). Modulation of tension within the neural structures of the spine was anecdotally found to be associated with characteristic personality and consciousness states (Epstein, 1991).

These early discoveries were associated with interior and exterior healing experiences, and with two unique waves; a respiratory wave and wavelike movements of the spinal column termed by Epstein (1992) the *somatopsychic wave*. By the mid-1990s, research was undertaken to more thoroughly understand the multifaceted outcomes associated with NSA (Blanks et al., 1997; Bohacek & Jonckheere, 1998). Based on initial research, Epstein modified his clinical approach in order to enhance the development of the wave process in the spine and to include patient and practice member self-perceptions about health and wellness (Epstein, 1996a, 2004) (Table 1). This led to wave research, qualitative research, as well as the development and refinement of methodological approaches.

### ***Wave Research***

Over the next two decades, modifications to clinical protocols resulted in profound and repeatable increasing levels of refinement to the wave phenomenon. The movements of a practice member over time became more specific and corresponded to greater self-organizational capacity in their body, consciousness, and life. Stud-

Patient	Practice Member
Care is disease or pathology centered	Care is person centered
The doctor is the authority to be followed	The doctor and patient are in a dynamic relationship or partnership
Power is placed outside the individual	Power is placed in participation and partnership with the individual and doctor
Surrenders responsibility for himself, assigning wellbeing to the care of the doctor	Practitioner and practice member have a cooperative, mutually responsible relationship
The person is equal to the sum of his/her parts	The person is greater than the sum of his/her parts and there are multidimensional factors influencing the individual

Table 1. The differences between patient and practice member.

ies using surface electromyography showed the development of a unique self-organizing wave in the spine, reorganizing through three levels of care (Jonckheere, 2009; Jonckheere, Bohacek, & Lohsoonthorn, 2000; Jonckheere & Lohsoonthorn, 2004; Jonckheere, Lohsoonthorn, & Boone, 2003; Jonckheere, Lohsoonthorn, & Mahajan, 2005). These higher levels of complexity have been described as having the mathematical configuration of a central pattern generator in the spine and are associated with enhanced spinal and nervous system learning and congruence (Jonckheere, Lohsoonthorn, Musuvarthy, Mahajan, & Stefanovic, 2010). In his review of this article, and in relation to the wave, Ken Wilber stated, "...it's absolutely unique. I haven't seen anything like it in any of the energy literature worldwide...it's really a unique discovery, with powerful results" (personal communication, October 18, 2011). Aspects of NSA and/or this wave phenomenon have been explored by researchers from seven universities (Senzon & Lemberger, 2009).

The wave process was associated with internal experience from the start. Interior consciousness states were coupled to the physiologic outcomes and systematically observed through anecdotal corroboration among a worldwide community of practitioners based on the sensorimotor refinements (i.e., increasing complexity of movements) of the wave process. The qualitative life changes, healing experiences, and state changes associated with the wave phenomenon became central to the methodologies and were further explored through other streams of research as well as the development by Epstein of his somatic and energetic approaches (SRI and EED).

### Qualitative Research

Using a four-quadrant approach, Epstein combined empirical and qualitative research into NSA (Blanks et al., 1997, 2001; Schuster et al., 2004), which resulted in increasing the specificity of the analysis protocols (Epstein, 2004). The practice of NSA was centered on utilizing defensive sensorimotor strategies as an energetic source of self-auto assessment and reorganization. NSA practitioners had observed this phenomenon for many years; as the patterns of defense were self-regulated by the practice member, the energy stored up as defensive posturing became available for reorganizing consciousness and the body. Epstein proposed that this process involved various informational systems, including the central nervous system (Epstein, 2005).

An emphasis on practice member/patient self-reported quality of life assessments, which were matched with practitioner outcomes, was integrated into NSA care (Epstein, 2004, 2005). A research project was un-

dertaken at the University of California, Irvine, School of Medicine and Department of Sociology. The study was based on Health-Related Quality of Life changes and a self-reported assessment of the client's internal state. These qualitative results were linked to health and wellness outcomes (Blanks et al., 1997). The retrospective study of 2,818 individuals produced a client-centered self-reporting instrument that demonstrated statistically significant changes in five domains; physical state; mental/emotional state; stress evaluation; life enjoyment; and overall quality of life.

Two other important findings were recorded. The first finding was that the wellness associated with NSA was shown to enhance other healthy lifestyle practices. This was derived from an analysis of the data using structural equation modeling (Schuster et al., 2004). The second finding involved interior (perceptual) and exterior (behavioral) changes. Participants demonstrated self-initiated positive lifestyle changes and self-reported spiritual changes, without either being a direct focus of the care. Both of these findings showed the profound effect physiological structure has on behavior and perception, which confirmed some of Epstein's earliest discoveries in the 1980s.

Other findings from the data collected in 1995 demonstrated that the most significant markers for self-reported wellness through the five domains were: 1) duration of care, 2) awareness of the network wave, and 3) awareness of the respiratory wave. This was confirmed in 1999 by a follow-up longitudinal study (Blanks et al., 2001). Furthermore, those with the behavior of the wave, without a conscious awareness of the wave in the spine, did not report as high of a level of wellness and change as those who had this specific awareness. For this reason, self-awareness, and specifically somatic awareness, became central to the advancement of NSA outcomes (Epstein, 2004). Epstein continued to develop practices and modify the clinical system to support the reproducible emergence of individual clients' embodied cognition linked or conditioned to the spinal wave.

### *ROH and Integral Theory*

Some of the most pivotal moments in the ROH genealogy coincided with the development of Integral Theory. In the early 1990s, Epstein (1992) incorporated Ken Wilber, Jack Engler, and Daniel Brown's work in *Transformations of Consciousness* (1986) into his "Infinity Model." In the model, Epstein describes an embodied transformation of self and non-self. This transformation was mediated through physiological transformation and the integration of previously dissociated aspects of the self. The model was developed in relation to his work at that time, Network Chiropractic, which has since evolved into NSA. This led to Epstein's concepts of a somatic sense of self that develops through the neural/spinal axis (Epstein, 2002, 2005).

Epstein also drew from *Transformations of Consciousness* (1986) in the development of his 12 stages of healing model, which is central to the SRI methodology (Epstein, 1994, 2009). SRI exercises were developed as personal practices to support and encourage repeated embodied state changes that were consistent with the 12 stages of healing. Epstein characterized each of these 12 stages of healing with an associated consciousness state and a guided somatic practice. Each exercise is associated with focused attention, somatic awareness, and movement.

### *Subtle Energy Inspirations*

The publication of Wilber's (2003b, 2005b) peer-reviewed article, "Towards a Comprehensive Theory of Subtle Energies," catalyzed Epstein's explorations of the subtle energetic bodies (UR). It also inspired him to develop an UL-quadrant correlate to link the individual's self-reported consciousness-state experiences to their subtle energetic body-state experiences, anecdotally associated with NSA and SRI. Epstein and Simon Senzon collaborated to explore the ramifications and implications of Epstein's own discoveries in the context of the emerging discipline of integral subtle energies (Epstein & Senzon, 2004). This line of inquiry devel-

oped into the energetic intelligences component of ROH.

The emergence of EED (energetic educational discipline) is being developed through ROH clinical outcomes learned from Epstein's prior research and his transformational work with thousands of individuals in retreat settings. The EED is based upon a set of different principles and outcomes than SRI and NSA. This EED is at a junction between a novel integral academic understanding of energy and consciousness and an expanded view of ROH, including a system of energetic typologies, assessments, and applications.

### *ROH Emerges*

The development and research into the wave phenomenon, quality of life, and the relationship between energetic states and consciousness states set the tone for the development of ROH's three core elements. At the heart of ROH is the wonder of the self-organizing nature of human beings, especially as individuals learn to utilize different resources to develop new strategies of function, behavior, and flourishing at higher levels of complexity. One important aspect of the research was the observation that wellness is related to the client's self-perception or belief.

Research also led to important distinctions within ROH. For example, the importance of the ordering between behavior, perception, and structure to achieve higher levels of wellness is central to the Triad of Change and how it relates to the Seasons of Wellbeing. Also, qualities of the 12 stages of healing along with the NSA levels of care (which was developed and refined in response to longitudinal studies) became the foundation for the Seasons of Wellbeing (Epstein, 1994, 1996b). We believe ROH represents fundamental principles of change in behaviors, perceptions, and structures across all quadrants and all levels.

## **ROH Elements**

Taken together, the three components of ROH are used to establish an individual's ROH map. An ROH map may be superimposed on the patient or practice member's AQAL map as a way to understand even greater depth about the individual's location in life. This deeper location is mapped by using the three elements as typologies. *Energetic Intelligences* are considered as a states-based typology comprised of interior consciousness resources (states), which may correlate to subtle energy bodies; *The Triad of Change* is an energy-based typology focused on the individual's strategies to create change; and *Seasons of Wellbeing* is a spectrum-based typology, which is comprised of a spectrum from suffering to transformation to awakening.<sup>2</sup>

### **1. Energetic Intelligences**

There are five Energetic Intelligences (eIs).<sup>3</sup> The eIs were developed based on the empirical observation of subtle energy bodies during healing encounters, coupled to self-reported feeling-states, the development of an Energetic Life Inventory (Epstein, 2006), an inclusion of the Wilber phase-5 approach to subtle energies (Epstein & Senzon, 2004), and an exploration into the current research findings in the field of subtle energies (Epstein, 2005; Epstein & Senzon, 2004; Senzon, 2007, 2008, 2010b, 2011). eIs can be viewed as interior consciousness states that have an association with exterior energy bodies; thereby these *intelligences* are mainly used as a typology of consciousness states, which correlate with energy states.<sup>4</sup>

For each individual, eIs are viewed from the UL quadrant as nested consciousness resources (states) associated with the UR quadrant energy states, energy bodies, and energy typologies. By understanding one's eIs in the UL, the ability to access energies in the UR becomes more easily available. Such use of the interior to access one's energies is a practice in several healing and meditative traditions (Wilber, 2005b). The ability to access the appropriate state and energy at the opportune moment can be a powerful resource, especially if a specific outcome is required during care. For the practitioner, this energetic access can be used to deepen a

sense of energetic-consciousness resources to more fully engage with the world *and* with the person they are caring for. For the practice member or patient, eIs are determined in collaboration with the practitioner and can be utilized in relation to the journey of healing. The focus in ROH is to first discover one's map and then use it to reorganize at a higher baseline of evolution relative to one's current state and future trajectory.

### *Five Interior Resource States*

The eIs can be viewed as five nested states: bioenergetic, emotional energetic, thought energetic (upper and lower), soul energetic, and universal spirit energetic (Table 2). The *bioenergetic intelligence* relates to an individual's awareness of their body's metabolic organizing intelligence and steady state healing. The *bioenergetic eI state* relates directly to the UR field of energy associated most with life's vitality, what Wilber refers to as "L-field 1" (Wilber, 2005b). The *emotional energetic intelligence* relates to the ability to access the pre-cognitive state of emotion. This is directly associated with the energetic field of emotion, what Wilber refers to as "L-field 2" (Wilber, 2005b). The *emotional energetic eI state* equates to the ability to make organismal adaptive changes at a moment's notice.<sup>5</sup> The *lower-thought energetic intelligence* relates to basic mental functions such as organization, discrimination, planning, content, and structure. It answers the questions where, when, and how. The *lower-thought eI state* relates to what Wilber refers to as "T-field 1." *Upper-thought energetic intelligence* relates more to context, understanding, maps and models of reality, and answering the question why. The *upper-thought eI state* relates to a combination of what Wilber refers to as "T-fields 1 and 2." *Soul energetic intelligence* relates more to the intelligence of being, love, gratitude, effortlessness, acceptance, the experience and urge to give one's gifts altruistically, and the transpersonal and corresponds to Wilber's "T-field 2 and C-field." The *universal spirit energetic intelligence* relates more to one's connection to all being, the fabric of creation, synchronicity, and the Kosmos and relates to Wilber's "C-field." The celebration of the perfection and preciousness of life are at its core.<sup>6</sup>

Each individual will have unique access to the eIs, with some easily accessed and others more difficult to access. By understanding this concept, patient compliance and eventual transformation may be enhanced because the practitioner is better able to communicate and care for the individual based on their particular degree of understanding. For example, if the patient has an easily accessible *upper-thought eI*, then cognition and getting the big picture has potential to be a source of energy for them. If the patient has an easily accessible *lower-thought eI*, having specific rules and well-organized plans of action will be important. However, neither of these may be enough for the individual to make genuine change. This genuine change may be facilitated through the practitioner assisting the person to enlist other, more effortless, and more easily accessible eIs (e.g., the emotional charge that drives action with the *emotional eI*). In addition, the practitioner may coach the individual to *not overfocus* on the eIs that are less readily accessible in their typology. Added to this eI awareness is assisting the individual to understand their Triad of Change and Season of Wellbeing.

## **2. Triad of Change**

The Triad of Change is comprised of three elements: structure, behavior, and perception. These components are each necessary in order to create *any* change. *Structure* has to do with a fixed temporal or spatial organization in all quadrants; *behavior* (UR) has to do with action and motion; and *perception* (UL) has to do with thoughts, feelings, or meanings given. The key to successful and sustainable change is in first becoming aware of one's current change strategies, accepting them, and then fueling the optimal strategies with the most available source of energy.

This approach is similar to Joanne Hunt and Laura Divine's use of the quadrants as a typology lens to determine a client's "Current Way of Being" (Divine, 2009a, 2009b). In Hunt and Divine's usage, it is helpful to understand what quadrant the individual orients from in order to effectively communicate and offer

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	<b>Bioenergetic Intelligence</b>	<b>Emotional Energetic Intelligence</b>	<b>Lower-Thought Energetic Intelligence</b>	<b>Upper-Thought Energetic Intelligence</b>	<b>Soul Energetic Intelligence</b>	<b>Universal Spirit Energetic Intelligence</b>
<b>Associated with</b>	Safety, survival, constancy	Experience of variety, non-constancy; reactivity	Beliefs, stories and routine actions; associated with “this or that”	Complex models of reality, culture, map of the world	Transpersonal and subtle energetic experience	Primacy of oneness or interdependence of all souls and beings—nondualistic
<b>Energetic source</b>	Life force	Inward and outward expression of emotions	Simple mental focus on things, events, locations, words, and routine tasks	–Complex mental focus –Conceptual models, maps, and reasoning	Spiritual focus	Spiritual realm of nonduality and oneness with integration of other energetic sources
<b>Actions</b>	–Creates sustainable function in reaction to environment –Organizes cellular function and biochemical constant expression –Responsible for energy utilization, baseline survival	Instantaneous behavior change induced	–Inhibitory or reactive –Freezes events and special boundaries, as if to make time and space solid object to be inspected, held as real –Replays events –Answers questions “what, where, and when?”	–Questions, challenges and establishes the story or metaphor for model or context –Questions the status quo –Asks “why and how” –Focuses on distinctions	–Gratitude, benevolence, love-based perceptions, compassion and behaviors –Internal validators in relation to simplicity –Recognizes others as fellow souls or spiritual beings	–Celebrates uniqueness of individuals and oneness of all –Remembers the ground of being or of creation –Experiences creation as ongoing process –Receives others and circumstances as gifts –Finds and honors serendipity as the expression of reorganizational living –Cares for and loves all of life; awakens community
<b>Energy utilization</b>	Biochemical and energy pathways	–Creates a radical shift in baseline bioenergetic function, pathways, and energy utilization –Fuel for change in baseline	Uses story or belief to maintain habitual bio and emotional energetic behaviors	Can direct lower mental, emotional, and bioenergetic experience and expression	–Engages other subtle awareness systems that are latent until thought intelligence is more entrained with the heart –Modulates, softens, and directs all lower intelligences	Integrates all of the intelligences
<b>Requires</b>	Constant sense of environment	Sense of rapid change in behavior	Rules, structure, questions of “what, when, where?”	Reassessment of models, maps of life and reality. Questions of how & why	Giving of one’s personal “gifts,” love, and gratitude	Celebration of diversity within oneness, suspension of temporal and spatial sense of separateness when appropriate
<b>When challenged</b>	Concerned with safety, survival, need to keep environmental demands; energy use constant or predictable	–Difficulty in producing the range of emotions needed –Inappropriate or generalized emotional response –When inhibited by higher intelligences, appropriate adaptive response is subjugated and emotional expression is not allowed	–Fixates on an event or circumstance, rigid, mental chatter, argumentative, pushy, rules and beliefs equal reality and fight for dominance of story –Routines and administration of life has primacy –Difficulty with mental focus and memory; needs guidance to do simple tasks	–Life becomes one’s models (i.e., models of reality equal reality) –Supremacy of the thinking mode replaces other relationships –Challenges with finding the answer to why or how; gets confused with contextual models	–Does not accept or relate to culture or cultural rules –Challenges with supporting and creating what is correct for the “perfect soul” –Difficulty with love, compassion, gratitude for all	–Feels pain of all humanity as one’s own and can be overwhelmed by the personal inability to receive all as gifts –Challenges in the ability to work with the interdependence of all and to celebrate the uniqueness/oneness paradox –Has difficulty being in the center of timelessness and spaciousness of the paradox

*Table 2. Attributes of the Energetic Intelligences.*

practices that the person can relate to. The Triad of Change can be thought of more in terms of what order the person might use the quadrant-perspectives to create change. And in terms of “structure,” which can be in any quadrant, the Triad of Change gets even more complex and in some ways more precise in terms of learning how the individual enacts positive and negative change.

The first step to assess one’s triad is to determine one’s order or syntax of change. That is, when creating evolutionary or devolutionary change, which side of the triad does the individual use first, second, and third? For example, does the person lead with actions, perceptions, or structures? What follows? Which side of the triad is last? By understanding the *order*, the individual’s style or typology of change becomes apparent. Each side of the triad has its own energy state and that determines the order. Effective energy utilization fuels evolutionary change while wasteful energy utilization fuels devolutionary change. Understanding this dynamic of change assists the practitioner to help clients determine their triad, because most people know what side of the triad they utilize when thriving or merely surviving.

### *Triad Modes*

Each side of the triad (structure, behavior, or perception) has its own energy state. The three energy states are: *energy rich*, *energy poor*, and *bipolar* (i.e., both energy rich and energy poor). We have defined these energy states as: the Keystone Triad Mode (energy rich); the Drain Triad Mode (energy poor); and the Prime Triad Mode (bipolar) (Fig. 1).

The Prime Triad Mode, which is energetically bipolar, is the most natural and abundant mode in the triad. It is essential to the enthalpic triad but also has significant ramifications for the entropic triad. This mode can be viewed as a lens through which an individual experiences their life, a basic type of orienting awareness. Herein lies the essence of what really defines and drives a person in life; whether to organize the world within and around them (structure); create actions and movement (behavior); or make meaning of things (perception). The Prime will have two bipolar aspects to it: one is enthalpic and one is entropic. The polarity arises as an energetic charge in relation to self or other.

In evolutionary change, the Keystone Triad Mode, which is energy rich, is second in the individual’s triadic order. It is the mode of change that the individual resorts to most naturally and effortlessly in order to master current or future positive change. The Keystone is the central source of support, focus, and stability

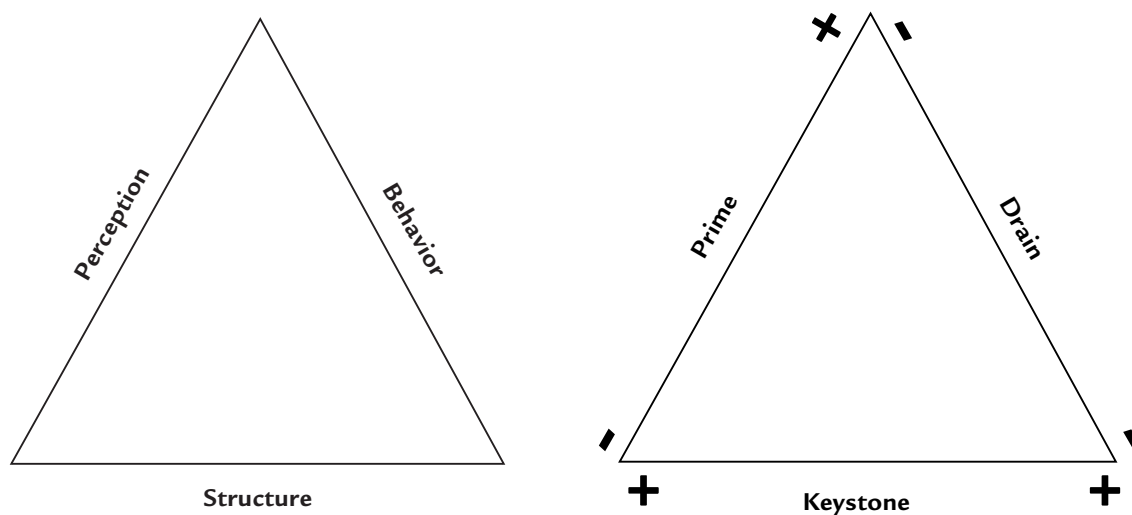


Figure 1. The Triad of Change (left) and three energetic states (right).



of a successful and enthalpic Triad of Change. Its nature is that it is doubly energy rich in regards to self and other. The Keystone must be engaged if one is to use the Triad of Change in an energy-efficient way because it supplies the needed enthalpic energy for positive, sustainable change.

Since the other two sides of the triad have at least one “negative” pole, the Keystone mode creates cohesion by modulating between the other two modes (Prime and Drain). The challenge with the Keystone is when an individual ignores it or is blind to it. In such cases, the individual focuses solely on the Prime *and* the Drain. This collapses the possibility for effective change navigation because the enthalpic energies of the Keystone are not being efficiently utilized.

The final component in the syntax of the Triad of Change is the Drain Triad Mode. The Drain is one’s least effective and most challenging mode in the Triad of Change. It is the side of the triad that is most difficult for the individual to change. The Drain is doubly energy poor (entropic) because it is difficult and challenging in regard to self and one’s relation to others. When it is utilized as one’s *lead* strategy to create change, a breakdown of the system is inevitable. In an entropic Triad of Change, the Drain is the side of the triad the person most focuses on. When the Drain is the lead strategy, an individual is using the most painful, effortful, and destructive strategy for experiencing or creating change.

Effective use of the Triad of Change leads to successful horizontal translation and even a potential evolutionary shift, while ineffective use leads to stasis or devolution. A significant step is made toward developing the ROH map by combining a personal change strategy, based on the *order* or syntax of the three sides of their triad, along with an understanding of one’s eIs. Health and life challenges are influenced by one’s aptitude for perceiving the need for change, the mode of change (structure, behavior, perception), the syntax or order, and timing. The timing of change is time-specific with the proper Season of Wellbeing.

### 3. Seasons of Wellbeing

The “seasons” can be viewed as a multidimensional spectrum of wellbeing.<sup>7</sup> On one end of the spectrum, an individual needs to discover more about themselves (the Season of Discover). This is how one is separated, disassociated from, or avoidant of an aspect of the *self*. This side of the spectrum is characterized by the individual moving away from the experiences and feelings associated with suffering, disconnection, and frustration. In our experience, this is also associated with feelings of being a “separate nobody” and generally feeling “resource-less.” Examples abound. Karen Wyatt, an integrally informed physician practicing for over 25 years, notes how the traditional forms of gaining patient compliance revolve around authoritarian models, rational/educational approaches, emotional leverage, and fear (Wyatt, 2007). All of these represent the Season of Discover because the impetus of change comes from exterior sources and also because the focus is generally on moving *away from* the symptom.

In the middle of the spectrum (Season of Transform), the individual harnesses new resources to cultivate personal resourcefulness. With such access to inner resources come a sustainable commitment and a baseline for real change. The individual creates and nurtures and defends a sense of self. This center of the spectrum is dominated by a heightened sense of self, a sense of personal empowerment, and responsibility. There is a merging with the “self” and the self’s stories that have predominated in life. There is also a quickening of experience, which leads to dissolving the threads that have held the person back in life and health, as well as making more room for the new.

Toward the end of the spectrum (Season of Awaken), the individual awakens to a deeper expanded and porous self. Here, the individual consciously applies the season to complex pieces of their own life to effectively orchestrate the way they choose to experience their life. Awakening harkens to Epstein’s (1992) early use of Jack Engler’s now-famous dictum: “You have to be somebody before you can be nobody” (as cited in Wilber et al., 1986, p. 49). In the Season of Awaken, being a separate self is replaced by experiencing the space and reality from which life emerges.

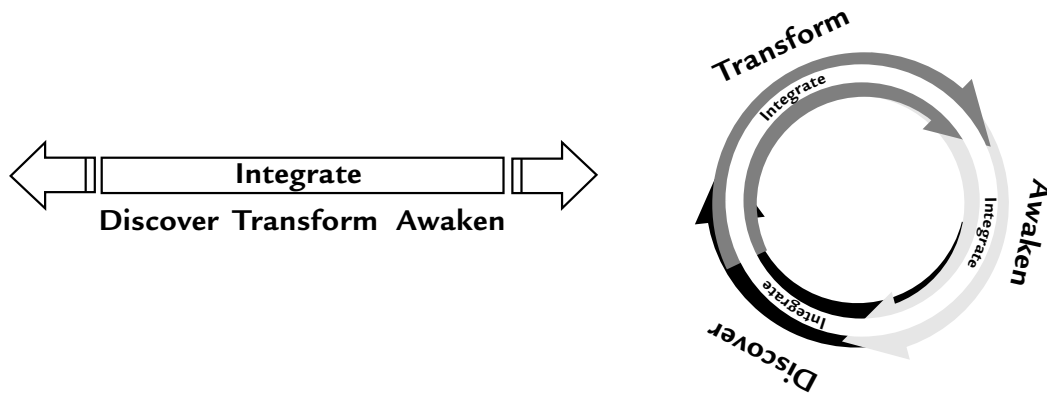


Figure 2. The spectrum of wellbeing.

The entire spectrum can be viewed from higher altitudes as embedded in an organic, multidimensional and integrated whole. This is the essence of the Season of Integrate. Once an individual has authentically tasted the fruits of the first three seasons, he or she can partake of the combinations that are just right for their moment. This inner experience ultimately creates an ability to navigate life more easily. The spectrum of wellbeing may also be represented in a cyclic wheel whereby, each time through, a new level of depth or height in experience is brought forth (Fig. 2).

Elliott Dacher, who has practiced medicine for 21 years, has a beautiful metaphor in his book, *Integral Health: The Path to Human Flourishing* (2006). In life we have certain opportunities to open vital envelopes, each one representing the next deepened phase of our journey. He writes:

Each of us is given a sealed envelope at birth containing a map with instructions that can take us to a precious health and life. At several points in each lifetime, we are given the opportunity to open this envelope and discover its contents. Perhaps it is ...a brush with serious disease, death, or loss, maybe an unexpected moment of illumination and inspiration, or a persistent and unrelenting sense that there is more to life than we are living. Some of us will be profoundly and permanently moved by such experiences, grasp the opportunity, open the envelope, and begin down the path toward what were previously unknown and unimagined possibilities. Yet most of us will be too busy, too content, too quick to apply a remedy and diagnostic label to suffering, too preoccupied with the materialism of life, or too hypnotized by everyday existence. (pp. 9-10)

The Seasons of Wellbeing act like such envelopes intertwined with time, energy, and consciousness thresholds. By bringing awareness to the “season,” we can consciously open the envelope or just be with its contents. Either way, a new awareness and authenticity emerges. The seasons dictate how well one will respond to the opening of the envelope because they influence how we make meaning of our current situation in every line and level.

### *Meaning Making*

The meaning an individual gives to events, circumstances, symptoms, and stressors, and how the individual will remember and incorporate these events into one’s schema, will be influenced by the season *along with* the individual’s center of gravity. The Seasons of Wellbeing can be viewed as a tool to assist individuals to

gain new perspectives of their symptoms or life stressors. The season can be used as a scaffolding upon which the individual can assess their own present state, determine how they “drop down” to lower states of life and function, and how they can “step up” to new, more complex and flexible modes of being and acting.

In one dimension, the seasons can be viewed as broad categories across the lifespan, with early life defined by discovering who and what you are and can be (Discover), midlife being about acting in the world with mature mental cognition (Transform), and later life opening to a wiser and more spiritual outlook (Awaken). In a fuller dimension, the seasons can be viewed as a means to connect with one’s own authenticity at any period of life. By drawing on the meaning of the current situation, an individual can explore any situation from the perspectives of Discover, Transform, Awaken, or Integrate (see below). Thus, the seasons can be viewed alongside developmental approaches as well as a means to further thrive no matter where an individual is on the developmental spectrum.

### *The Seasons of Wellbeing as a Tool for Patient Care*

The Seasons of Discover, Transform, Awaken, and Integrate can be harnessed as a powerful tool to assist an individual to learn what has been kept “back,” “separated,” or “stuck” in any phase of life, which can lead to transformation and awakening (Epstein, 1994, 2009; Epstein et al., 2009) (Table 3). For sustainable change, the season of the patient and the season of the care provided must be congruent. For example, if the individual is in the Season of Discover, yet attempts the steps in Transform or Awaken, they may get some benefits or a temporary state shift, but the change will not be sustainable because the baseline season does not support it. Such timing is a reflection of the individual’s moment in life in all four quadrants and on all levels, especially the levels of the seasons. Ideally, the practitioner works from the Season of Integrate so that they have blended the season that the practice member is in with the season into which the practice member needs to move.

The process is to first acknowledge and fully experience the energy and/or emotion at the heart of the issue or concern (Season of Discover). This can be done in a simple three-stage process: 1) connect with a part of the self that is disconnected either somatically, emotionally, psychologically, or spiritually; 2) notice the rhythm within the disconnection by fully being with any “charge” or polarity associated with the situation; and finally, 3) immerse completely in any feeling of stuckness or frustration, which is often met by feeling the urgency for more. When these three steps are experienced, individuals often notice a surge of available energy and a deep-felt need to take new action as the system reorganizes to the next more complex and energy-rich Season of Transform.

The change within the Season of Transform is situated within a four-stage process: 1) empowerment/action/courage; 2) merge beyond the energy/emotion; 3) harness the energy/emotion into a state of pure readiness; and finally, 4) resolution. This process can be done with any situation in life or with life as a whole. Trying to get a patient or practice member to genuinely change before they are ready for this season is literally a losing battle no matter what altitude the individual is at.

The hallmarks of the Season of Awaken are essentially six waves of being: 1) to be aware of gratitude in the foreground of one’s awareness. This is merged awareness of existence without the dominance of thoughts or the need to be someone; 2) awareness of the space between people, words, events—a sense of rhythm permeating everything; 3) experience of the energy within, and beyond the physical universe and its connection with love, and its universality; 4) the experience that you are that energy or love and beyond time or prior concepts of space; 5) you have gifts of love and of essence in the way you do things and show up that you must share and give; and 6) you explore and seek the gifts in all circumstances and others.

The Season of Integrate is the unification of the paradox of more than one season. Its hallmarks are: 1) recognition of the season you are living in; 2) recognition of the attributes you flavor that season with; and 3) conscious application of second-season attributes to the first season while maintaining both simultaneously in awareness.

Season of Wellbeing	Common Questions	Common Emotions and Expressions
<b>Discover</b>	Why me? Why not me? What is wrong with me? Why does this happen to me? Why does this not end?	Helplessness, loss, despair, peace, reassurance
	What is the cause of this? Who was wrong/right? Who can fix/get rid of this? What is the best or worst ____? Why did he/she do this to me? What is the pattern here?	Anger, hunger, happiness, identification, energy
	Why can't I make the breakthrough? Why do I keep doing this? Why am I stuck? Why am I so blocked? Why can't I solve this now?	Frustration, peaceful waiting
<b>Transform</b>	What can I do to never disempower myself again? How can I express more courage now?	Inner strength, determination, courage, power
	What else is going on? What is really happening here? How can I face this now? What is on the other side?	Curiosity, anticipation, temporary confusion, sense of knowing more
	What can I do to really be ready? How can I prepare myself? What must I do now?	Determination, resolve, flexibility, excitement of something big and new
	How can I resolve this? How can I conduct an inventory and get rid of that which no longer serves me? How can I dump the old stuff/energy/patterns?	Excitement, focus, strength, resolution
<b>Awaken</b>	How can I embrace the space? Where is the rhythm? How can I hold the space? Where is the gratitude?	Peace, stillness, rhythmic connection, gratitude for connection
	What is the energy/love telling me? Where is the connection within spirit? How can I express the love even more? How can I grow the gratitude? How can I feel the real energy behind the form?	Gratitude for love and for the energy of life, joy, passion, heightened perception of joy, gratitude, beauty
	What gift has been given to me? How can I receive and embody the light I am? How can I express my soul and the one love?	Witnessing from beyond the soul, exhilaration, joy, awe, gratitude, oneness
	How do I give my gifts in joy and gratitude? Where is the joy, love, gratitude, gift? How can I sponsor the sharing of my abundance?	Gratitude, acceptance of core paradoxes, humor, courage, humility, grace, strength, passion, determination
	How can I receive others/ circumstances with gratitude as gifts? Where is the gift in this? How can we be each other's wisdom/medicine?	Coming home, acceptance of others as fellow souls or travelers, passion for synchronicity, total spectrum with foundation in benevolence and gratitude and conscious experience

Table 3. The Seasons of Wellbeing and a patient's internal experience.

## ROH and Restorative Therapeutics

At the core of ROH is a distinction between a *reorganizational* orientation and a *restorative* orientation. Most people are habituated to a value system in terms of their own faults and downfalls. Thus, we try to “fix” those parts of our self that are broken or focus on those elements that are “not enough,” “wounded,” or feel a lack of resources. This medical paradigm, which we term restorative therapeutics (RET), most often seeks to restore an individual to a prior state of functioning or within a “normal” range of lab tests or assessments.<sup>8</sup>

The direction of awareness is typically away from the symptom. RET invokes a path of blame (linear causation) and often shame, which most often further alienates the energy and awareness around the symptom. This is in contrast to ROH, which requires greater participation. In a reorganizational orientation, the individual deeply associates with the symptom or challenge as an opportunity for growth, depth, meaning, understanding, and gratitude. The direction of awareness, rather than being *away from* the symptom, involves merging, resolution, acceptance, and a move *toward* a goal of a higher order.

Restorative therapeutics is essential to the healthcare profession, but it cannot be the sole, or even, in our opinion, the prevailing method of medical care, for two reasons. First, there is a “Cartesian dualism” (Wilber 2005a) in collapsing medical care, and specifically diagnosis, to solely an UR quadrant phenomenon governed by a specific laboratory value, x-ray finding, or diagnostic measure, which is stripped of the individual’s perceptions (UL), cultural beliefs (LL), and social connections (LR). Second, the concept of “returning to a prior state” is a regressive devolution of an individual. When this is attempted, the individual is unable to acknowledge every aspect and experience that brought them to the current crisis. The symptom or disease is treated as if turning back the clock is the solution needed for a “cure.”

## An Energetic Approach

The process of evolution and devolution can be understood in terms of the energy dynamics of complex open interactive systems, such as the unfolding life of a human being viewed through all four quadrants. It takes energetic resources for an individual to evolve to higher levels of function and flourishing. The energy state required to “build up” and evolve is *enthalpic*; the energy state of “breaking down” and devolution is *entropic*. These energy states can be applied to the interior and exterior organization of the body viewed through the UR quadrant (autopoiesis and physiology) as well as in terms of subtle energies (internal energies and subtle bodies). An enthalpic energy state is characterized by living life in a “flow state” with an overall life trajectory pointed in the direction of health and flourishing, transformation, and evolution. Conversely, an entropic energy state is characterized by unhealthy behaviors, illness, and disease.

*Energy states* are important in this context because these states represent resources an individual has available to stimulate and maintain health and healing transformations. It takes energy to effect change, with different energetic states contributing to both translational and transformational change. ROH assists individuals in optimizing energy use by consciously drawing from two complex energy-based typologies, and uses a time-based approach to levels on a spectrum of wellbeing.

One of the essential elements of the ROH map is a useful depiction of how the individual utilizes not only the energy (UR) but the correlative consciousness states (UL) in both trajectories—evolutionary and devolutionary. What energies and their correlative consciousness states are most available in terms of evolution or devolution for each particular person? Can the person consciously choose and effectively harness the energies and states they *need* to create change in their life? Mapping such information provides crucial leverage in furthering sustainable and evolutionary change as well as successful horizontal translation.

Reorganizational Healing’s energetic approach explores how the individual might naturally draw from one or more of these energy states and consciousness states. ROH also explores how this may be different when the individual is in an enthalpic or entropic energy state. After making such an assessment, ROH then

asks which energetic intelligences seem like natural gifts for the individual and which ones seem more difficult for the individual to naturally access. This typological information may then be utilized to support the more energy-rich intelligences (one's natural gifts) to fuel change by using the enthalpic Triad of Change when the timing is most productive (season). This timing can be in terms of the lifespan, the current altitude of personal self-development, their current state in their life as a whole, and even their lifeworld (all four quadrants).

## Conclusion

By knowing what the patient's ROH map is, a deep and integrally informed portrait of change emerges. By understanding an individual's most accessible Energetic Intelligences, Triad of Change, and Season of Wellbeing, a dynamic and energetic typology based on levels of readiness and resourcefulness unfolds. The inner and outer of the patient's lifeworld in all four quadrants can become more congruent, and new meanings associated with symptoms can be connected. Most importantly, healthcare practitioners will be able to more readily hold their own presence, allowing clients or patients to experience an even more fulfilling integral embrace.

## NOTES

<sup>1</sup> Throughout this article the quadrants are denoted as: Upper-Left quadrant (UL), individual interiors; Upper-Right quadrant (UR), individual exteriors; Lower-Left quadrant (LL), collective interiors; and Lower-Right quadrant (LR), collective exteriors.

<sup>2</sup> We have chosen to use "spectrum-based" to highlight a continuum of wellness that is represented by the Seasons of Wellbeing. We also considered using "phase-based" because each season is technically a phase in this cyclical process but opted against this usage so as to avoid confusion with NSA's use of "phase" in its terminology.

<sup>3</sup> The usage of a lowercase "e" is specifically noted to emphasize the energetic aspect to these intelligences and to distinguish it from the more common use of the acronym for emotional intelligence (EI).

<sup>4</sup> We are emphasizing eIs as states of consciousness, thereby distinguishing them from lines of development. In the future we plan to explore eIs in terms of lines and levels, but primarily eIs are best understood as states. An analogous approach within the integral literature is Wilber's (2005b) comparison of states to stages and bodies. In that comparison, Wilber attributes different levels of consciousness to the subtle (dream) state and subtle body. He writes, "The three middle levels of consciousness *can all appear in the dream state*, and that means that the three middle levels of consciousness can all be supported by same subtle body. (This is not to say that this subtle body/energy cannot be subdivided, which clearly it can...)" (Wilber, 2005b, p. 265). Our depiction of eIs does just that—it subdivides the states *and* bodies. Levels and lines can be viewed as within states. This is important to distinguish because of the similarity of language involved in describing various states and levels. Add to this our use of the term *intelligence*, and some further description is required for the sake of clarity. For example, the use of "intelligence" in regard to Integral Theory usually refers to multiple intelligences (Gardner, 1993) or lines of development (Ingersoll & Zeitler, 2010; Wilber, 2000), which can be objectively observed through psychometric survey instruments. In Integral Methodological Pluralism (Wilber, 2003a), this domain is referred to as zone 2 or applying a third-person perspective to the first-person interior. What we are emphasizing is zone 1, or the first-person perspective of the first-person interior. States relate to direct first-person experience. *Energetic Intelligences* describe raw experience associated directly with the energetic state experience or the energy body. Furthermore, our use of the term *intelligence* draws from another tradition, that is, chiropractic's philosophic roots. D.D. Palmer, the founder of chiropractic, distinguished three levels of intelligence directly related to the organism: *innate intelligence*, *educated intelligence*, and *universal intelligence* (Palmer, 1910). It is from this somatic stream that ROH and eIs emerged from (Epstein, 2007). Thus, a more appropriate linkage for our

use of *intelligence* would be to link zone 1 (phenomenology) to zone 5 (autopoiesis). In that regard, ROH builds upon Jean Piaget's (1971) work on organismic intelligence and Humberto Maturana and Francisco Varela's (1980) work on autopoiesis and cognition (see Senzon, 1999, 2010a). In addition, researcher Beverly Rubik has linked autopoiesis to the biofield, establishing a basis for a zone-5 approach to subtle energies (Rubik, 2002).

<sup>5</sup> It is important to distinguish emotional energetic intelligence from the line of development defined as emotional intelligence, especially since there are obvious overlaps between them in linguistic interpretation and in relation to emotional states. Future research in this regard should be geared toward the relationship to one's level of *emotional intelligence*, which can be objectively studied using a survey instrument like the MSCEIT V2.0 (Mayer et al., 2003), and one's typology of *emotional eI state*. One question to explore is whether an individual's emotional eI as a state-typology affects the development of their emotional intelligence line of development. From another angle, it would be interesting to study whether one's typology of emotional eI changes along with the development of the emotional intelligence line. The main distinguishing factor is the energetic component. The emotional eI state relates directly to the energetic body (UR) as a feeling state (zone 1). The emotional intelligence is a measurable line that develops (zone 2).

<sup>6</sup> The *thought eI*, *soul eI*, and the *universal spirit eI* may share similarities of language to other lines of development such as Cook-Greuter's self-stages, Wigglesworth's Spiritual Intelligence, and Fowler's line of ultimate concern (Cook-Greuter, 2007; Fowler, 1995; Wigglesworth, 2006; Wilber, 2000). Future research will explore the relationships between these lines and the eI states.

<sup>7</sup> Throughout this article the term *well-being* is styled as wellbeing in keeping precedent with previous ROH publications (e.g., Epstein, Senzon, & Lemberger, 2009).

<sup>8</sup> The important point for ROH is to acknowledge that there are opportune times for *each and both* of these perspectives, and that they can be used together. In the future we plan to more fully explore the ROH/RET dichotomy based on different levels of consciousness and in terms of practical application for various alternative and complementary practices (as any such practice can use ROH, RET, or both). In addition, the combination of usage of ROH and RET will vary with the Seasons of Wellbeing, especially the Season of Integrate.

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